

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 2025 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan	1b Three-digit plan number (PN) ▶ 001
	LOCAL 553 PENSION FUND	1c Effective date of plan 03/15/1956
	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)	2b Employer Identification Number (EIN) 13-6637826
	BOARD OF TRUSTEES OF LOCAL 553 PENSION FUND	2c Plan Sponsor's telephone number 212-627-5553
	265 WEST 14TH STREET NEW YORK, NY 10011-7173	2d Business code (see instructions) 454310
	265 WEST 14TH STREET NEW YORK, NY 10011-7173	

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.	09/17/2026	DEMOS P. DEMOPOULOS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/17/2026	VINCENT THEURER
	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 1891
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) 307 6a(2) 327 6b 978 6c 342 6d 1647 6e 243 6f 1890 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 14

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

1B

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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
---	---

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
---	---	--

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

- 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 553 PENSION FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES OF LOCAL 553 PENSION FUND	D Employer Identification Number (EIN) 13-6637826

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2025	
b Assets	
(1) Current value of assets	1b(1) 252384159
(2) Actuarial value of assets for funding standard account	1b(2) 259951703
c (1) Accrued liability for plan using immediate gain methods	1c(1) 273473430
(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) 264558251
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) 353530546
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 3366110
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 23556529
(3) Expected plan disbursements for the plan year	1d(3) 25106529

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	09/14/2026
Signature of actuary BRIAN LEHMAN, ASA, MAAA	Date 26-08555
Type or print name of actuary SEGAL	Most recent enrollment number 212-251-5000
Firm name 66 HUDSON BLVD E, 20TH FLOOR NEW YORK, NY 10001-2192	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	252777267
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1211	239124758
(2) For terminated vested participants	418	51390547
(3) For active participants:		
(a) Non-vested benefits		3015205
(b) Vested benefits		60000036
(c) Total active	292	63015241
(4) Total	1921	353530546
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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
07/15/2025	5328624				
Totals ►			3(b)	5328624	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total			3(d)		393108

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	98.3 %
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		4.01 %
	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	6.75 %	6.75 %
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		5.9 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h		8.1 %
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)		1496382
(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	2612128	264436
4	5867050	593945

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	2218493

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)	99128649	16875866
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 1288869**e** Total charges. Add lines 9a through 9d.....**9e** 20383228**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 64208392**g** Employer contributions. Total from column (b) of line 3.....**9g** 5328624**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	21398530	4456864

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 4799759**j** Full funding limitation (FFL) and credits:

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

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

(3) FFL credit

9j(1)	93423497	
9j(2)	60942773	
9j(3)		

k (1) Waived funding deficiency**9k(1)**

(2) Other credits

9k(2)**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 78793639**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 58410411**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

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

9o(1)

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

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a)

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

9o(2)(b)

(3) Total as of valuation date

9o(3)**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ 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
		2025
		This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan LOCAL 553 PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LOCAL 553 PENSION FUND	D Employer Identification Number (EIN) 13-6637826	

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☒ 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
CHEVY CHASE TRUST COMPANY
52-2037618

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
EATON VANCE TRUST COMPANY
42-1701287

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
IFM INVESTORS US. LLC
98-0569684

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

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

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

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

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

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

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

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

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

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

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

FRIEDMAN AND ANSPACH

13-3403675

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	LEGAL COUNSEL	336047	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JP MORGAN CHASE BANK, N.A.

13-4994650

(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?
24 27 28 50 51	NONE	234493	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE SEGAL COMPANY (EASTERN STATES)

13-1835864

(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	158628	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)

SIEZERT CAPITAL PARTNERS

38-3553488

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 68	NONE	129945	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

KATIA A. PETTINATO

13-6637826

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	122109	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROSKAUER ROSE LLP

13-1840454

(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	100000	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)

CALIBRE CPA GROUP, PLLC

47-0900880

(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	AUDITOR	91181	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RAJPATTIE SANKAR

13-6637826

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	82038	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NELLI BRAGINSKAYA

13-6637826

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	82038	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)

BENESYS INC.

38-2383171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	77097	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL MARCO ADVISORS

13-2646110

(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	73500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

US BANK, NA

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	68305	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50 99	NONE	58379	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

MR. MICROCHIP SOFTWARE CENTER, INC.

59-3084068

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	53681	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INVESCO NATIONAL TRUST COMPANY

46-3793325

(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 62 68	NONE	47262	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

LOCKTIGHT SOLUTIONS

14 JASON WOODS ROAD
CLOSTER, NJ 07624

(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	20399	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET GLOBAL ADVISORS

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 51	NONE	14524	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

SEGAL SELECT INSURANCE SERVICES

46-0619194

(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?
53	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	11015	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
SEGAL SELECT INSURANCE SERVICES	53	5573
(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.
ENCORE 45-3957469	234 SPRING LAKE DRIVE ITASCA, IL 60143	INSURANCE BROKERAGE COMMISSIONS AND FEES
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
SEGAL SELECT INSURANCE SERVICES	53	4429
(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.
CHUBB 13-1963496	202B HALLS MILL ROAD WHITEHOUSE STATION, NJ 08889	INSURANCE BROKERAGE COMMISSIONS AND FEES
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
SEGAL SELECT INSURANCE SERVICES	53	1013
(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.
AMWINS 13-4279678	PO BOX 603094 CHARLOTTE, NC 28260	INSURANCE BROKERAGE COMMISSIONS AND FEES

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan LOCAL 553 PENSION FUND		B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LOCAL 553 PENSION FUND		D Employer Identification Number (EIN) 13-6637826
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: EATON VANCE COLL. TRUST HIGH YIELD		
b Name of sponsor of entity listed in (a): EATON VANCE TRUST COMPANY		
c EIN-PN 42-1701287-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20490853
a Name of MTIA, CCT, PSA, or 103-12 IE: ASB LABOR 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) 41961695
a Name of MTIA, CCT, PSA, or 103-12 IE: EB DV ACWI EX-US FUND		
b Name of sponsor of entity listed in (a): BANK OF NEW YORK MELLON		
c EIN-PN 25-6078093-193	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29242266
a Name of MTIA, CCT, PSA, or 103-12 IE: JP MORGAN STRATEGIC PROPERTY FUND		
b Name of sponsor of entity listed in (a): JP MORGAN ASSET MANAGEMENT		
c EIN-PN 13-6038770-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24004269
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 2000 INDEX NL FUND		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS		
c EIN-PN 04-0025091-013	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26732245
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO BALANCED RISK ALLOCATION		
b Name of sponsor of entity listed in (a): INVESCO NATIONAL TRUST CO.		
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) 13153474
a Name of MTIA, CCT, PSA, or 103-12 IE: EB DV NON-SL INT. GOV/CREDIT BOND		
b Name of sponsor of entity listed in (a): BANK OF NEW YORK MELLON		
c EIN-PN 25-6078093-275	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34263748
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2025 v. 250312		

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

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

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

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

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
		2025
		This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan LOCAL 553 PENSION FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LOCAL 553 PENSION FUND	D Employer Identification Number (EIN) 13-6637826

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	226848	462218
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	596729	610146
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	73840	74702
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3680965	3709634
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	35181027	36480803
(5) Partnership/joint venture interests	1c(5)	39642024	32690262
(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)	173744669	189848550
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(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)		
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e).....	1f	253146102	263876315

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h	368835	308360
1i Acquisition indebtedness.....	1i		
1j Other liabilities.....	1j		
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	368835	308360

Net Assets

1l Net assets (subtract line 1k from line 1f).....	1l	252777267	263567955
---	-----------	-----------	-----------

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)	5328624	
(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)		5328624
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	283416	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		283416
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)	649982	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		649982
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	40533396	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	38112496	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		2420900
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	4251837	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		4251837

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		22655254
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		35590013

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	22691701	
(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)		22691701
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)	233749	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	28858	
(4) IQPA audit fees	2i(4)	62323	
(5) Investment advisory and investment management fees	2i(5)	558104	
(6) Bank or trust company trustee/custodial fees	2i(6)	49235	
(7) Actuarial fees	2i(7)	155628	
(8) Legal fees	2i(8)	436047	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	583680	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2107624
j Total expenses. Add all expense amounts in column (b) and enter total	2j		24799325

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		10790688
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: **CALIBRE CPA GROUP, PLLC**

(2) EIN: **47-0900880**

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?	☒		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 587286.

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 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan LOCAL 553 PENSION FUND		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LOCAL 553 PENSION FUND		D Employer Identification Number (EIN) 13-6637826
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) 2025 v. 250312		

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 **PETRO**

b EIN **74-1810078**

c Dollar amount contributed by employer **2438472**

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 **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) **10.50**

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

a Name of contributing employer **APPROVED OIL**

b EIN **11-1750251**

c Dollar amount contributed by employer **1197472**

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 **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) **10.50**

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

a Name of contributing employer **FRED M. SCHILDWACHTER AND SONS**

b EIN **13-1729933**

c Dollar amount contributed by employer **302230**

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 **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) **10.50**

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

a Name of contributing employer **ROCKWAY FUEL OIL CORP.**

b EIN **11-1726277**

c Dollar amount contributed by employer **223013**

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 **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) **10.50**

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

a Name of contributing employer **SKAGGS WALSH INC.**

b EIN **11-3333177**

c Dollar amount contributed by employer **89250**

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 **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) **10.50**

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

a Name of contributing employer **EAST COAST PETROLEUM**

b EIN **13-3762228**

c Dollar amount contributed by employer **182259**

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 **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) **10.50**

(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 SPRAGUE RESOURCES, LLC

b EIN 45-2637804

c Dollar amount contributed by employer 108038

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 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) 10.50

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

a Name of contributing employer BAYSIDE FUEL OIL DEPOT

b EIN 11-2062415

c Dollar amount contributed by employer 69132

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 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) 10.50

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

a Name of contributing employer COHLER FUEL OIL

b EIN 11-1887998

c Dollar amount contributed by employer 86991

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 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) 10.50

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

a Name of contributing employer LOCAL 553 UNION

b EIN 13-5000655

c Dollar amount contributed by employer 70560

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 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) 10.50

(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	298
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	298
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	309
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	0.96
b The corresponding number for the second preceding plan year.....	15b	0.99
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: 46.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 13.0 %

High-Yield Debt: 10.0 % Real Assets: 26.0 % Cash or Cash Equivalents: 1.0 % Other: 4.0 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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



LOCAL 553 PENSION FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2025





LOCAL 553 PENSION FUND

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2025 AND 2024

CONTENTS

	PAGE
Independent Auditor's Report	1
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6
Supplemental Information	
Schedule of Assets (Held at End of Year)	18
Schedule of Reportable Transactions	27





INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
Local 553 Pension Fund

Opinion

We have audited the accompanying financial statements of Local 553 Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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



Responsibilities of Management for the Financial Statements (continued)

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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



Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of December 31, 2025, and reportable transactions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 2025 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

In our opinion, the information in the accompanying 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.

Calibre CPA Group, PLLC

New York, NY
June 26, 2026



LOCAL 553 PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2025 AND 2024

	2025	2024
Assets		
Investments, at fair value		
Cash equivalents	\$ 3,709,634	\$ 3,680,965
Common stock	36,480,803	35,181,027
Limited partnership	32,690,262	39,642,024
Collective trust funds	<u>189,848,550</u>	<u>173,744,669</u>
Total investments, at fair value	<u>262,729,249</u>	<u>252,248,685</u>
Receivables		
Employer contributions	217,038	203,621
Withdrawal liability	393,108	393,108
Due from related funds	8,976	40,178
Interest and dividends	<u>51,731</u>	<u>19,540</u>
Total receivables	<u>670,853</u>	<u>656,447</u>
Cash	<u>462,218</u>	<u>226,848</u>
Other assets	<u>13,995</u>	<u>14,122</u>
Total assets	263,876,315	253,146,102
Liabilities		
Accounts payable and accrued expenses	<u>308,360</u>	<u>368,835</u>
Net assets available for benefits	<u>\$ 263,567,955</u>	<u>\$ 252,777,267</u>

See accompanying notes to financial statements.



LOCAL 553 PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED DECEMBER 31, 2025 AND 2024

	<u>2025</u>	<u>2024</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 28,143,851	\$ 18,470,304
Interest and dividends	<u>2,117,538</u>	<u>1,809,590</u>
	30,261,389	20,279,894
Less: investment expenses	<u>607,339</u>	<u>620,150</u>
Net investment income	29,654,050	19,659,744
 Employer contributions	 4,935,516	 4,879,175
Withdrawal liability income	<u>393,108</u>	<u>610,249</u>
 Total additions	 <u>34,982,674</u>	 <u>25,149,168</u>
 Deductions		
Benefits paid to participants	22,691,701	22,609,812
Administrative expenses	<u>1,500,285</u>	<u>1,430,811</u>
 Total deductions	 <u>24,191,986</u>	 <u>24,040,623</u>
 Net change	 10,790,688	 1,108,545
 Net assets available for benefits		
Beginning of year	<u>252,777,267</u>	<u>251,668,722</u>
 End of year	 <u>\$ 263,567,955</u>	 <u>\$ 252,777,267</u>

See accompanying notes to financial statements.



LOCAL 553 PENSION FUND

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2025 AND 2024

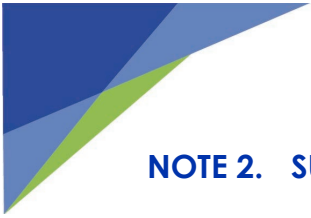
NOTE 1. DESCRIPTION OF PLAN

The following brief description of Local 553 Pension Fund (the Plan) provides only general information. Participants should refer to the Plan Document for more complete information.

General - The Plan is a multiemployer defined benefit pension plan that was established under the provisions of an Agreement and Declaration of Trust effective March 15, 1956, as amended, between the Coal, Gasoline, and Fuel Oil Teamsters, Chauffeurs and Helpers Local Union 553 International Brotherhood of Teamsters (the Union), affiliated with the International Brotherhood of Teamsters, Chauffeurs, Warehousemen, and Helpers of America and various employers having collective bargaining agreements with the Union. The Union and the employers agreed to participate in the operation of the Plan for the purpose of providing and maintaining pension benefits for the employees represented by the Union. The Plan is administered by a Board of Trustees (Trustees) consisting of union and employer representatives and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Pension Benefits - The Plan provides various forms of retirement pension benefits as well as survivor benefits to eligible participants and beneficiaries as defined in the Plan Document. These include regular pensions, service pensions, disability pensions, and pre-retirement and postretirement death benefits. These benefits are payable in the form of life annuities and joint and survivor annuities. The Plan requires (unless waived) participant and spousal benefits providing for actuarial reduced pensions to participants during their lifetime after which the surviving spouse receives 50% or 75% of the calculated benefit for life.

Funding Policy - Funding to provide the benefits are made by the employers as provided for in the applicable prevailing collective bargaining agreements with the Union. Contributions by participants are not permitted under the Plan. Effective January 1, 2024, the contribution rate was \$10.25 per hour and was subsequently increased to \$10.50 per hour effective January 1, 2025. Contributions are also made by the Plan's sponsoring union and other related benefit funds in their capacities as employers. The Plan's actuary has certified that the minimum funding requirements of ERISA have been met as of January 1, 2025 and 2024.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements have been prepared on the accrual basis of accounting. Under this basis, revenue is recognized when earned and expenses are recognized when incurred, regardless of when cash is exchanged.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities, if any, and the actuarial present value of accumulated plan benefits. Actual results could differ from those estimates.

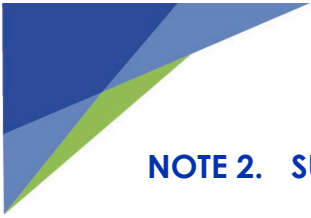
Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan determines its valuation policies utilizing information provided by the investment managers and custodian.

Purchases and sales of securities are recognized on a trade-date basis. Interest income is recognized on the accrual basis. Dividends are recognized on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year. In addition, certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Employer Contributions Receivable - Contributions due from employers are accrued at year end only as to those amounts applicable to contribution periods which ended on or before the financial statement dates and are based on subsequent period cash collections. Based on a review of historical losses, current economic conditions and supportable and reasonable forecast assumptions, the Plan has concluded that any expected credit losses on balances outstanding at year end will be immaterial.

Withdrawal Liability Receivable - Withdrawal liability amounts due from former contributing employers are accrued as Plan assets and additions to Plan assets as to those amounts applicable to employer withdrawals from the Plan before the financial statement dates and are based on subsequent period cash collections. Based on a review of historical losses, current economic conditions and supportable and reasonable forecast assumptions, the Plan has concluded that any expected credit losses on balances outstanding at year end will be immaterial.

Administrative 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. The Plan shares certain administrative expenses with related benefit funds in accordance with an annual time allocation study.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Operating Leases - The Plan has elected, for all underlying classes of assets, to not recognize right of use assets and lease liabilities for lease obligations that are not material to the financial statements and therefore related disclosures under accounting standards for these leases are not included in the financial statements. The Plan recognizes lease expenses associated with immaterial leases as incurred over the lease term.

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

NOTE 3. TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Plan by letter dated January 20, 2016, that the Plan meets the requirements of Internal Revenue Code (IRC) Section 401(a) and is exempt from federal income taxes under IRC Section 501(a). The Plan has been amended since receiving the determination letter. The Trustees believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

U.S. GAAP requires the Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if it has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024, there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 4. ACTUARIAL INFORMATION

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service participants have rendered to contributing employers. Accumulated plan benefits include benefits expected to be paid to (a) pensioners or their beneficiaries (b) inactive participants with rights to immediate or deferred pensions or their beneficiaries and (c) active participants or their beneficiaries. Benefits under the Plan vary in amount, depending on the pension for which the participant qualifies, based on the number of pension credits or years of vesting service attained, the participant's age at retirement, and the pension option selected.

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

NOTE 4. ACTUARIAL INFORMATION (CONTINUED)

The significant actuarial assumptions used in the valuation as of December 31, 2024 are indicated below.

Net Investment Return: 6.75%.

Mortality Rates: Healthy: Pri-2012 Blue Collar Employee and Retiree Amount-Weighted Mortality Tables with generational projection using Scale MP-2021 from 2012.

Disabled: Pri-2012 Disabled Retiree Amount-Weighted Mortality Table with generational projection using Scale MP-2021 from 2012.

Contingent Survivor: Pri-2012 Blue Collar Contingent Survivor Amount-Weighted Mortality Table with generational projection using Scale MP-2021 from 2012.

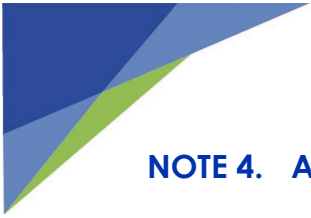
Retirement Rates:

Annual Retirement Rates (%)					
Age (if eligible)	Active Participants	Inactive Vested Participants	Age (if eligible)	Active Participants	Inactive Vested Participants
50	25	-	62	20	20
51-52	5	-	63	15	15
53-54	20	-	64	5	25
55	25	35	65	50	25
56	20	10	66	20	20
57	5	10	67	25	5
58	5	5	68	40	10
59	20	5	69	60	5
60-61	20	10	70 and older	100	100

Disability and Withdrawal Rates

		Withdrawal %			
Age	Disability %	Less Than 2 Years	2-4 Years	5-9 Years	10 Years or More
20	0.10	21.59	17.03	-	-
25	0.10	26.09	20.57	15.55	-
30	0.10	22.33	16.30	10.07	5.81
35	0.12	20.14	13.22	8.58	6.02
40	0.18	19.09	12.42	7.21	4.98
45	0.36	18.58	11.36	6.98	4.48
50	0.80	18.72	10.68	6.38	4.19
55	1.70	16.22	9.38	3.11	1.06
60	3.48	16.36	9.41	2.54	0.24

Assumption Changes - Based on experience and future expectations, the net investment return was changed to 6.75% from 7.00%.



NOTE 4. ACTUARIAL INFORMATION (CONTINUED)

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. In the event the Plan was to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2025. Had the valuation been performed as of December 31, 2024, there would be no material differences.

The actuarial present value of accumulated plan benefits as of December 31, 2024 is shown below:

Actuarial present value of vested accumulated plan benefits:	
Participants currently receiving benefits	\$ 189,654,510
Other vested benefits	<u>72,626,354</u>
Total vested benefits	262,280,864
 Actuarial present value of non-vested accumulated plan benefits	 <u>2,277,387</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 264,558,251</u>

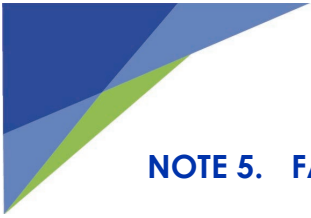
The factors which affected the change in the actuarial present value of accumulated plan benefits from the preceding to the current benefit information date are as follows:

Actuarial present value of accumulated plan benefits - January 1, 2024	<u>\$ 261,755,493</u>
 Benefits accumulated, net experience gain or loss, changes in data	 2,406,663
Benefits paid	(22,609,812)
Changes in actuarial assumptions	5,540,311
Interest	<u>17,465,596</u>
Total change	<u>2,802,758</u>
 Actuarial present value of accumulated plan benefits - December 31, 2024	 <u>\$ 264,558,251</u>

Since information on the accumulated plan benefits at December 31, 2025, and changes therein for the year then ended are not included above, the financial statements do not purport to present the complete presentation of the financial status of the Plan as of December 31, 2025, and changes in its financial status for the year then ended. As permitted by accounting standards, the financial statements present the complete financial status of the Plan as of December 31, 2024.

Pension Protection Act Filings

For each of the years ended December 31, 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 Endangered nor Critical Status (Green Zone) as defined in the Pension Protection Act of 2006 (PPA), as amended.



NOTE 5. FAIR VALUE MEASUREMENTS

Accounting standards provide the framework for measuring fair value which 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 (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include other significant observable inputs including:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability; and
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The Plan uses valuation techniques to measure fair value that are consistent with the market approach. The market approach uses prices and other relevant information generated by market transactions involving identical or comparable securities. Accounting standards permit the Plan, as a practical expedient, to estimate the fair value of their investment in certain entities that calculate net asset value (NAV) per share by using the NAV as reported by the management of the entity.

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Cash equivalents - Cash equivalents consist of money market funds that are valued at cost, which approximates fair value.

Common stock - Valued at quoted market prices reported on the national securities exchange in which the individual securities are traded.

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

Limited partnership - Valued at the NAV per share at year end as reported by the partnership. NAV values are based on the current market value of the underlying securities.

Collective trust funds - Valued at the NAV per share at year end as reported by the investment manager. NAV values are based on the current market value of the underlying securities.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. In addition, the inputs and methodology used for valuing securities are not necessarily an indication of the risk associated with investing in those securities.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024.

Description	Assets at Fair Value as of December 31, 2025			
	Total	Level 1	Level 2	Level 3
Cash equivalents	\$ 3,709,634	\$ 3,709,634	\$ -	\$ -
Common stock	<u>36,480,803</u>	<u>36,480,803</u>	<u>-</u>	<u>-</u>
Total assets in fair value hierarchy	40,190,437	<u>\$ 40,190,437</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at NAV*	<u>222,538,812</u>			
Investments at fair value	<u>\$ 262,729,249</u>			

Description	Assets at Fair Value as of December 31, 2024			
	Total	Level 1	Level 2	Level 3
Cash equivalents	\$ 3,680,965	\$ 3,680,965	\$ -	\$ -
Common stock	<u>35,181,027</u>	<u>35,181,027</u>	<u>-</u>	<u>-</u>
Total assets in fair value hierarchy	38,861,992	<u>\$ 38,861,992</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at NAV*	<u>213,386,693</u>			
Investments at fair value	<u>\$ 252,248,685</u>			

*As permitted by U.S GAAP, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in these tables is intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

NOTE 5. FAIR VALUE MEASUREMENTS (CONTINUED)

Fair Value of Investments That Calculate NAV

The following table below summarizes the investments measured at fair value based on the NAV per share as of December 31, 2025 and 2024. Each investment entity, with the exception of the limited partnership, files U.S. Department of Labor Form 5500 as a Direct Filing Entity (DFE). Accordingly, disclosure of the significant investment strategies for these funds are not required. At December 31, 2025 and 2024, the Plan had no unfunded commitments towards these investments.

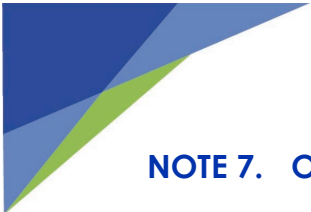
	Fair Value		Redemption Frequency	Redemption Notice Period
	12/31/25	12/31/24		
Collective trust funds				
Eaton Vance High Yield Bond Fund	\$ 20,490,853	\$ 25,038,659	Daily	3-5 days
AFL-CIO Equity Index Fund	41,961,695	29,601,236	Daily	1 day
BNY International Equity Fund	29,242,266	25,349,144	Weekly	2 days
JPM Strategic Property Fund	24,004,269	24,905,736	Quarterly	45 days
SSGA Russell 2000 Index Fund	26,732,245	23,690,885	Daily	2 days
Invesco Balanced Risk Allocation Fund	13,153,474	12,155,143	Daily	1 day
BNY Govt/Credit bond Index Fund	34,263,748	33,003,866	Daily	1 day
	189,848,550	173,744,669		
Limited partnership				
IFM Global infrastructure, LP*	32,690,262	39,642,024	Quarterly	90 days
	<u>\$ 222,538,812</u>	<u>\$ 213,386,693</u>		

*The limited partnership invests in a diversified portfolio of global infrastructure assets. Infrastructure consists of physical facilities for the delivery, generation, and transportation of energy, information, people, products, and real property from which services to the community or government are delivered.

NOTE 6. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan is related through common governance with the Local 553 Deferred Compensation Fund and the Local 553 Benefits Fund (related parties) and shares office space and administrative expenses. As part of a cost sharing arrangement that is based on the results of a time study, the Plan acts as a paying agent for payroll and payroll related expenses, occupancy expenses, and certain other shared administrative expenses. The related parties reimburse the Plan for their allocable share of these common administrative expenses through monthly on-account payments that are reconciled to actual expenses at the end of the year. For the years ended December 31, 2025 and 2024, reimbursable expenses for these related funds totaled \$182,210 and \$163,178, respectively. Amounts due from the related parties as of December 31, 2025 and 2024 totaled \$8,976 and \$40,178, respectively. These balances were subsequently settled amongst the related parties.

The Plan pays certain administrative, investment, and professional fees to various service providers. These transactions are considered exempt party-in-interest transactions under ERISA.



NOTE 7. OPERATING LEASE AS LESSEE

On August 1, 2018, the Plan signed a 7-year operating lease that expires on July 31, 2025, for office space at 80-90 Eighth Avenue New York, NY 10011, which it shares with two other related benefit funds. The lease was extended for an additional two years through July 31, 2027. The Plan's allocable operating lease expense totaled \$87,032 and \$96,087 for the years ended December 31, 2025 and 2024, respectively.

The future payments due under the lease as of December 31, 2025, exclusive of reimbursements from the related funds, are as follows:

Year ending December 31,	<u>Amount</u>
2026	\$ 111,852
2027	<u>47,177</u>
Total	<u>\$ 159,029</u>

NOTE 8. 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 and to uncertainties in estimates and assumptions, it is at least reasonably possible that changes in the values of such investments will occur in the near-term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

NOTE 9. ASSESSED WITHDRAWAL LIABILITY

The Plan complies with the provisions of the Multiemployer Pension Plan Amendments Act of 1980 (MPPAA), which requires imposition of a withdrawal liability on a participating employer that partially or totally withdraws from the Plan. Under the provisions of MPPAA, a portion of the Plan's unfunded vested liability would be allocated to a withdrawing employer. A withdrawal liability is usually paid in quarterly installments as determined by a statutory formula over a maximum of 20 years. The Trustees, at times, may approve settlements and payment plan arrangements for assessment amounts owed to the Plan.

During the years ended December 31, 2025 and 2024, the Plan recognized withdrawal liability income of \$393,108 and \$610,249, respectively, on the statements of changes in net assets available for benefits.



NOTE 10. SIGNIFICANT PARTICIPATING EMPLOYERS

Contributions from two employer represented 74% of total employer contributions for both the years ended December 31, 2025 and 2024, respectively.

NOTE 11. PARTICIPATION IN MULTIEMPLOYER PLANS

Defined Benefit Pension Plan

The Plan's office employees, which it shares with other affiliated benefit funds, are covered by this multiemployer defined benefit pension plan. The risks of participating in a multiemployer plan are different from single-employer plans in the following aspects:

- Assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers.
- If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.
- If an employer chooses to stop participating in this multiemployer plan, the employer may be required to pay an amount, referred to as a withdrawal liability, based on the under-funded status of the Plan.

The Plan's participation in this plan for the years ended December 31, 2025 and 2024 is outlined in the table below. The "EIN" and "Pension Plan Number" rows provide the Employer Identification Number (EIN) and the three-digit plan number. The most recent Pension Protection Act (PPA) zone status available in 2025 and 2024 is for the Plan's year end at December 31, 2025 and 2024, respectively. The zone status is based on information that the Plan received from the multiemployer plan and is certified by the Plan's actuary. Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded, and plans in the green zone are at least 80 percent funded. The FIP/RP Status row indicates whether a funding improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented. In addition to regular plan contributions, the Plan may be subject to a surcharge if the Plan is in the red zone. The "Surcharge Imposed" row indicates whether a surcharge has been imposed on contributions to the Plan. There have been no significant changes that affect the comparability of 2025 and 2024 contributions.

Legal Name of Plan:	Local 553 Pension Fund
EIN:	13-6637826
Pension Plan Number:	001
PPA Zone Status:	
2025	Neither endangered or critical status (Green Zone)
2024	Neither endangered or critical status (Green Zone)
FIP/RP Status:	N/A
Contributions:	
2025	\$43,043
2024	\$48,723
Surcharge Imposed	N/A



NOTE 11. PARTICIPATION IN MULTIEMPLOYER PLANS (CONTINUED)

Defined Contribution Retirement Plan

In addition to the preceding Plan, the Plan's office employees are covered by the Local 553 Deferred Compensation Fund. The Plan's contributions to this plan for the years ended December 31, 2025 and 2024 totaled \$24,692 and \$27,968, respectively.

NOTE 12. PLAN TERMINATION

Although they have not expressed any intention to do so, the Trustees reserve the right to terminate the Plan. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries, and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations.

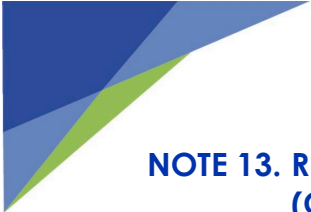
The Pension Benefit Guaranty Corporation (PBGC) provides financial assistance to plans that become insolvent and guarantees certain benefits provided by insolvent plans. Generally, the PBGC guarantees a portion of vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits, and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan and the level of benefits guaranteed by the PBGC. For multiemployer plans, the PBGC provides financial assistance to plans that are unable to pay basic PBGC guaranteed benefits when due.

NOTE 13. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of additions per the financial statements to income per the Form 5500 for the years ended December 31, 2025 and 2024:

	<u>2025</u>	<u>2024</u>
Total additions per the financial statements	\$ 34,982,674	\$ 25,149,168
Add: investment expenses	<u>607,339</u>	<u>620,150</u>
Total income per the Form 5500	<u>\$ 35,590,013</u>	<u>\$ 25,769,318</u>



NOTE 13. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

The following is a reconciliation of deductions per the financial statements to expenses per the Form 5500 for the years ended December 31, 2025 and 2024:

	<u>2025</u>	<u>2024</u>
Total deductions per the financial statements	\$ 24,191,986	\$ 24,040,623
Add: investment expenses	<u>607,339</u>	<u>620,150</u>
Total expenses per the Form 5500	<u>\$ 24,799,325</u>	<u>\$ 24,660,773</u>

NOTE 14. SUBSEQUENT EVENTS

Subsequent events have been evaluated through June 26, 2026, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.



SUPPLEMENTAL INFORMATION



Appendix B: Summary of plan provisions

Schedule MB, Line 6

This appendix summarizes the major provisions of the Plan included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan year

January 1 through December 31

Pension credit year

January 1 through December 31

Plan status

Ongoing plan

Regular pension

- **Age Requirement:**

55 for those employees who entered prior to January 1, 1991

62 for those employees who entered on or after January 1, 1991 and prior to January 1, 2011

65 for those employees who entered on or after January 1, 2011

- **Service Requirement:** 10 pension credits

- **Amount:**

For pension credits earned prior to January 1, 2023:

- \$110 for participant's first 20 pension credits, plus \$125 for each pension credit in excess of 20 for participants hired prior to April 1, 2011

- \$40 for participant's first 20 pension credits, plus \$48 for each pension credit in excess of 20 for participants hired on or after April 1, 2011

Appendix B: Summary of plan provisions

For pension credits earned on and after January 1, 2023:

- \$135 for participant's first 20 pension credits, plus \$150 for the next 10 pension credits, plus \$170 for each pension credit in excess of 30 for participants hired prior to April 1, 2011
- \$90 for participant's first 20 pension credits, plus \$105 for each pension credit in excess of 20 for participants hired on or after April 1, 2011

Service pension

- **Service Requirement:** 30 pension credits (only participants hired prior to January 1, 2011)
- **Amount:** Regular pension accrued

Disability

- **Age Requirement:** None
- **Service Requirement:** 10 pension credits
- **Amount:** Regular pension accrued

Statutory

- **Age Requirement:** None
- **Service Requirement:** Five years of vesting service
- **Amount:** Regular pension accrued based on plan in effect when last active
- **Normal Retirement Age:** Later of age 65 or fifth anniversary of participation

Spouse's pre-retirement death benefit

- **Age Requirement:** None
- **Service Requirement:** Five years of vesting service
- **Amount:** 50% of the benefit participant would have received had the participant retired the day before death and elected the joint and survivor option. Payment of this benefit is deferred to the earliest date the participant would have received a benefit.
- **Charge for Coverage:** None

Appendix B: Summary of plan provisions

Pre-retirement 60 payment certain death benefit

If spouse's benefit has been rejected

- **Age Requirement:** None
- **Service Requirement:** Five years of vesting service
- **Amount:** Monthly benefit to which employee would have been entitled had the employee retired the day before death. Payments cease upon death of beneficiary.

Post-retirement death benefit

Spouse: If the participant is married, pension benefits are paid in the form of a joint and survivor annuity unless this form is rejected by the participant and spouse. If this form is not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage.

If this form is rejected, or if the participant is not married, benefits are payable for the life of the participant with 60 monthly payments guaranteed without reduction.

Optional forms of benefits

Single life annuity with 60 months guaranteed

50% or 75% Joint and Survivor Pension

Participation

Earliest January 1 or July 1, following completion of a 12 consecutive month period during which at least 1,000 hours in covered employment were completed

Pension credit

One quarter pension credit for each 250 hours of covered employment, to a maximum of one year of pension credit for 1,000 hours or more of covered employment

Appendix B: Summary of plan provisions

Vesting service

Vesting service is granted on the same basis as pension credit

Contribution rate

Effective January 1, 2024, \$10.25 per hour

Effective January 1, 2025, \$10.50 per hour

Changes in plan provisions

Effective September 1, 2025, participants who were formerly employed by Local 584, I.B.T. or its affiliated benefit funds and who remain continuously employed by Local 584, I.B.T., its affiliated benefit funds, the Union, or the Fund through September 1, 2025, shall be considered hired by the Fund before April 1, 2011, solely for the purpose of determining their applicable benefit accrual rates.

Effective September 1, 2025, participants in covered employment or in a non-bargained position with a current employer who have reached normal retirement age and have 30 pension credits will no longer have their monthly benefit suspended under the Plan's definition of "totally disqualifying employment."

These changes in plan provisions will first be reflected in the January 1, 2026 Funding Standard Account.

00000504
60- -12-D -66C-026-04
0404 -91-00775-04



LOCAL 553 PEN FUND CONSOLIDATED
ACCOUNT LOCAL553PEN

Page 9 of 234
Period from January 1, 2025 to December 31, 2025

ASSET DETAIL

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Cash And Equivalents						
Money Markets						
First Am US Treas Mm Cl Z 31846V450 Asset Minor Code 1 ACCOUNT 001050984780	2,126,264.670	2,126,264.67 1.0000	2,126,264.67	.00 .00	5,120.14	3.52
First Am US Treas Mm Cl Z 31846V450 Asset Minor Code 1 ACCOUNT 001050984787	1,146.050	1,146.05 1.0000	1,146.05	.00 .00	3.55	3.52
First Am US Treas Mm Cl Z 31846V450 Asset Minor Code 1 ACCOUNT 001050984788	539.110	539.11 1.0000	539.11	.00 .00	1.67	3.52
First Am US Treas Mm Cl Z 31846V450 Asset Minor Code 1 ACCOUNT 001050984789	11,156,886.770	11,156,886.77 1.0000	11,156,886.77	.00 .00	34,568.82	3.52
First Am US Treas Mm Cl Z 31846V450 Asset Minor Code 1 ACCOUNT 001050984790	725.520	725.52 1.0000	725.52	.00 .00	2.25	3.52
First Am US Treas Mm Cl Z 31846V450 Asset Minor Code 1 ACCOUNT 001050984792	1,199.080	1,199.08 1.0000	1,199.08	.00 .00	3.72	3.52
Total First Am US Treas Mm Cl Z	13,286,761.200	13,286,761.20	13,286,761.20	.00 .00	39,700.15	3.52

00000504
60- -12-D -66C-026-04
0404 -91-00775-04



LOCAL 553 PEN FUND CONSOLIDATED
ACCOUNT LOCAL553PEN

Page 10 of 234
Period from January 1, 2025 to December 31, 2025

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
First Am Inst Prime Ob Fd Cl Z 31846V625 Asset Minor Code 43 ACCOUNT 001050984785	1,579,917.753	1,579,759.76 .9999	1,579,961.94	- 202.18 - 402.01	4,570.92	3.51
Total Money Markets	14,866,678.953	14,866,520.96	14,866,723.14	- 202.18 - 402.01	44,271.07	3.52
Total Cash And Equivalents	14,866,678.953	14,866,520.96	14,866,723.14	- 202.18 - 402.01	44,271.07	3.52
Domestic Common Stocks						
Acuity Inc 00508Y102 Asset Minor Code 42 ACCOUNT 001050984785	3,494.000	1,257,979.76 360.0400	478,917.41	779,062.35 23,292.71	.00	0.22
Adobe Inc 00724F101 Asset Minor Code 42 ACCOUNT 001050984785	2,973.000	1,040,520.27 349.9900	1,078,383.13	- 37,862.86 - 37,862.86	.00	0.00
Albertsons Cos Inc Common Stock 013091103 Asset Minor Code 42 ACCOUNT 001050984785	40,143.000	689,255.31 17.1700	762,698.84	- 73,443.53 - 107,630.83	.00	3.49
Allison Transmission Holdings 01973R101 Asset Minor Code 42 ACCOUNT 001050984785	10,739.000	1,051,348.10 97.9000	384,384.25	666,963.85 - 156,153.86	.00	1.10
Alphabet Inc Cl A 02079K305 Asset Minor Code 42 ACCOUNT 001050984785	3,852.000	1,205,676.00 313.0000	634,063.00	571,613.00 571,613.00	.00	0.27
Amgen Inc 031162100 Asset Minor Code 42 ACCOUNT 001050984785	.000	.00 327.3100	.00	.00 - 388,089.74	.00	0.00

00000504
60- -12-D -66C-026-04
0404 -91-00775-04



LOCAL 553 PEN FUND CONSOLIDATED
ACCOUNT LOCAL553PEN

Page 11 of 234
Period from January 1, 2025 to December 31, 2025

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Elevance Health Inc 036752103 Asset Minor Code 42 ACCOUNT 001050984785	2,807.000	983,993.85 350.5500	798,658.61	185,335.24 - 42,492.02	.00	1.95
Apple Inc Com 037833100 Asset Minor Code 42 ACCOUNT 001050984785	.000	.00 271.8600	.00	.00 - 587,352.95	.00	0.00
Bank Of America Corp 060505104 Asset Minor Code 42 ACCOUNT 001050984785	.000	.00 55.0000	.00	.00 - 464,288.33	.00	0.00
Berkshire Hathaway Inc Cl B 084670702 Asset Minor Code 42 ACCOUNT 001050984785	1,835.000	922,362.75 502.6500	160,447.62	761,915.13 - 188,178.11	.00	0.00
Bristol Myers Squibb Co 110122108 Asset Minor Code 42 ACCOUNT 001050984785	18,831.000	1,015,744.14 53.9400	1,139,337.21	- 123,593.07 - 44,826.11	.00	4.67
Builders Firstsource Inc 12008R107 Asset Minor Code 42 ACCOUNT 001050984785	8,348.000	858,925.72 102.8900	1,212,479.08	- 353,553.36 - 284,782.16	.00	0.00
The Cigna Group 125523100 Asset Minor Code 42 ACCOUNT 001050984785	3,605.000	992,204.15 275.2300	1,202,199.56	- 209,995.41 - 13,518.80	.00	2.19
Cvs Health Corp 126650100 Asset Minor Code 42 ACCOUNT 001050984785	.000	.00 79.3600	.00	.00 312,304.45	.00	0.00

00000504
60- -12-D -66C-026-04
0404 -91-00775-04



LOCAL 553 PEN FUND CONSOLIDATED
ACCOUNT LOCAL553PEN

Page 12 of 234
Period from January 1, 2025 to December 31, 2025

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Capital One Finl Corp 14040H105 Asset Minor Code 42 ACCOUNT 001050984785	5,660.000	1,371,757.60 242.3600	674,797.65	696,959.95 220,789.70	.00	1.32
Cisco Systems Inc 17275R102 Asset Minor Code 42 ACCOUNT 001050984785	10,418.000	802,498.54 77.0300	400,545.78	401,952.76 - 53,378.44	.00	2.13
Crown Hldgs Inc 228368106 Asset Minor Code 42 ACCOUNT 001050984785	9,540.000	982,333.80 102.9700	959,491.15	22,842.65 22,842.65	.00	1.01
Curtiss Wright Corp 231561101 Asset Minor Code 42 ACCOUNT 001050984785	.000	.00 551.2700	.00	.00 - 395,704.61	.00	0.00
Dropbox Inc Class A 26210C104 Asset Minor Code 42 ACCOUNT 001050984785	32,194.000	894,993.20 27.8000	937,362.24	- 42,369.04 - 42,369.04	.00	0.00
Expedia Inc 30212P303 Asset Minor Code 42 ACCOUNT 001050984785	4,214.000	1,193,868.34 283.3100	456,333.65	737,534.69 182,479.04	.00	0.56
Meta Platforms Inc 30303M102 Asset Minor Code 42 ACCOUNT 001050984785	.000	.00 660.0900	.00	.00 - 500,251.65	.00	0.00
Goldman Sachs Group Inc 38141G104 Asset Minor Code 42 ACCOUNT 001050984785	1,776.000	1,561,104.00 879.0000	346,437.00	1,214,667.00 282,485.87	.00	2.05

00000504
60- -12-D -66C-026-04
0404 -91-00775-04



LOCAL 553 PEN FUND CONSOLIDATED
ACCOUNT LOCAL553PEN

Page 13 of 234
Period from January 1, 2025 to December 31, 2025

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Jpmorgan Chase Co 46625H100 Asset Minor Code 42 ACCOUNT 001050984785	4,171.000	1,343,979.62 322.2200	279,078.08	1,064,901.54 165,300.33	.00	1.86
Johnson Johnson 478160104 Asset Minor Code 42 ACCOUNT 001050984785	4,990.000	1,032,680.50 206.9500	611,464.91	421,215.59 304,380.04	.00	2.51
Lkq Corporation 501889208 Asset Minor Code 42 ACCOUNT 001050984785	38,482.000	1,162,156.40 30.2000	1,448,734.73	- 286,578.33 - 170,078.18	.00	3.97
Liberty Broadband A 530307107 Asset Minor Code 42 ACCOUNT 001050984785	.000	.00 48.2800	.00	.00 141,215.13	.00	0.00
Masco Corp Com 574599106 Asset Minor Code 42 ACCOUNT 001050984785	13,106.000	831,706.76 63.4600	959,857.03	- 128,150.27 - 118,862.61	.00	1.95
Match Group Inc New 57667L107 Asset Minor Code 42 ACCOUNT 001050984785	32,904.000	1,062,470.16 32.2900	1,043,333.07	19,137.09 - 7,426.30	.00	2.35
Netapp Inc Com 64110D104 Asset Minor Code 42 ACCOUNT 001050984785	8,906.000	953,743.54 107.0900	621,892.78	331,850.76 - 88,024.28	.00	1.94
Paypal Holdings Inc 70450Y103 Asset Minor Code 42 ACCOUNT 001050984785	19,028.000	1,110,854.64 58.3800	1,401,183.99	- 290,329.35 - 384,809.34	.00	0.96

00000504
60- -12-D -66C-026-04
0404 -91-00775-04



LOCAL 553 PEN FUND CONSOLIDATED
ACCOUNT LOCAL553PEN

Page 14 of 234
Period from January 1, 2025 to December 31, 2025

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Progress Software Corp 743312100 Asset Minor Code 42 ACCOUNT 001050984785	.000	.00 42.9600	.00	.00 - 214,000.86	.00	0.00
Qualcomm Inc Com 747525103 Asset Minor Code 42 ACCOUNT 001050984785	8,087.000	1,383,281.35 171.0500	1,250,706.39	132,574.96 132,574.96	.00	2.08
Regeneron Pharmaceuticals Com 75886F107 Asset Minor Code 42 ACCOUNT 001050984785	1,921.000	1,482,762.27 771.8700	1,086,041.80	396,720.47 117,714.61	.00	0.46
Robert Half Inc 770323103 Asset Minor Code 42 ACCOUNT 001050984785	11,399.000	309,596.84 27.1600	728,269.32	- 418,672.48 - 498,123.92	.00	8.69
Ss C Technologies Hldgs Inc Com 78467J100 Asset Minor Code 42 ACCOUNT 001050984785	9,925.000	867,643.50 87.4200	781,377.49	86,266.01 86,266.01	.00	1.24
Siriusxm Holdings Inc Common Stock 829933100 Asset Minor Code 42 ACCOUNT 001050984785	38,156.000	762,929.22 19.9950	1,057,372.05	- 294,442.83 - 95,362.02	.00	5.40
Skyworks Solutions Inc Com 83088M102 Asset Minor Code 42 ACCOUNT 001050984785	.000	.00 63.4100	.00	.00 196,076.73	.00	0.00
Sysco Corp 871829107 Asset Minor Code 42 ACCOUNT 001050984785	14,016.000	1,032,839.04 73.6900	1,028,483.57	4,355.47 - 32,626.91	.00	2.93

00000504
60- -12-D -66C-026-04
0404 -91-00775-04



LOCAL 553 PEN FUND CONSOLIDATED
ACCOUNT LOCAL553PEN

Page 15 of 234
Period from January 1, 2025 to December 31, 2025

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
United Therapeutics Corp 91307C102 Asset Minor Code 42 ACCOUNT 001050984785	2,912.000	1,418,872.00 487.2500	888,469.57	530,402.43 530,402.43	.00	0.00
Unitedhealth Group Inc Com 91324P102 Asset Minor Code 42 ACCOUNT 001050984785	2,931.000	967,552.41 330.1100	921,436.24	46,116.17 46,116.17	.00	2.68
Walmart Inc Com 931142103 Asset Minor Code 42 ACCOUNT 001050984785	6,660.000	741,990.60 111.4100	210,027.41	531,963.19 24,630.59	1,565.10	0.84
Wells Fargo Co New Com 949746101 Asset Minor Code 42 ACCOUNT 001050984785	16,818.000	1,567,437.60 93.2000	757,310.69	810,126.91 360,326.01	.00	1.93
Wesco Intl Inc 95082P105 Asset Minor Code 42 ACCOUNT 001050984785	2,956.000	723,155.84 244.6400	509,044.79	214,111.05 205,664.42	.00	0.74
Total Domestic Common Stocks	397,797.000	35,580,217.82	27,210,620.09	8,369,597.73 - 989,719.08	1,565.10	1.66
Foreign Stocks						
Amdocs Ltd G02602103 Asset Minor Code 53 ACCOUNT 001050984785	11,186.000	900,584.86 80.5100	974,099.98	- 73,515.12 - 49,002.38	5,895.02	2.62
Total Foreign Stocks	11,186.000	900,584.86	974,099.98	- 73,515.12 - 49,002.38	5,895.02	2.61

Miscellaneous

Partnerships/Joint Ventures

00000504
60- -12-D -66C-026-04
0404 -91-00775-04



LOCAL 553 PEN FUND CONSOLIDATED
ACCOUNT LOCAL553PEN

Page 16 of 234
Period from January 1, 2025 to December 31, 2025

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Ev High Yield Class I *** 9SPMTHAM8 Asset Minor Code 77 ACCOUNT 001050984782	594,435.727	20,490,853.39 34.4711	5,524,979.34	14,965,874.05 - 2,725,520.45	.00	0.00
Afl-Cio Equity Index *** 9SPMTHAN6 Asset Minor Code 77 ACCOUNT 001050984789	457,379.860	30,804,808.04 67.3506	3,895,046.89	26,909,761.15 2,011,518.38	.00	0.00
EB Dv Acwi Ex-US Fund *** 9SPMTHAW6 Asset Minor Code 77 ACCOUNT 001050984788	127,875.030	29,242,265.57 228.6785	13,215,091.32	16,027,174.25 5,903,287.84	.00	0.00
Invesco Balanced Risk Allocation *** 9SPMTHD94 Asset Minor Code 77 ACCOUNT 001050984791	417,438.069	13,153,473.55 31.5100	6,920,190.48	6,233,283.07 1,024,197.15	.00	0.00
EB Temp Inv Fd *** 95MSE1B63 Asset Minor Code 77 ACCOUNT 001050984792	17.000	17.00 1.0000	17.00	.00 .00	.00	0.00
Ifm Global Inf US LP-CI A Hedged *** 96MSC0JF7 Asset Minor Code 77 ACCOUNT 001050984789	32,690,262.170	32,690,262.17 1.0000	13,551,969.89	19,138,292.28 3,496,268.28	.00	0.00
EB Dv Non-SI Int Govt/Cr Bif *** 97MSC9LL0 Asset Minor Code 77 ACCOUNT 001050984792	265,031.866	34,263,731.23 129.2816	27,645,799.99	6,617,931.24 2,102,151.89	.00	0.00
Jpmcb Strategic Property Fund *** 98MSCLV30 Asset Minor Code 76 ACCOUNT 001050984787	2,070,761.619	24,004,268.69 11.5920	20,293,840.28	3,710,428.41 - 92,454.27	.00	0.00

00000504
60- -12-D -66C-026-04
0404 -91-00775-04



LOCAL 553 PEN FUND CONSOLIDATED
ACCOUNT LOCAL553PEN

Page 17 of 234
Period from January 1, 2025 to December 31, 2025

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	FEDERAL TAX COST	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Total Partnerships/Joint Ventures	36,623,201.341	184,649,679.64	91,046,935.19	93,602,744.45 11,719,448.82	.00	0.00
Collective Investment Funds						
Ssga Russell 2000 Index NI Fund *** 9SPMTHDC7 Asset Minor Code 17 ACCOUNT 001050984790	138,561.453	26,732,245.44 192.9270	8,972,269.76	17,759,975.68 3,046,793.13	.00	0.00
Total Collective Investment Funds	138,561.453	26,732,245.44	8,972,269.76	17,759,975.68 3,046,793.13	.00	0.00
Total Miscellaneous	36,761,762.794	211,381,925.08	100,019,204.95	111,362,720.13 14,766,241.95	.00	0.00
Total Assets	52,037,424.747	262,729,248.72	143,070,648.16	119,658,600.56 13,727,118.48	51,731.19	0.43
Accrued Income	.000	51,731.19	51,731.19			
Grand Total	52,037,424.747	262,780,979.91	143,122,379.35			

ASSET DETAIL MESSAGES

Time of trade execution and trading party (if not disclosed) will be provided upon request.

Section 3: Actuarial Valuation Results

Schedule of active participant data

The following table shows the distribution of active participant data by age and pension credits as of December 31, 2024.

Schedule MB, Line 8b(2)

Actives by Age and Pension Credits

Age	Total	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	5	5	—	—	—	—	—	—	—	—
25 - 29	12	9	3	—	—	—	—	—	—	—
30 - 34	18	11	6	1	—	—	—	—	—	—
35 - 39	30	12	10	3	5	—	—	—	—	—
40 - 44	18	3	6	2	4	3	—	—	—	—
45 - 49	34	5	10	2	7	8	2	—	—	—
50 - 54	46	6	12	5	5	12	5	1	—	—
55 - 59	55	3	12	6	8	10	5	4	7	—
60 - 64	53	7	5	5	5	9	9	6	4	3
65 - 69	18	1	4	2	1	5	1	1	—	3
70 & over	2	—	—	—	—	—	—	1	—	1
Unknown	1	1	—	—	—	—	—	—	—	—
Totals	292	63	68	26	35	47	22	13	11	7

Note: Excludes 15 participants with less than one pension credit.

Schedule MB, Line 3(d) - Withdrawal Liability Amounts

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
1/2025	\$52,499	\$0	\$52,499
2/2025	\$32,759	\$0	\$32,759
3/2025	\$32,759	\$0	\$32,759
4/2025	\$13,019	\$0	\$13,019
5/2025	\$52,499	\$0	\$52,499
6/2025	\$13,019	\$0	\$13,019
7/2025	\$52,499	\$0	\$52,499
8/2025	\$32,759	\$0	\$32,759
9/2025	\$32,759	\$0	\$32,759
10/2025	\$32,759	\$0	\$32,759
11/2025	\$32,759	\$0	\$32,759
12/2025	\$13,019	\$0	\$13,019

Section 3: Actuarial Valuation Results

Schedule MB, Line 9c

Schedule of Funding Standard Account Bases – Charges

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Assumption change	01/01/1996	\$558,623	1	\$558,623
Plan amendment	01/01/1996	1,212,011	1	1,212,011
Assumption change	01/01/1997	1,416,725	2	731,489
Plan amendment	01/01/1997	2,430,960	2	1,255,163
Plan amendment	01/01/1999	4,205,013	4	1,156,383
Plan amendment	01/01/2001	2,771,961	6	540,576
Plan amendment	01/01/2002	8,928,572	7	1,538,467
Plan amendment	01/01/2003	725,214	8	112,671
Plan amendment	01/01/2005	2,807,942	10	370,192
Assumption change	01/01/2006	673,982	11	83,151
Assumption change	01/01/2007	1,005,704	12	117,038
Investment loss subject to relief	01/01/2009	19,496,947	13	2,154,454
Investment loss subject to relief	01/01/2010	1,911,451	13	211,219
Investment loss subject to relief	01/01/2011	3,523,115	13	389,312
Plan amendment	01/01/2012	1,155,036	2	596,373
Investment loss subject to relief	01/01/2012	4,016,236	13	443,803
Investment loss subject to relief	01/01/2013	8,342,606	13	921,876
Assumption change	01/01/2014	637,037	4	175,186
Investment loss subject to relief	01/01/2014	7,689,523	13	849,709
Assumption change	01/01/2015	130,152	5	29,537
Actuarial loss	01/01/2015	1,771,877	5	402,113
Actuarial loss	01/01/2016	1,584,286	6	308,961
Assumption change	01/01/2017	1,759,977	7	303,259

Section 3: Actuarial Valuation Results

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Actuarial loss	01/01/2017	1,957,126	7	337,229
Actuarial loss	01/01/2018	329,713	8	51,225
Actuarial loss	01/01/2019	2,117,621	9	301,244
Assumption change	01/01/2021	3,142,480	11	387,699
Plan amendment	01/01/2023	1,830,183	13	202,239
Actuarial loss	01/01/2023	2,137,444	13	236,192
Actuarial loss	01/01/2024	379,954	14	40,091
Actuarial loss	01/01/2025	2,612,128	15	264,436
Assumption change	01/01/2025	5,867,050	15	593,945
Total		\$99,128,649		\$16,875,866

Section 3: Actuarial Valuation Results

Schedule MB, Line 9h

Schedule of Funding Standard Account Bases – Credits

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan amendment	01/01/1998	\$3,891	3	\$1,383
Actuarial gain	01/01/2011	315,235	1	315,235
Actuarial gain	01/01/2012	414,212	2	213,868
Actuarial gain	01/01/2013	2,396,485	3	851,538
Actuarial gain	01/01/2014	5,614,778	4	1,544,070
Plan amendment	01/01/2017	138,907	7	23,935
Actuarial gain	01/01/2020	1,366,589	10	180,168
Actuarial gain	01/01/2021	4,182,694	11	516,033
Actuarial gain	01/01/2022	6,965,739	12	810,634
Total		\$21,398,530		\$4,456,864

Appendix A: Actuarial assumptions, methods and models

FSA contribution timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 15 contribution date.

Actuarial models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

Justification for change in actuarial assumptions (Schedule MB, line 11)

For purposes of determining current liability, the current liability interest rate was changed from 3.29% to 4.01% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E).

Based on past experience and future expectations, the following actuarial assumption was changed as of January 1, 2025:

- Net investment return, previously 7.00%

Appendix A: Actuarial assumptions, methods and models

Schedule MB, Line 6

Economic assumptions

Net investment return

6.75%

The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.

Annual administrative expenses

\$1,550,000 for the year beginning January 1, 2025 (equivalent to \$1,496,382 payable at the beginning of the year).

The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

Demographic and noneconomic assumptions

Mortality rates

Healthy: Pri-2012 Blue Collar Employee and Retiree Amount-Weighted Mortality Tables with generational projection using Scale MP-2021 from 2012

Disabled: Pri-2012 Disabled Retiree Amount-Weighted Mortality Table with generational projection using Scale MP-2021 from 2012

Appendix A: Actuarial assumptions, methods and models

Contingent Survivor: Pri-2012 Blue Collar Contingent Survivor Amount-Weighted Mortality Table with generational projection using Scale MP-2021 from 2012

The underlying tables with projection to the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date. These mortality tables were then adjusted to future years using generational projection to reflect future mortality improvement between the measurement date and those years.

The mortality rates were based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of and liability change due to deaths and the projected number and liability change based on the prior year's assumption over the past several years.

Disability and withdrawal rates¹

Age	Disability	Withdrawal Less than 2 Years	Withdrawal 2 – 4 Years	Withdrawal 5 – 9 Years	Withdrawal 10 Years or More
20	0.10%	21.59%	17.03%	--	--
25	0.10	26.09	20.57	15.55%	--
30	0.10	22.33	16.30	10.07	5.81%
35	0.12	20.14	13.22	8.58	6.02
40	0.18	19.09	12.42	7.21	4.98
45	0.36	18.58	11.36	6.98	4.48
50	0.80	18.72	10.68	6.38	4.19
55	1.70	16.22	9.38	3.11	1.06
60	3.48	16.36	9.41	2.54	0.24

The disability and withdrawal rates were based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of terminations and disability retirements and the projected number based on the prior year's assumption over the past several years.

¹ Disability and withdrawal rates do not apply at or beyond earliest eligibility for a pension

Appendix A: Actuarial assumptions, methods and models

Retirement rates for active participants

Age	Annual Retirement Rates
50	25%
51 – 52	5
53 – 54	20
55	25
56	20
57 – 58	5
59 – 62	20
63	15
64	5
65	50
66	20
67	25
68	40
69	60
70 and older	100

The retirement rates were based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements and the projected number based on the prior year's assumption over the past several years.

Description of weighted average retirement age

Age 65, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2025 actuarial valuation.

Appendix A: Actuarial assumptions, methods and models

Retirement rates for inactive vested participants

Age	Annual Retirement Rates
55	35%
56 – 57	10
58 – 59	5
60 – 61	10
62	20
63	15
64 – 65	25
66	20
67	5
68	10
69	5
70 and older	100

The retirement rates were based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements and the projected number based on the prior year's assumption over the past several years.

Future benefit accruals

One pension credit per year.

The future benefit accruals were based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the past several years.

Unknown data for participants

Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.

Appendix A: Actuarial assumptions, methods and models

Definition of active participants

Active participants are defined as those with at least 250 hours in the most recent plan year and who have accumulated at least one pension credit, excluding those who have retired as of the valuation date.

Exclusion of inactive vested participants

90% of the liability of inactive vested participants aged 75 or older is excluded assuming some participants are either deceased or will not collect a benefit from the Fund.

The exclusion of inactive vested participants assumption was based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, the ages of new retirees from inactive vested status were reviewed.

Percent married

50%

Age of spouse

Spouses of male participants are three years younger, and spouses of female participants are three years older.

Benefit election

70% of all participants are assumed to elect the life annuity with 60 months guaranteed and 30% of all participants are assumed to elect the 50% joint and survivor annuity.

The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual option election patterns over the past several years.

Eligibility for delayed retirement factors

Active participants working in covered employment and inactive vested participants after attaining age 65 qualify for delayed retirement increases.

Appendix A: Actuarial assumptions, methods and models

Methods, models and other information

Actuarial value of assets

The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected market return, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.

Actuarial cost method

Entry age normal cost method. Entry age is the age at date of employment or, if date is unknown, current age minus pension credits. Normal cost and actuarial accrued liability are calculated on an individual basis and are allocated by service, with normal cost determined as if the current benefit accrual rate had always been in effect.

Benefits valued

Unless otherwise indicated, includes all benefits summarized in Appendix B.

Current liability assumptions

- **Interest:** 4.01%, within the permissible range prescribed under IRC Section 431(c)(6)(E)
- **Mortality:** Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(1): Pri-2012 employee and annuitant mortality tables, projected generationally using the Adjusted MP-2021 scale as described in the final IRS mortality regulations released in October 2023.

Estimated rate of investment return

- **On actuarial value of assets (Schedule MB, line 6g):** 5.9%, for the plan year ending December 31, 2024
- **On current (market) value of assets (Schedule MB, line 6h):** 8.1%, for the plan year ending December 31, 2024

Appendix A: Actuarial assumptions, methods and models

FSA contribution timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 15 contribution date.

Actuarial models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

Justification for change in actuarial assumptions (Schedule MB, line 11)

For purposes of determining current liability, the current liability interest rate was changed from 3.29% to 4.01% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E).

Based on past experience and future expectations, the following actuarial assumption was changed as of January 1, 2025:

- Net investment return, previously 7.00%

Section 3: Actuarial Valuation Results

Schedule MB, Line 6f(1) - Description of Withdrawal Liability Interest Rate

The actuarial assumptions and methods are reasonable (taking into account the experience of the Plan and reasonable expectations) and, in combination, represent the actuary's best estimate of anticipated experience under the Plan to determine the unfunded vested benefits for withdrawal liability purposes.

The present value of vested benefits is based on a blend of two liability calculations:

- The first calculation applies to benefits that could be settled immediately because assets on hand are sufficient to cover their market value. Since withdrawal liability is a final settlement of an employer's obligation to the Plan, the discount rates used are based on estimated annuity purchase rates. ERISA Sec. 4044 yield curves promulgated by the PBGC for multiemployer plans terminating by mass withdrawal on the measurement date are used as a proxy for annuity purchase rates.
- The second calculation applies to benefits that cannot be settled immediately because they are not currently funded. This calculation uses the interest rate determined by the plan actuary for minimum funding, based on the expected return on current and future assets.

The actuarial assumptions and methods used to determine the unfunded vested benefits as of December 31, 2024 are the same as those used in the actuarial valuation as of January 1, 2024, published on February 3, 2025, except for the following:

Assumption	Description
Interest	For liabilities up to market value of assets, the ERISA 4044 interest rates are as specified in the PBGC yield curve published for December 31, 2024 (5.06% for 20 years and 4.37% beyond, in the prior year valuation). For liabilities in excess of market value of assets, same as used for plan funding for the plan year ending December 31, 2024 (the corresponding funding rate as of a year earlier was used for the prior year's value).
Administrative expenses	Calculated as prescribed in PBGC reg. 4044.52(d) (for the prior year's valuation, calculated as previously prescribed by PBGC formula that was defined in 29 CFR Part 4044, Appendix C); not applicable to those liabilities determined using funding interest rates.
Asset method	Market value of assets

The assumption changes made for funding purposes as of the beginning of the current year will be reflected in the end of the current year's unfunded present value of vested benefits for purposes of withdrawal liability.

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2025	\$672,779	\$424,418	\$22,426,808	\$23,524,005
2026	1,246,105	787,133	21,533,312	23,566,550
2027	1,696,455	980,135	20,665,414	23,342,004
2028	2,167,476	1,420,780	19,818,547	23,406,803
2029	2,555,601	1,669,874	18,919,601	23,145,076
2030	2,830,794	1,852,331	18,042,214	22,725,339
2031	3,126,431	2,105,607	17,178,427	22,410,465
2032	3,394,429	2,348,518	16,313,275	22,056,222
2033	3,580,161	2,508,455	15,450,164	21,538,780
2034	3,763,305	2,747,080	14,592,526	21,102,911
2035	3,887,533	2,896,935	13,743,624	20,528,092
2036	3,993,268	3,090,857	12,906,523	19,990,648
2037	4,076,563	3,219,286	12,084,034	19,379,883
2038	4,104,615	3,336,342	11,278,552	18,719,509
2039	4,127,293	3,518,830	10,492,046	18,138,169
2040	4,125,835	3,606,823	9,726,183	17,458,841
2041	4,106,080	3,655,331	8,982,322	16,743,733
2042	4,081,223	3,649,317	8,261,710	15,992,250

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

OtherAttachment_SchMB_Line8b(1)

Page 1 of 3

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2043	\$4,018,969	\$3,663,487	\$7,565,604	\$15,248,060
2044	3,947,876	3,622,653	6,895,278	14,465,807
2045	3,860,653	3,580,496	6,252,159	13,693,308
2046	3,764,034	3,528,763	5,637,841	12,930,638
2047	3,654,013	3,488,588	5,054,027	12,196,628
2048	3,525,419	3,425,623	4,502,499	11,453,541
2049	3,398,992	3,330,021	3,984,855	10,713,868
2050	3,255,267	3,209,190	3,502,404	9,966,861
2051	3,110,751	3,091,687	3,056,164	9,258,602
2052	2,949,093	2,946,434	2,646,738	8,542,265
2053	2,789,722	2,799,191	2,274,208	7,863,121
2054	2,631,307	2,651,877	1,938,192	7,221,376
2055	2,466,182	2,489,598	1,637,820	6,593,600
2056	2,301,701	2,322,992	1,371,764	5,996,457
2057	2,143,491	2,167,295	1,138,366	5,449,152
2058	1,985,258	2,009,181	935,656	4,930,095
2059	1,847,344	1,850,007	761,412	4,458,763
2060	1,702,045	1,696,516	613,281	4,011,842

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

OtherAttachment_SchMB_Line8b(1)

Page 2 of 3

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2061	\$1,559,283	\$1,544,618	\$488,805	\$3,592,706
2062	1,428,492	1,398,693	385,444	3,212,629
2063	1,301,680	1,258,229	300,666	2,860,575
2064	1,179,927	1,128,909	231,984	2,540,820
2065	1,074,410	1,005,253	177,027	2,256,690
2066	970,225	893,391	133,610	1,997,226
2067	873,140	787,504	99,737	1,760,381
2068	784,493	690,508	73,646	1,548,647
2069	705,298	601,992	53,806	1,361,096
2070	631,625	521,996	38,915	1,192,536
2071	564,931	449,931	27,881	1,042,743
2072	503,479	385,709	19,807	908,995
2073	448,997	328,771	13,965	791,733
2074	399,705	278,626	9,782	688,113

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

OtherAttachment_SchMB_Line8b(1)

Page 3 of 3

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2025	\$5,110,350	\$393,108	\$5,503,458
2026	\$5,110,350	\$393,108	\$5,503,458
2027	\$5,110,350	\$193,895	\$5,304,245
2028	\$5,110,350	\$156,227	\$5,266,577
2029	\$5,110,350	\$156,227	\$5,266,577
2030	\$5,110,350	\$156,227	\$5,266,577
2031	\$5,110,350	\$156,227	\$5,266,577
2032	\$5,110,350	\$156,227	\$5,266,577
2033	\$5,110,350	\$156,227	\$5,266,577
2034	\$5,110,350	\$156,227	\$5,266,577

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 2025 This Form is Open to Public Inspection
---	--	--

Part I Annual Report Identification Information	
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A This return/report is for: ☒ a multiemployer plan	☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	☐ a single-employer plan ☐ the first return/report ☐ an amended return/report
C If the plan is a collectively-bargained plan, check here ☒	
D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program	
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 553 PENSION FUND	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">1b Three-digit plan number (PN) ▶</td> <td style="width: 40%; padding: 2px; text-align: center;">001</td> </tr> <tr> <td colspan="2" style="padding: 2px;">1c Effective date of plan 03/15/1956</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2b Employer Identification Number (EIN) 13-6637826</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2c Plan Sponsor's telephone number (212) 627-5553</td> </tr> <tr> <td colspan="2" style="padding: 2px;">2d Business code (see instructions) 454310</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 03/15/1956		2b Employer Identification Number (EIN) 13-6637826		2c Plan Sponsor's telephone number (212) 627-5553		2d Business code (see instructions) 454310	
1b Three-digit plan number (PN) ▶	001										
1c Effective date of plan 03/15/1956											
2b Employer Identification Number (EIN) 13-6637826											
2c Plan Sponsor's telephone number (212) 627-5553											
2d Business code (see instructions) 454310											
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) BOARD OF TRUSTEES OF LOCAL 553 PENSION FUND 265 WEST 14TH STREET NEW YORK NY 10011-7173											

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		09/17/2026	DEMOS P. DEMOPOULOS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		09/17/2026	VINCENT THEURER
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2025)
v. 250312

00000504
60- -12-D -66C-026-04
0404 -91-00775-04



LOCAL 553 PEN FUND CONSOLIDATED
ACCOUNT LOCAL553PEN

Page 205 of 234
Period from January 1, 2025 to December 31, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE					252,268,223.85		
COMPARATIVE VALUE (5%)					12,613,411.19		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
NO TRANSACTIONS QUALIFIED FOR THIS SECTION							
CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE							
Broker: Direct From Issuer							
01/31/2025	S	Issue: 98MSCLV30 - Jpmcb Strategic Property Fund - 104,075.884	11.0560		1,150,663	974,967	175,696
001050984787							
01/31/2025	S	Issue: 98MSCLV30 - Jpmcb Strategic Property Fund - 5,819.998	11.0560		64,346	54,521	9,825
001050984787							
01/31/2025	S	Issue: 9SPMTHD94 - Invesco Balanced Risk Allocation - 131.191	29.7600		3,904	2,175	1,729
001050984791							
01/31/2025	B	Issue: 95MSE1B63 - EB Temp Inv Fd .040	1.0000				
001050984792							
02/28/2025	S	Issue: 9SPMTHAM8 - Ev High Yield Class I - 56,004.978	32.1400		1,800,000	520,538	1,279,462
001050984782							
02/28/2025	S	Issue: 9SPMTHDC7 - Ssga Russell 2000 Index NI Fund - 23.251	164.1947		3,818	1,506	2,312
001050984790							
02/28/2025	S	Issue: 9SPMTHD94 - Invesco Balanced Risk Allocation - 121.675	29.7100		3,615	2,017	1,598
001050984791							

00000504
60- -12-D -66C-026-04
0404 -91-00775-04



LOCAL 553 PEN FUND CONSOLIDATED
ACCOUNT LOCAL553PEN

Page 206 of 234
Period from January 1, 2025 to December 31, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
02/28/2025	Issue: 95MSE1B63 - EB Temp Inv Fd B	.040	1.0000				
001050984792							
03/31/2025	Issue: 9SPMTHAM8 - Ev High Yield Class I S	- 40,498.442	32.1000		1,300,000	376,413	923,587
001050984782							
03/31/2025	Issue: 9SPMTHD94 - Invesco Balanced Risk Allocation S	- 133.721	29.4899		3,943	2,217	1,727
001050984791							
03/31/2025	Issue: 95MSE1B63 - EB Temp Inv Fd B	.030	1.0000				
001050984792							
04/30/2025	Issue: 98MSCLV30 - Jpmcb Strategic Property Fund S	- 27,574.710	11.1706		308,026	261,159	46,867
001050984787							
04/30/2025	Issue: 98MSCLV30 - Jpmcb Strategic Property Fund S	- 5,573.948	11.1706		62,264	52,791	9,474
001050984787							
04/30/2025	Issue: 9SPMTHD94 - Invesco Balanced Risk Allocation S	- 127.490	29.2100		3,724	2,114	1,610
001050984791							
04/30/2025	Issue: 95MSE1B63 - EB Temp Inv Fd B	.040	1.0000				
001050984792							
04/30/2025	Issue: 97MSC9LL0 - EB Dv Non-SI Int Govt/Cr Bif S	- 8,074.586	123.8454		1,000,000	842,270	157,730
001050984792							
05/30/2025	Issue: 9SPMTHAW6 - EB Dv Acwi Ex-US Fund S	- 7,734.695	193.9314		1,500,000	799,333	700,667
001050984788							
05/30/2025	Issue: 9SPMTHD94 - Invesco Balanced Risk Allocation S	- 132.989	29.2801		3,894	2,205	1,689
001050984791							

00000504
60- -12-D -66C-026-04
0404 -91-00775-04



LOCAL 553 PEN FUND CONSOLIDATED
ACCOUNT LOCAL553PEN

Page 207 of 234
Period from January 1, 2025 to December 31, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/30/2025	Issue: 95MSE1B63 - EB Temp Inv Fd B	.040	1.0000				
001050984792							
06/30/2025	Issue: 9SPMTHAM8 - Ev High Yield Class I S	- 45,745.654	32.7900		1,500,000	425,183	1,074,817
001050984782							
06/30/2025	Issue: 9SPMTHDC7 - Ssga Russell 2000 Index NI Fund S	- 21.106	162.9399		3,439	1,367	2,072
001050984790							
06/30/2025	Issue: 9SPMTHD94 - Invesco Balanced Risk Allocation S	- 128.010	29.9000		3,828	2,122	1,705
001050984791							
06/30/2025	Issue: 95MSE1B63 - EB Temp Inv Fd B	.010	1.0000				
001050984792							
07/14/2025	Issue: 96MSC0JF7 - Ifm Global Inf US LP-CI A Hedged S	- 10,000,000.000	1.0000		10,000,000	10,000,000	
001050984789							
07/18/2025	Issue: 9SPMTHAW6 - EB Dv Acwi Ex-US Fund S	- 4,930.797	202.8070		1,000,000	509,567	490,433
001050984788							
07/31/2025	Issue: 98MSCLV30 - Jpmcb Strategic Property Fund S	- 14,110.047	11.3129		159,626	135,078	24,548
001050984787							
07/31/2025	Issue: 98MSCLV30 - Jpmcb Strategic Property Fund S	- 5,221.484	11.3129		59,070	49,986	9,084
001050984787							
07/31/2025	Issue: 9SPMTHD94 - Invesco Balanced Risk Allocation S	- 132.728	30.0001		3,982	2,200	1,782
001050984791							
08/29/2025	Issue: 9SPMTHAM8 - Ev High Yield Class I S	- 53,811.659	33.4500		1,800,000	500,152	1,299,848
001050984782							

00000504
60- -12-D -66C-026-04
0404 -91-00775-04



LOCAL 553 PEN FUND CONSOLIDATED
ACCOUNT LOCAL553PEN

Page 208 of 234
Period from January 1, 2025 to December 31, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/29/2025	S	Issue: 9SPMTHDC7 - Ssga Russell 2000 Index NI Fund - 18.899	175.3696		3,314	1,224	2,091
001050984790							
08/29/2025	S	Issue: 9SPMTHD94 - Invesco Balanced Risk Allocation - 132.385	30.3500		4,018	2,195	1,823
001050984791							
09/30/2025	S	Issue: 9SPMTHAN6 - Afl-Cio Equity Index - 27,779.064	64.7970		1,800,000	236,567	1,563,433
001050984789							
09/30/2025	S	Issue: 9SPMTHD94 - Invesco Balanced Risk Allocation - 127.907	30.9200		3,955	2,120	1,834
001050984791							
10/30/2025	S	Issue: 96MSC0JF7 - Ifm Global Inf US LP-CI A Hedged - 448,030.110	1.0000		448,030	448,030	
001050984789							
10/31/2025	S	Issue: 98MSCLV30 - Jpmcb Strategic Property Fund - 14,335.563	11.4371		163,957	138,773	25,185
001050984787							
10/31/2025	S	Issue: 98MSCLV30 - Jpmcb Strategic Property Fund - 5,216.317	11.4371		59,660	50,496	9,164
001050984787							
10/31/2025	S	Issue: 9SPMTHAW6 - EB Dv Acwi Ex-US Fund - 6,785.765	221.0510		1,500,000	701,267	798,733
001050984788							
10/31/2025	S	Issue: 9SPMTHD94 - Invesco Balanced Risk Allocation - 131.616	31.6400		4,164	2,182	1,982
001050984791							
11/28/2025	S	Issue: 9SPMTHDC7 - Ssga Russell 2000 Index NI Fund - 20.635	182.1434		3,759	1,336	2,422
001050984790							
11/28/2025	S	Issue: 9SPMTHD94 - Invesco Balanced Risk Allocation - 127.918	31.7000		4,055	2,121	1,934
001050984791							

00000504
60- -12-D -66C-026-04
0404 -91-00775-04



LOCAL 553 PEN FUND CONSOLIDATED
ACCOUNT LOCAL553PEN

Page 209 of 234
Period from January 1, 2025 to December 31, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/31/2025	Issue: 9SPMTHAN6 - Afl-Cio Equity Index S	- 26,738.762	67.3180		1,800,000	227,707	1,572,293
001050984789							
12/31/2025	Issue: 9SPMTHD94 - Invesco Balanced Risk Allocation S	- 132.670	31.5100		4,180	2,199	1,981
001050984791							
Total For Direct From Issuer				0	27,537,234	17,336,098	10,201,137
GRAND TOTAL				0	27,537,234	17,336,098	10,201,137

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

Issue: 31846V450 - First Am US Treas Mm Cl Z							
01/03/2025	B	5,423.580	1.0000		- 5,424	5,424	
001050984780							
01/03/2025	B	1.980	1.0000		- 2	2	
001050984787							
01/03/2025	B	1.920	1.0000		- 2	2	
001050984788							
01/03/2025	B	1,275.680	1.0000		- 1,276	1,276	
001050984789							
01/03/2025	B	2.590	1.0000		- 3	3	
001050984790							
01/03/2025	B	2.630	1.0000		- 3	3	
001050984792							
01/06/2025	B	525.000	1.0000		- 525	525	
001050984780							
01/09/2025	B	3,748.050	1.0000		- 3,748	3,748	
001050984780							

00000504
60- -12-D -66C-026-04
0404 -91-00775-04



LOCAL 553 PEN FUND CONSOLIDATED
ACCOUNT LOCAL553PEN

Page 210 of 234
Period from January 1, 2025 to December 31, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/10/2025 001050984780	B	845.000	1.0000		- 845	845	
01/10/2025 001050984787	B	1,151,902.230	1.0000		- 1,151,902	1,151,902	
01/13/2025 001050984780	B	1,151,902.230	1.0000		- 1,151,902	1,151,902	
01/21/2025 001050984780	B	500,000.000	1.0000		- 500,000	500,000	
02/04/2025 001050984780	B	12,127.520	1.0000		- 12,128	12,128	
02/04/2025 001050984787	B	403.600	1.0000		- 404	404	
02/04/2025 001050984788	B	1.860	1.0000		- 2	2	
02/04/2025 001050984789	B	1,238.070	1.0000		- 1,238	1,238	
02/04/2025 001050984790	B	2.510	1.0000		- 3	3	
02/04/2025 001050984792	B	2.550	1.0000		- 3	3	
02/11/2025 001050984780	B	828.750	1.0000		- 829	829	
02/12/2025 001050984780	B	743.000	1.0000		- 743	743	
02/19/2025 001050984780	B	1,800,000.000	1.0000		- 1,800,000	1,800,000	
02/27/2025 001050984780	B	650,000.000	1.0000		- 650,000	650,000	

00000504
60- -12-D -66C-026-04
0404 -91-00775-04



LOCAL 553 PEN FUND CONSOLIDATED
ACCOUNT LOCAL553PEN

Page 211 of 234
Period from January 1, 2025 to December 31, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/04/2025 001050984780	B	535.330	1.0000		- 535	535	
03/04/2025 001050984787	B	2.860	1.0000		- 3	3	
03/04/2025 001050984788	B	1.670	1.0000		- 2	2	
03/04/2025 001050984789	B	1,106.800	1.0000		- 1,107	1,107	
03/04/2025 001050984790	B	2.240	1.0000		- 2	2	
03/04/2025 001050984792	B	2.280	1.0000		- 2	2	
03/10/2025 001050984780	B	580.000	1.0000		- 580	580	
03/12/2025 001050984780	B	146.250	1.0000		- 146	146	
03/20/2025 001050984780	B	1,300,000.000	1.0000		- 1,300,000	1,300,000	
03/31/2025 001050984780	B	600,000.000	1.0000		- 600,000	600,000	
04/01/2025 001050984780	B	285.000	1.0000		- 285	285	
04/02/2025 001050984787	B	3.310	1.0000		- 3	3	
04/02/2025 001050984788	B	1.840	1.0000		- 2	2	
04/02/2025 001050984789	B	1,220.520	1.0000		- 1,221	1,221	

00000504
60- -12-D -66C-026-04
0404 -91-00775-04



LOCAL 553 PEN FUND CONSOLIDATED
ACCOUNT LOCAL553PEN

Page 212 of 234
Period from January 1, 2025 to December 31, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/02/2025 001050984790	B	2.470	1.0000		- 2	2	
04/02/2025 001050984792	B	2.510	1.0000		- 3	3	
04/08/2025 001050984787	B	308,350.450	1.0000		- 308,350	308,350	
04/09/2025 001050984780	B	306,850.450	1.0000		- 306,850	306,850	
04/10/2025 001050984780	B	379.130	1.0000		- 379	379	
04/10/2025 001050984787	B	37,983.070	1.0000		- 37,983	37,983	
04/15/2025 001050984780	B	1,571.500	1.0000		- 1,572	1,572	
04/17/2025 001050984780	B	37,983.070	1.0000		- 37,983	37,983	
04/17/2025 001050984792	B	1,000,000.000	1.0000		- 1,000,000	1,000,000	
04/21/2025 001050984780	B	1,000,000.000	1.0000		- 1,000,000	1,000,000	
04/28/2025 001050984780	B	580.000	1.0000		- 580	580	
04/30/2025 001050984789	B	191,431.820	1.0000		- 191,432	191,432	
05/02/2025 001050984787	B	67.850	1.0000		- 68	68	
05/02/2025 001050984788	B	1.780	1.0000		- 2	2	

00000504
60- -12-D -66C-026-04
0404 -91-00775-04



LOCAL 553 PEN FUND CONSOLIDATED
ACCOUNT LOCAL553PEN

Page 213 of 234
Period from January 1, 2025 to December 31, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/02/2025 001050984789	B	1,200.540	1.0000		- 1,201	1,201	
05/02/2025 001050984790	B	2.390	1.0000		- 2	2	
05/02/2025 001050984792	B	453.630	1.0000		- 454	454	
05/06/2025 001050984780	B	400,285.000	1.0000		- 400,285	400,285	
05/07/2025 001050984780	B	3,950.000	1.0000		- 3,950	3,950	
05/12/2025 001050984780	B	495.000	1.0000		- 495	495	
05/12/2025 001050984780	B	2,825.000	1.0000		- 2,825	2,825	
05/20/2025 001050984780	B	1,500,000.000	1.0000		- 1,500,000	1,500,000	
06/03/2025 001050984780	B	4,400.340	1.0000		- 4,400	4,400	
06/03/2025 001050984787	B	3.530	1.0000		- 4	4	
06/03/2025 001050984788	B	1.840	1.0000		- 2	2	
06/03/2025 001050984789	B	1,892.540	1.0000		- 1,893	1,893	
06/03/2025 001050984790	B	2.480	1.0000		- 2	2	
06/03/2025 001050984792	B	4.050	1.0000		- 4	4	

00000504
60- -12-D -66C-026-04
0404 -91-00775-04



LOCAL 553 PEN FUND CONSOLIDATED
ACCOUNT LOCAL553PEN

Page 214 of 234
Period from January 1, 2025 to December 31, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/05/2025 001050984780	B	350,000.000	1.0000		- 350,000	350,000	
06/10/2025 001050984780	B	2,831.500	1.0000		- 2,832	2,832	
06/18/2025 001050984780	B	1,500,000.000	1.0000		- 1,500,000	1,500,000	
06/23/2025 001050984780	B	605.000	1.0000		- 605	605	
06/25/2025 001050984780	B	300,000.000	1.0000		- 300,000	300,000	
06/30/2025 001050984780	B	113.500	1.0000		- 114	114	
07/02/2025 001050984780	B	4,841.680	1.0000		- 4,842	4,842	
07/02/2025 001050984787	B	3.430	1.0000		- 3	3	
07/02/2025 001050984788	B	1.780	1.0000		- 2	2	
07/02/2025 001050984789	B	1,833.050	1.0000		- 1,833	1,833	
07/02/2025 001050984790	B	2.400	1.0000		- 2	2	
07/02/2025 001050984792	B	3.970	1.0000		- 4	4	
07/09/2025 001050984787	B	159,841.640	1.0000		- 159,842	159,842	
07/10/2025 001050984780	B	155.000	1.0000		- 155	155	

00000504
60- -12-D -66C-026-04
0404 -91-00775-04



LOCAL 553 PEN FUND CONSOLIDATED
ACCOUNT LOCAL553PEN

Page 215 of 234
Period from January 1, 2025 to December 31, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/11/2025 001050984780	B	2,691.000	1.0000		- 2,691	2,691	
07/14/2025 001050984789	B	10,000,000.000	1.0000		- 10,000,000	10,000,000	
07/15/2025 001050984780	B	159,841.640	1.0000		- 159,842	159,842	
07/16/2025 001050984780	B	400,000.000	1.0000		- 400,000	400,000	
07/17/2025 001050984780	B	879.750	1.0000		- 880	880	
07/18/2025 001050984780	B	1,000,000.000	1.0000		- 1,000,000	1,000,000	
07/21/2025 001050984780	B	737.250	1.0000		- 737	737	
08/04/2025 001050984780	B	4,759.270	1.0000		- 4,759	4,759	
08/04/2025 001050984787	B	111.760	1.0000		- 112	112	
08/04/2025 001050984788	B	1.860	1.0000		- 2	2	
08/04/2025 001050984789	B	22,276.910	1.0000		- 22,277	22,277	
08/04/2025 001050984790	B	2.500	1.0000		- 3	3	
08/04/2025 001050984792	B	4.130	1.0000		- 4	4	
08/08/2025 001050984780	B	155.000	1.0000		- 155	155	

00000504
60- -12-D -66C-026-04
0404 -91-00775-04



LOCAL 553 PEN FUND CONSOLIDATED
ACCOUNT LOCAL553PEN

Page 216 of 234
Period from January 1, 2025 to December 31, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
08/12/2025 001050984780	B	609.500	1.0000		- 610	610	
08/13/2025 001050984780	B	846.000	1.0000		- 846	846	
08/14/2025 001050984780	B	1,294.000	1.0000		- 1,294	1,294	
08/18/2025 001050984780	B	1,800,000.000	1.0000		- 1,800,000	1,800,000	
08/22/2025 001050984780	B	300,000.000	1.0000		- 300,000	300,000	
09/03/2025 001050984780	B	4,184.220	1.0000		- 4,184	4,184	
09/03/2025 001050984787	B	3.920	1.0000		- 4	4	
09/03/2025 001050984788	B	1.860	1.0000		- 2	2	
09/03/2025 001050984789	B	36,939.820	1.0000		- 36,940	36,940	
09/03/2025 001050984790	B	2.500	1.0000		- 3	3	
09/03/2025 001050984792	B	4.140	1.0000		- 4	4	
09/05/2025 001050984780	B	1,164.000	1.0000		- 1,164	1,164	
09/08/2025 001050984780	B	463.000	1.0000		- 463	463	
09/10/2025 001050984780	B	1,282.500	1.0000		- 1,283	1,283	

00000504
60- -12-D -66C-026-04
0404 -91-00775-04



LOCAL 553 PEN FUND CONSOLIDATED
ACCOUNT LOCAL553PEN

Page 217 of 234
Period from January 1, 2025 to December 31, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/17/2025 001050984780	B	1,800,000.000	1.0000		- 1,800,000	1,800,000	
09/24/2025 001050984780	B	184.000	1.0000		- 184	184	
09/29/2025 001050984780	B	250,000.000	1.0000		- 250,000	250,000	
10/02/2025 001050984780	B	4,623.320	1.0000		- 4,623	4,623	
10/02/2025 001050984787	B	3.740	1.0000		- 4	4	
10/02/2025 001050984788	B	1.760	1.0000		- 2	2	
10/02/2025 001050984789	B	34,950.720	1.0000		- 34,951	34,951	
10/02/2025 001050984790	B	2.370	1.0000		- 2	2	
10/02/2025 001050984792	B	3.910	1.0000		- 4	4	
10/06/2025 001050984780	B	2,127.250	1.0000		- 2,127	2,127	
10/07/2025 001050984780	B	711.650	1.0000		- 712	712	
10/14/2025 001050984780	B	1,081.500	1.0000		- 1,082	1,082	
10/15/2025 001050984780	B	1,100.000	1.0000		- 1,100	1,100	
10/21/2025 001050984780	B	1,500,000.000	1.0000		- 1,500,000	1,500,000	

00000504
60- -12-D -66C-026-04
0404 -91-00775-04



LOCAL 553 PEN FUND CONSOLIDATED
ACCOUNT LOCAL553PEN

Page 218 of 234
Period from January 1, 2025 to December 31, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/22/2025 001050984780	B	164,142.380	1.0000		- 164,142	164,142	
10/28/2025 001050984780	B	1,093.000	1.0000		- 1,093	1,093	
11/03/2025 001050984789	B	448,030.110	1.0000		- 448,030	448,030	
11/04/2025 001050984780	B	3,939.570	1.0000		- 3,940	3,940	
11/04/2025 001050984787	B	3.760	1.0000		- 4	4	
11/04/2025 001050984788	B	1.770	1.0000		- 2	2	
11/04/2025 001050984789	B	35,108.640	1.0000		- 35,109	35,109	
11/04/2025 001050984790	B	2.380	1.0000		- 2	2	
11/04/2025 001050984792	B	3.930	1.0000		- 4	4	
11/07/2025 001050984780	B	711.650	1.0000		- 712	712	
11/13/2025 001050984780	B	2,387.500	1.0000		- 2,388	2,388	
11/18/2025 001050984780	B	1,800,000.000	1.0000		- 1,800,000	1,800,000	
11/28/2025 001050984780	B	586.500	1.0000		- 587	587	
12/02/2025 001050984780	B	4,053.150	1.0000		- 4,053	4,053	

00000504
60- -12-D -66C-026-04
0404 -91-00775-04



LOCAL 553 PEN FUND CONSOLIDATED
ACCOUNT LOCAL553PEN

Page 219 of 234
Period from January 1, 2025 to December 31, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/02/2025 001050984787	B	3.550	1.0000		- 4	4	
12/02/2025 001050984788	B	1.670	1.0000		- 2	2	
12/02/2025 001050984789	B	34,464.080	1.0000		- 34,464	34,464	
12/02/2025 001050984790	B	2.250	1.0000		- 2	2	
12/02/2025 001050984792	B	3.710	1.0000		- 4	4	
12/09/2025 001050984780	B	1,803,092.500	1.0000		- 1,803,093	1,803,093	
12/10/2025 001050984780	B	1,343.000	1.0000		- 1,343	1,343	
12/18/2025 001050984780	B	46.690	1.0000		- 47	47	
12/18/2025 001050984787	B	.030	1.0000				
12/18/2025 001050984788	B	.010	1.0000				
12/18/2025 001050984789	B	245.000	1.0000		- 245	245	
12/18/2025 001050984790	B	.020	1.0000				
12/18/2025 001050984792	B	.030	1.0000				
Total For Buys				0	35,938,145	35,938,145	0

00000504
60- -12-D -66C-026-04
0404 -91-00775-04



LOCAL 553 PEN FUND CONSOLIDATED
ACCOUNT LOCAL553PEN

Page 220 of 234
Period from January 1, 2025 to December 31, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/02/2025 001050984780	S	- 1,869,844.660	1.0000		1,869,845	1,869,845	
01/06/2025 001050984780	S	- 597.250	1.0000		597	597	
01/08/2025 001050984780	S	- 3,748.050	1.0000		3,748	3,748	
01/13/2025 001050984787	S	- 1,151,902.230	1.0000		1,151,902	1,151,902	
02/03/2025 001050984780	S	- 1,868,471.910	1.0000		1,868,472	1,868,472	
02/05/2025 001050984780	S	- 9,325.000	1.0000		9,325	9,325	
02/12/2025 001050984780	S	- 743.000	1.0000		743	743	
02/18/2025 001050984780	S	- 48,658.500	1.0000		48,659	48,659	
03/03/2025 001050984780	S	- 1,878,587.160	1.0000		1,878,587	1,878,587	
03/10/2025 001050984780	S	- 580.000	1.0000		580	580	
04/01/2025 001050984780	S	- 1,822,807.570	1.0000		1,822,808	1,822,808	
04/02/2025 001050984780	S	- 18,132.940	1.0000		18,133	18,133	
04/03/2025 001050984780	S	- 7,637.000	1.0000		7,637	7,637	
04/04/2025 001050984780	S	- 1,825.000	1.0000		1,825	1,825	

00000504
60- -12-D -66C-026-04
0404 -91-00775-04



LOCAL 553 PEN FUND CONSOLIDATED
ACCOUNT LOCAL553PEN

Page 221 of 234
Period from January 1, 2025 to December 31, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/07/2025 001050984780	S	- 2,477.500	1.0000		2,478	2,478	
04/08/2025 001050984780	S	- 2,244.750	1.0000		2,245	2,245	
04/09/2025 001050984787	S	- 308,350.450	1.0000		308,350	308,350	
04/10/2025 001050984780	S	- 538.570	1.0000		539	539	
04/11/2025 001050984780	S	- 4,454.250	1.0000		4,454	4,454	
04/14/2025 001050984780	S	- 1,969.000	1.0000		1,969	1,969	
04/15/2025 001050984780	S	- 2,775.500	1.0000		2,776	2,776	
04/16/2025 001050984780	S	- 750.000	1.0000		750	750	
04/17/2025 001050984780	S	- 1,700.900	1.0000		1,701	1,701	
04/17/2025 001050984787	S	- 37,983.070	1.0000		37,983	37,983	
04/21/2025 001050984792	S	- 1,000,000.000	1.0000		1,000,000	1,000,000	
04/22/2025 001050984780	S	- 3,691.500	1.0000		3,692	3,692	
04/29/2025 001050984780	S	- 285.000	1.0000		285	285	
05/01/2025 001050984780	S	- 1,861,292.410	1.0000		1,861,292	1,861,292	

00000504
60- -12-D -66C-026-04
0404 -91-00775-04



LOCAL 553 PEN FUND CONSOLIDATED
ACCOUNT LOCAL553PEN

Page 222 of 234
Period from January 1, 2025 to December 31, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/02/2025 001050984780	S	- 2,026.990	1.0000		2,027	2,027	
05/05/2025 001050984780	S	- 264.000	1.0000		264	264	
05/07/2025 001050984780	S	- 3,950.000	1.0000		3,950	3,950	
05/13/2025 001050984780	S	- 7,094.500	1.0000		7,095	7,095	
05/14/2025 001050984780	S	- 240.000	1.0000		240	240	
05/16/2025 001050984780	S	- 441.000	1.0000		441	441	
05/20/2025 001050984780	S	- 6,409.500	1.0000		6,410	6,410	
05/21/2025 001050984780	S	- 247.500	1.0000		248	248	
06/02/2025 001050984780	S	- 1,860,736.660	1.0000		1,860,737	1,860,737	
06/04/2025 001050984780	S	- 1,065.750	1.0000		1,066	1,066	
06/12/2025 001050984780	S	- 32,560.000	1.0000		32,560	32,560	
07/01/2025 001050984780	S	- 1,854,236.160	1.0000		1,854,236	1,854,236	
07/03/2025 001050984780	S	- 39,930.000	1.0000		39,930	39,930	
07/14/2025 001050984780	S	- 1,887.250	1.0000		1,887	1,887	

00000504
60- -12-D -66C-026-04
0404 -91-00775-04



LOCAL 553 PEN FUND CONSOLIDATED
ACCOUNT LOCAL553PEN

Page 223 of 234
Period from January 1, 2025 to December 31, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/15/2025 001050984780	S	- 1,345.500	1.0000		1,346	1,346	
07/15/2025 001050984787	S	- 159,841.640	1.0000		159,842	159,842	
07/21/2025 001050984780	S	- 737.250	1.0000		737	737	
08/01/2025 001050984780	S	- 1,849,497.160	1.0000		1,849,497	1,849,497	
08/05/2025 001050984780	S	- 26,460.000	1.0000		26,460	26,460	
08/13/2025 001050984780	S	- 846.000	1.0000		846	846	
08/18/2025 001050984780	S	- 19,292.750	1.0000		19,293	19,293	
08/19/2025 001050984780	S	- 10,746.500	1.0000		10,747	10,747	
09/02/2025 001050984780	S	- 1,865,702.910	1.0000		1,865,703	1,865,703	
09/05/2025 001050984780	S	- 2,895.000	1.0000		2,895	2,895	
09/23/2025 001050984780	S	- 67,010.500	1.0000		67,011	67,011	
09/24/2025 001050984780	S	- 184.000	1.0000		184	184	
10/01/2025 001050984780	S	- 1,880,804.160	1.0000		1,880,804	1,880,804	
10/06/2025 001050984780	S	- 2,127.250	1.0000		2,127	2,127	

00000504
60- -12-D -66C-026-04
0404 -91-00775-04



LOCAL 553 PEN FUND CONSOLIDATED
ACCOUNT LOCAL553PEN

Page 224 of 234
Period from January 1, 2025 to December 31, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/07/2025 001050984780	S	- 3,231.900	1.0000		3,232	3,232	
10/16/2025 001050984780	S	- 305.500	1.0000		306	306	
10/28/2025 001050984780	S	- 1,093.000	1.0000		1,093	1,093	
11/03/2025 001050984780	S	- 1,872,012.160	1.0000		1,872,012	1,872,012	
11/06/2025 001050984780	S	- 2,260.000	1.0000		2,260	2,260	
11/07/2025 001050984780	S	- 711.650	1.0000		712	712	
11/17/2025 001050984780	S	- 17,488.500	1.0000		17,489	17,489	
12/01/2025 001050984780	S	- 1,872,142.660	1.0000		1,872,143	1,872,143	
12/04/2025 001050984780	S	- 586.500	1.0000		587	587	
12/05/2025 001050984780	S	- 3,838.500	1.0000		3,839	3,839	

Total For Sells	0	25,383,631	25,383,631	0
------------------------	----------	-------------------	-------------------	----------

Total First Am US Treas Mm Cl Z	0	61,321,776	61,321,776	0
--	----------	-------------------	-------------------	----------

Issue: 31846V625 - First Am Inst Prime Ob Fd Cl Z

01/02/2025 001050984785	B	134,657.807	1.0004		- 134,712	134,712	
----------------------------	---	-------------	--------	--	-----------	---------	--

00000504
60- -12-D -66C-026-04
0404 -91-00775-04



LOCAL 553 PEN FUND CONSOLIDATED
ACCOUNT LOCAL553PEN

Page 225 of 234
Period from January 1, 2025 to December 31, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/03/2025 001050984785	B	5,593.333	1.0004		- 5,596	5,596	
01/06/2025 001050984785	B	643,130.918	1.0004		- 643,388	643,388	
01/08/2025 001050984785	B	156,653.089	1.0004		- 156,716	156,716	
01/15/2025 001050984785	B	452,412.105	1.0004		- 452,593	452,593	
01/22/2025 001050984785	B	12,979.568	1.0004		- 12,985	12,985	
01/24/2025 001050984785	B	6,542.213	1.0004		- 6,545	6,545	
01/31/2025 001050984785	B	12,548.421	1.0004		- 12,553	12,553	
02/03/2025 001050984785	B	21,053.669	1.0004		- 21,062	21,062	
02/07/2025 001050984785	B	7,522.343	1.0003		- 7,525	7,525	
02/18/2025 001050984785	B	165,899.540	1.0003		- 165,949	165,949	
02/24/2025 001050984785	B	60,361.012	1.0003		- 60,379	60,379	
02/25/2025 001050984785	B	10,790.283	1.0003		- 10,794	10,794	
03/03/2025 001050984785	B	10,124.763	1.0003		- 10,128	10,128	
03/04/2025 001050984785	B	11,130.831	1.0003		- 11,134	11,134	

00000504
60- -12-D -66C-026-04
0404 -91-00775-04



LOCAL 553 PEN FUND CONSOLIDATED
ACCOUNT LOCAL553PEN

Page 226 of 234
Period from January 1, 2025 to December 31, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/07/2025 001050984785	B	335,393.342	1.0003		- 335,494	335,494	
03/12/2025 001050984785	B	123,416.615	1.0003		- 123,454	123,454	
03/14/2025 001050984785	B	146,003.569	1.0003		- 146,047	146,047	
03/18/2025 001050984785	B	134,193.092	1.0003		- 134,233	134,233	
03/20/2025 001050984785	B	4,869.779	1.0003		- 4,871	4,871	
03/21/2025 001050984785	B	11,168.110	1.0003		- 11,171	11,171	
03/25/2025 001050984785	B	4,343.807	1.0003		- 4,345	4,345	
03/27/2025 001050984785	B	11,571.828	1.0003		- 11,575	11,575	
03/28/2025 001050984785	B	11,881.156	1.0003		- 11,885	11,885	
03/31/2025 001050984785	B	3,102.719	1.0003		- 3,104	3,104	
04/02/2025 001050984785	B	4,676.855	1.0002		- 4,678	4,678	
04/03/2025 001050984785	B	1.070	1.0002		- 1	1	
04/08/2025 001050984785	B	88,859.362	1.0003		- 88,886	88,886	
04/09/2025 001050984785	B	86,448.276	1.0003		- 86,474	86,474	

00000504
60- -12-D -66C-026-04
0404 -91-00775-04



LOCAL 553 PEN FUND CONSOLIDATED
ACCOUNT LOCAL553PEN

Page 227 of 234
Period from January 1, 2025 to December 31, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/10/2025 001050984785	B	341,851.500	1.0002		- 341,920	341,920	
04/17/2025 001050984785	B	5,624.015	1.0002		- 5,625	5,625	
04/23/2025 001050984785	B	13,037.393	1.0002		- 13,040	13,040	
04/25/2025 001050984785	B	6,459.898	1.0002		- 6,461	6,461	
04/28/2025 001050984785	B	6,570.376	1.0002		- 6,572	6,572	
04/30/2025 001050984785	B	7,197.361	1.0002		- 7,199	7,199	
05/01/2025 001050984785	B	21,723.435	1.0002		- 21,728	21,728	
05/02/2025 001050984785	B	3,140.942	1.0002		- 3,142	3,142	
05/09/2025 001050984785	B	7,523.095	1.0002		- 7,525	7,525	
05/27/2025 001050984785	B	1,999.920	1.0002		- 2,000	2,000	
05/28/2025 001050984785	B	10,791.362	1.0002		- 10,794	10,794	
05/29/2025 001050984785	B	8,867.127	1.0002		- 8,869	8,869	
05/30/2025 001050984785	B	3,037.163	1.0002		- 3,038	3,038	
06/02/2025 001050984785	B	7,046.591	1.0002		- 7,048	7,048	

00000504
60- -12-D -66C-026-04
0404 -91-00775-04



LOCAL 553 PEN FUND CONSOLIDATED
ACCOUNT LOCAL553PEN

Page 228 of 234
Period from January 1, 2025 to December 31, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/03/2025 001050984785	B	2,645.711	1.0002		- 2,646	2,646	
06/05/2025 001050984785	B	2,634.073	1.0002		- 2,635	2,635	
06/06/2025 001050984785	B	10,314.837	1.0002		- 10,317	10,317	
06/09/2025 001050984785	B	4,255.759	1.0002		- 4,257	4,257	
06/10/2025 001050984785	B	355,847.401	1.0002		- 355,919	355,919	
06/13/2025 001050984785	B	7,044.961	1.0002		- 7,046	7,046	
06/18/2025 001050984785	B	89,525.617	1.0001		- 89,535	89,535	
06/24/2025 001050984785	B	6,163.074	1.0001		- 6,164	6,164	
06/25/2025 001050984785	B	4,344.676	1.0001		- 4,345	4,345	
06/26/2025 001050984785	B	5,169.493	1.0001		- 5,170	5,170	
06/27/2025 001050984785	B	11,268.593	1.0001		- 11,270	11,270	
06/30/2025 001050984785	B	3,550.235	1.0001		- 3,551	3,551	
07/02/2025 001050984785	B	3,260.874	1.0001		- 3,261	3,261	
07/18/2025 001050984785	B	6,549.215	1.0001		- 6,550	6,550	

00000504
60- -12-D -66C-026-04
0404 -91-00775-04



LOCAL 553 PEN FUND CONSOLIDATED
ACCOUNT LOCAL553PEN

Page 229 of 234
Period from January 1, 2025 to December 31, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/23/2025 001050984785	B	9,327.270	1.0000		- 9,327	9,327	
07/25/2025 001050984785	B	14,105.800	1.0000		- 14,106	14,106	
07/31/2025 001050984785	B	7,198.800	1.0000		- 7,199	7,199	
08/01/2025 001050984785	B	12,854.350	1.0000		- 12,854	12,854	
08/04/2025 001050984785	B	3,616.150	1.0000		- 3,616	3,616	
08/06/2025 001050984785	B	227,723.810	1.0000		- 227,724	227,724	
08/21/2025 001050984785	B	1,836.640	1.0000		- 1,837	1,837	
08/25/2025 001050984785	B	4,256.610	1.0000		- 4,257	4,257	
08/27/2025 001050984785	B	10,793.520	1.0000		- 10,794	10,794	
08/28/2025 001050984785	B	8,868.900	1.0000		- 8,869	8,869	
08/29/2025 001050984785	B	3,037.770	1.0000		- 3,038	3,038	
09/02/2025 001050984785	B	13,487.320	1.0000		- 13,487	13,487	
09/03/2025 001050984785	B	5,664.490	1.0000		- 5,664	5,664	
09/05/2025 001050984785	B	549,127.040	1.0000		- 549,127	549,127	

00000504
60- -12-D -66C-026-04
0404 -91-00775-04



LOCAL 553 PEN FUND CONSOLIDATED
ACCOUNT LOCAL553PEN

Page 230 of 234
Period from January 1, 2025 to December 31, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/09/2025 001050984785	B	6,796.400	1.0000		- 6,796	6,796	
09/12/2025 001050984785	B	8,717.940	1.0000		- 8,718	8,718	
09/15/2025 001050984785	B	11,007.360	1.0000		- 11,007	11,007	
09/18/2025 001050984785	B	7,235.400	1.0000		- 7,235	7,235	
09/24/2025 001050984785	B	121,755.060	1.0000		- 121,755	121,755	
09/25/2025 001050984785	B	12,570.080	1.0000		- 12,570	12,570	
09/29/2025 001050984785	B	7,444.000	1.0000		- 7,444	7,444	
09/30/2025 001050984785	B	1,938.870	1.0000		- 1,939	1,939	
10/02/2025 001050984785	B	5,381.830	1.0000		- 5,382	5,382	
10/14/2025 001050984785	B	66,878.380	1.0000		- 66,878	66,878	
10/17/2025 001050984785	B	6,549.870	1.0000		- 6,550	6,550	
10/22/2025 001050984785	B	9,327.270	1.0000		- 9,327	9,327	
10/24/2025 001050984785	B	7,929.360	1.0000		- 7,929	7,929	
10/31/2025 001050984785	B	12,731.440	1.0000		- 12,731	12,731	

00000504
60- -12-D -66C-026-04
0404 -91-00775-04



LOCAL 553 PEN FUND CONSOLIDATED
ACCOUNT LOCAL553PEN

Page 231 of 234
Period from January 1, 2025 to December 31, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
11/03/2025 001050984785	B	12,854.350	1.0000		- 12,854	12,854	
11/04/2025 001050984785	B	5,406.480	1.0000		- 5,406	5,406	
11/07/2025 001050984785	B	6,308.700	1.0000		- 6,309	6,309	
11/13/2025 001050984785	B	1,705,698.450	1.0000		- 1,705,698	1,705,698	
11/20/2025 001050984785	B	2,165.280	1.0000		- 2,165	2,165	
11/21/2025 001050984785	B	10,793.520	1.0000		- 10,794	10,794	
11/24/2025 001050984785	B	4,256.610	1.0000		- 4,257	4,257	
12/01/2025 001050984785	B	12,457.000	1.0000		- 12,457	12,457	
12/02/2025 001050984785	B	12,755.700	1.0000		- 12,756	12,756	
12/09/2025 001050984785	B	6,487.000	1.0000		- 6,487	6,487	
12/10/2025 001050984785	B	2,158.940	1.0000		- 2,159	2,159	
12/11/2025 001050984785	B	2,207.600	1.0000		- 2,208	2,208	
12/15/2025 001050984785	B	45,433.600	1.0000		- 45,434	45,434	
12/16/2025 001050984785	B	6,477.510	1.0000		- 6,478	6,478	

00000504
60- -12-D -66C-026-04
0404 -91-00775-04



LOCAL 553 PEN FUND CONSOLIDATED
ACCOUNT LOCAL553PEN

Page 232 of 234
Period from January 1, 2025 to December 31, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/18/2025 001050984785	B	158,688.959	.9999		- 158,673	158,673	
12/19/2025 001050984785	B	4,800.450	.9999		- 4,800	4,800	
12/30/2025 001050984785	B	7,104.710	.9999		- 7,104	7,104	
12/31/2025 001050984785	B	1,850.575	.9999		- 1,850	1,850	
Total For Buys				0	6,801,953	6,801,953	0
01/07/2025 001050984785	S	- 339,038.235	1.0004		339,174	339,139	35
01/09/2025 001050984785	S	- 229,204.028	1.0004		229,296	229,274	21
01/21/2025 001050984785	S	- 494,098.750	1.0004		494,296	494,261	36
02/04/2025 001050984785	S	- 137,137.885	1.0004		137,193	137,183	10
02/14/2025 001050984785	S	- 156,415.535	1.0003		156,462	156,467	- 5
03/06/2025 001050984785	S	- 81,080.646	1.0003		81,105	81,107	- 2
03/10/2025 001050984785	S	- 678,377.597	1.0003		678,581	678,595	- 14
03/13/2025 001050984785	S	- 129,457.023	1.0003		129,496	129,498	- 2
03/17/2025 001050984785	S	- 209,384.835	1.0003		209,448	209,451	- 3

00000504
60- -12-D -66C-026-04
0404 -91-00775-04



LOCAL 553 PEN FUND CONSOLIDATED
ACCOUNT LOCAL553PEN

Page 233 of 234
Period from January 1, 2025 to December 31, 2025

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
04/04/2025 001050984785	S	- 219,757.753	1.0003		219,824	219,827	- 3
04/07/2025 001050984785	S	- 202,823.833	1.0003		202,885	202,887	- 3
04/14/2025 001050984785	S	- 281,406.179	1.0002		281,462	281,485	- 23
04/15/2025 001050984785	S	- 134,784.723	1.0002		134,812	134,823	- 11
04/16/2025 001050984785	S	- 201,955.419	1.0002		201,996	202,012	- 16
05/20/2025 001050984785	S	- 60,836.503	1.0002		60,849	60,853	- 4
06/16/2025 001050984785	S	- 154,792.421	1.0001		154,808	154,831	- 23
06/20/2025 001050984785	S	- 96,413.049	1.0001		96,423	96,436	- 13
08/08/2025 001050984785	S	- 132,905.580	1.0000		132,906	132,929	- 24
08/14/2025 001050984785	S	- 14,261.640	1.0000		14,262	14,264	- 3
09/22/2025 001050984785	S	- 238,296.730	1.0000		238,297	238,324	- 27
09/23/2025 001050984785	S	- 114,864.010	1.0000		114,864	114,877	- 13
11/18/2025 001050984785	S	- 1,800,000.000	1.0000		1,800,000	1,800,084	- 84
12/04/2025 001050984785	S	- 92,151.970	1.0000		92,152	92,156	- 4

00000504
60- -12-D -66C-026-04
0404 -91-00775-04



LOCAL 553 PEN FUND CONSOLIDATED
ACCOUNT LOCAL553PEN

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)							
DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/05/2025 001050984785	S	- 178,691.000	1.0000		178,691	178,699	- 8
Total For Sells				0	6,379,282	6,379,462	- 183
Total First Am Inst Prime Ob Fd Cl Z				0	13,181,235	13,181,415	- 183
GRAND TOTAL				0	74,503,011	74,503,191	- 183

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE
NO TRANSACTIONS QUALIFIED FOR THIS SECTION

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 2025 This Form is Open to Public Inspection
--	---	--

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ 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 553 PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES OF LOCAL 553 PENSION FUND	D Employer Identification Number (EIN) 13-6637826

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)

1a Enter the valuation date: Month 01 Day 01 Year 2025	
b Assets	
(1) Current value of assets	1b(1) 252,384,159
(2) Actuarial value of assets for funding standard account.....	1b(2) 259,951,703
c (1) Accrued liability for plan using immediate gain methods	1c(1) 273,473,430
(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) 264,558,251
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) 353,530,546
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 3,366,110
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 23,556,529
(3) Expected plan disbursements for the plan year	1d(3) 25,106,529

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 Brian Lehman BL Signature of actuary BRIAN LEHMAN, ASA, MAAA Type or print name of actuary SEGAL Firm name 66 HUDSON BLVD E, 20TH FLOOR NEW YORK NY 10001-2192 Address of the firm	09/14/2026 Date 2608555 Most recent enrollment number 212-251-5000 Telephone number (including area code)
---	---

a Current value of assets (see instructions)		2a	252,777,267
b "RPA '94" current liability/participant count breakdown:		(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment		1,211	239,124,758
(2) For terminated vested participants		418	51,390,547
(3) For active participants:			
(a) Non-vested benefits			3,015,205
(b) Vested benefits			60,000,036
(c) Total active		292	63,015,241
(4) Total		1,921	353,530,546
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		2c	%

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/15/2025	5,328,624				
			Totals ►	3(b)	5,328,624
					3(c)
					0

f If the plan is in critical status or critical and declining status, and is:

- Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;
- Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... ☐
- Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."

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	4.01 %
	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	6.75 %
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	5.9 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	8.1 %
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)	1,496,382
(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	2,612,128	264,436
4	5,867,050	593,945

8 Miscellaneous information:

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

b Demographic, benefit, and contribution information

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

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

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

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

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

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

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

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

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

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

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

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

9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	2,218,493

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)	99,128,649		16,875,866
(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	1,288,869
e Total charges. Add lines 9a through 9d.....	9e	20,383,228

Credits to funding standard account:		
f Prior year credit balance, if any.....	9f	64,208,392
g Employer contributions. Total from column (b) of line 3.....	9g	5,328,624

		Outstanding balance		
h Amortization credits as of valuation date.....	9h	21,398,530		4,456,864

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	4,799,759
---	-----------	-----------

j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL).....	9j(1)	93,423,497		
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	60,942,773		
(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	78,793,639
--	-----------	------------

m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	58,410,411
---	-----------	------------

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
---	--