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:
- [X] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) _____

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

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
LOCAL 670 PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 03/01/1967

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
LOCAL 670 PENSION FUND

299 BROADWAY
NEW YORK, NY 10007

2b Employer Identification Number (EIN)
13-6567359

2c Plan Sponsor's telephone number
212-374-1654

2d Business code (see instructions)
531390

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.	10/07/2026	THELMA WINSTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	3431
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	1275
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1281
b	Retired or separated participants receiving benefits	**6b**	952
c	Other retired or separated participants entitled to future benefits	**6c**	1155
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	3388
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	124
f	Total. Add lines **6d** and **6e**.	**6f**	3512
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	313

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 670 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
LOCAL 670 PENSION FUND

D Employer Identification Number (EIN)
13-6567359

E Type of plan: **(1)** [X] 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)**	83723538
(2)	Actuarial value of assets for funding standard account	**1b(2)**	85977489
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	94917395
(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)**	94917395
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)**	133668256
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	4120723
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	6210183
(3)	Expected plan disbursements for the plan year	**1d(3)**	6721004

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

08/10/2026
Date

BRIAN J. THOMAS
Type or print name of actuary

26-08107
Most recent enrollment number

BASIL CASTROVINCI ASSOCIATES, INC
Firm name

973-601-3828
Telephone number (including area code)

36 HOPATCHUNG ROAD
HOPATCHUNG, NJ 07843
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**	83723538
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		1070	59537342
(2) For terminated vested participants		1217	35815549
(3) For active participants:			
(a) Non-vested benefits			1498805
(b) Vested benefits			36816560
(c) Total active		1052	38315365
(4) Total		3339	133668256
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	62.64 %

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
07/01/2025	3725224				
			Totals ► **3(b)**	3725224	**3(c)**

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

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	90.6 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

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

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

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

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

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

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

i ☐ Other (specify):

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

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability		**6a**	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)**	8	8
(2) Females	**6c(2)**	8F	8F
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)**		6.75 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**		11.8 %
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**		11.8 %
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)**		510821
(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	-3409175	-345124

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**	2885192

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)**	48192003		6687485
(2) Funding waivers	**9c(2)**			
(3) Certain bases for which the amortization period has been extended	**9c(3)**			
d Interest as applicable on lines 9a, 9b, and 9c			**9d**	628915
e Total charges. Add lines 9a through 9d			**9e**	10201592
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	9999772
g Employer contributions. Total from column (b) of line 3			**9g**	3725224
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	29252325		3614415
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	1044684
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	23298049		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	37905410		
(3) FFL credit			**9j(3)**	
k (1) Waived funding deficiency			**9k(1)**	
(2) Other credits			**9k(2)**	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			**9l**	18384095
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	8182503
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**	0
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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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 670 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LOCAL 670 PENSION FUND

D Employer Identification Number (EIN)
13-6567359

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

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

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

ROTHMAN ROCCO AND LARUFFA

3 WEST MAIN STREET
ELMSFORD, NY 10523

13-3341720

(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	48037	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CASTIGLIA, LLP

46-2725636

(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 15 50	NONE	42128	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BASIL CASTROVINCI

13-2831500

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	81665	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)

AMALGAMATED BANK

13-4920330

(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 51	NONE	63089	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

MARINER

531 WEST MORSE BLVD
WINTER PARK, FL 32789

(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	27400	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SYNTONIC SYSTEMS, INC.

111 JOHN STREET
NEW YORK, NY 10038

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	15205	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

BRADLEY & PARKER INC

320 S SERVICE RD
MELVILLE, NY 11747

(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?
22 50	NONE	18593	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LORRAINE DIXON

13-6567359

(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	NONE	49642	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MOVITA STONE

13-6567359

(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	NONE	41984	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

KATHERINE VELAZQUEZ

13-6567359

(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	NONE	115586	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MICHELLE SMITH

13-6567359

(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	NONE	35935	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IRIS CONDE

13-6567359

(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	NONE	49511	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)

ISABEL M DURAN

13-6567359

(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	NONE	45624	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ERIC J LARUFFA

8523 FRERET STREET
NEW ORLEANS, LA 70118

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20 50	NONE	9000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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 670 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
LOCAL 670 PENSION FUND

D Employer Identification Number (EIN)
13-6567359

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: LONGVIEW LARGE CAP 500 INDEX

b Name of sponsor of entity listed in (a): AMALGAMTED BANK

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)
13-4920330-011	C	31398164

a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW MID CAP 400 INDEX

b Name of sponsor of entity listed in (a): AMALGAMTED BANK

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)
13-4920330-009	C	8988279

a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW SMALL CAP 600 INDEX

b Name of sponsor of entity listed in (a): AMALGAMTED BANK

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)
13-4920330-004	C	4449751

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)

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

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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 670 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LOCAL 670 PENSION FUND

D Employer Identification Number (EIN)
13-6567359

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	870547	712894
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	832382	666482
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	280948	799863
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	201902	320279
(2) U.S. Government securities	1c(2)	8737135	8722965
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	8885713	8895284
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	40349041	44836194
(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)	23823476	27464702
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e	10768	336361
1f Total assets (add all amounts in lines 1a through 1e)	1f	83991912	92755024
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	62191	391464
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	206183	206354
1k Total liabilities (add all amounts in lines 1g through1j)	1k	268374	597818
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	83723538	92157206

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)	3725224	
(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)		3725224
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	9370	
(B) U.S. Government securities	2b(1)(B)	413426	
(C) Corporate debt instruments	2b(1)(C)	535502	
(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)		958298
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1267311	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1267311
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	19892528	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	19241550	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		650978
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	8712369	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		8712369

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		57602
d Total income. Add all **income** amounts in column (b) and enter total	2d		15371782
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6268450	
(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)		6268450
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)	354139	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	5672	
(4) IQPA audit fees	2i(4)	36456	
(5) Investment advisory and investment management fees	2i(5)	82457	
(6) Bank or trust company trustee/custodial fees	2i(6)	8032	
(7) Actuarial fees	2i(7)	81665	
(8) Legal fees	2i(8)	48037	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	9000	
(11) Other expenses	2i(11)	44206	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		669664
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		6938114
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		8433668
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: CASTIGLIA, LLP **(2)** EIN: 46-2725636

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

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

Part IV Compliance Questions

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

During the plan year:

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 593586.

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 670 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LOCAL 670 PENSION FUND

D Employer Identification Number (EIN)
13-6567359

Part I Distributions

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

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

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

EIN(s): _____ _____

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer ABM INDUSTRIES INC

b EIN 94-1369354 **c** Dollar amount contributed by employer 1425518

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 2027

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) 114.00
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer OCEAN BAY PAYROLL SERVICES LLC

b EIN 81-4540684 **c** Dollar amount contributed by employer 742260

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 03 Day 31 Year 2028

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 37.00
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer PREFERRED APT MAINTENANCE LLC- 0954A

b EIN 20-1014753 **c** Dollar amount contributed by employer 699730

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 11 Day 30 Year 2027

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) 84.00
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer SILVER TOWERS CONDOMINIUM

b EIN 13-3381854 **c** Dollar amount contributed by employer 449700

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 2030

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) 102.00
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer ROYAL REALTY CORP

b EIN 13-6126704 **c** Dollar amount contributed by employer 388437

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 12 Day 31 Year 2026

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 123.00
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer UNIVERSAL PROTECTION SERVICES LLC

b EIN 13-6567359 **c** Dollar amount contributed by employer 330402

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 01 Day 31 Year 2029

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 51.00
(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 JEMB ALBEE SQUARE LLC

b EIN 83-1133823 **c** Dollar amount contributed by employer 301079

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 12 Day 31 Year 2026

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 96.00
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer PREFERRED APT MAINTENANCE LLC - 952A

b EIN 20-1014753 **c** Dollar amount contributed by employer 293718

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 11 Day 30 Year 2027

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) 105.00
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer PREFERRED APT MAINTENANCE LLC - 953A

b EIN 20-1014753 **c** Dollar amount contributed by employer 285103

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 11 Day 30 Year 2027

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) 105.00
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer COLLINS BUILDING SERVICES INC

b EIN 51-0312606 **c** Dollar amount contributed by employer 277799

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 01 Day 31 Year 2030

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) 27.00
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	0
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**	0
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**	0

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 80.1 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 19.5 %
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: 0.4 % Other: _____%

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Structured Attachment	Schedule MB, line 8b(2) Schedule of Active Participant Data	2025
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection

Name of Plan	LOCAL 670 PENSION PLAN						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	13-6567359	PN	001

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	LOCAL 670 PENSION PLAN						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	13-6567359	**PN**	001

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49				1360	75000	5000
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Name of Plan	LOCAL 670 PENSION PLAN						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	13-6567359	**PN**	001

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Accrued Monthly Benefit		Compensation	Accrued Monthly Benefit
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59						
60 to 64						
65 to 69						
70 & Up						

Structured Attachment	Schedule MB, line 8b(3)	2025
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	**Schedule of Projection of Employer Contributions and Withdrawal Liability Payments**	**This Form is Open to Public Inspection**

Name of Plan	LOCAL 670 PENSION PLAN						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	13-6567359	**PN**	001

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2025	4200000	0	4200000
2026	4200000	0	4200000

Structured Attachment

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

2025

This Form is Open to Public Inspection

Name of Plan	LOCAL 670 PENSION PLAN						
Plan Year Begin Date	01/01/2025	**Plan Year End Date**	12/31/2025	**EIN**	13-6567359	**PN**	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	74295		6135888	6210183
2026	1126229	111101	5930482	7167812
2027	1252754	254718	5708762	7216234
2028	1538219	424862	5473157	7436238
2029	1692866	693182	5243531	7629579
2030	1831172	862234	5009490	7702896
2031	2037675	1029760	4771707	7839142
2032	2179106	1176550	4530830	7886486
2033	2354920	1350903	4287500	7993323
2034	2474373	1482353	4042375	7999101
2035	2554356	1564394	3796162	7914912
2036	2614454	1689421	3549632	7853507
2037	2647825	1770951	3303645	7722421
2038	2641005	1846819	3059126	7546950
2039	2643223	1929599	2817070	7389892
2040	2634529	2004742	2578576	7217847
2041	2564714	2042498	2344853	6952065
2042	2499285	2093790	2117196	6710271
2043	2434937	2159661	1896959	6491557
2044	2341407	2171901	1685516	6198824
2045	2253939	2199410	1484214	5937563
2046	2158724	2182965	1294353	5636042
2047	2057249	2176437	1117133	5350819
2048	1952141	2134556	953584	5040281
2049	1837772	2084722	804513	4727007

Name of Plan	LOCAL 670 PENSION PLAN						
Plan Year Begin Date	01/01/2025	Plan Year End Date	12/31/2025	EIN	13-6567359	PN	001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2050	1721823	2062779	670447	4455049
2051	1606251	2008800	551593	4166644
2052	1488656	1938588	447791	3875035
2053	1372101	1875205	358536	3605842
2054	1257960	1789873	283020	3330853
2055	1146904	1696526	220181	3063611
2056	1039364	1604188	168768	2812320
2057	936724	1513656	127428	2577808
2058	839629	1412916	94767	2347312
2059	748598	1311386	69412	2129396
2060	663806	1213061	50077	1926944
2061	585536	1118830	35591	1739957
2062	513869	1025438	24926	1564233
2063	448770	939390	17208	1405368
2064	390077	857001	11715	1258793
2065	337527	776625	7867	1122019
2066	290775	700903	5213	996891
2067	249429	629926	3409	882764
2068	213068	563722	2200	778990
2069	181242	502166	1400	684808
2070	153512	445175	879	599566
2071	129460	392639	543	522642
2072	108679	344433	330	453442
2073	90803	300416	197	391416
2074	75494	260428	116	336038

LOCAL 670 PENSION FUND

FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

WITH SUPPLEMENTAL INFORMATION

LOCAL 670 PENSION FUND

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CASTIGLIA, LLP
Certified Public Accountants
134 Burr Road
East Northport, NY 11731
Phone: 631.486.7830

INDEPENDENT AUDITOR'S REPORT

To the Participants and Trustees of
Local 670 Pension Fund

Opinion

We have audited the financial statements of Local 670 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, 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, in all material respects, the net assets available for benefits of Local 670 Pension Fund 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 responsibility under those standards is further described in the Auditor's Responsibility for the Audit of the Financial Statements section of our report. We are required to be independent of Local 670 Pension Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Plan 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 Local 670 Pension Fund's ability to continue as a going concern for one year after the date of the financial statements are available to be issued.

Management is also responsible for the 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 judgement 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 Local 670 Pension Fund's internal control. Accordingly, no such opinion is expressed.

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

- Conclude whether, in our judgement, there are conditions or events, considered in the aggregate, that raise substantial doubt about Local 670 Pension Fund's ability to continue as a going concern for a reasonable period of time.

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

Report on Supplemental Information
Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules on pages 19 through 31, together referred to as "supplemental information" are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information, the Schedules of Assets Held for Investments and Transactions in Excess of 5%, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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.

Carter & Co., CPAs

East Northport, NY
October 6, 2026

LOCAL 670 PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AS OF DECEMBER 31,

	2025	2024
ASSETS		
Investments, at fair value	$ 90,239,424	$ 81,997,267
Receivables:		
Employer contributions	666,482	832,382
Accrued interest and dividends	198,018	183,686
Due from related entities	130,170	84,179
Total receivables	994,670	1,100,247
Cash (non-interest bearing)	712,894	870,547
Prepaid expenses and other assets	471,675	13,083
Operating lease right-of-use assets	336,353	--
Fixed assets	8	10,768
Total assets	$ 92,755,024	$ 83,991,912
LIABILITIES		
Accounts payable and accrued expenses	$ 38,319	$ 62,191
Operating lease liabilities	353,145	--
Employee severance payable	182,150	159,896
Federal Withholding Tax Payable	16,542	46,287
Due to related entities	7,662	--
Total liabilities	597,818	268,374
Net assets available for benefits	$ 92,157,206	$ 83,723,538

LOCAL 670 PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31,

	2025	2024
Additions:		
Investment income		
Net appreciation (depreciation) in fair value of investments	$ 9,363,347	$ 7,425,552
Interest	958,298	926,172
Dividends	1,267,311	805,346
Gross Investment Income	11,588,956	9,157,070
Less: investment expenses	90,489	169,836
Investment income (loss) - net	11,498,467	8,987,234
Employer contributions	3,725,224	3,972,137
Miscellaneous income	57,602	--
Total additions	15,281,293	12,959,371
Deductions:		
Pension benefits	6,268,450	5,963,022
Administrative expenses	579,175	510,821
Total deductions	6,847,625	6,473,843
Net increase (decrease)	8,433,668	6,485,528
Net assets available for benefits Beginning of year	83,723,538	77,238,010
End of year	$ 92,157,206	$ 83,723,538

1. Summary of Significant Accounting Policies

a. The financial statements are prepared on the accrual basis of accounting.

b. The Plan' investments are stated at fair value. Transactions are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Bond premiums and discounts are not amortized. The Plan' Investment committee determines the Plan's valuation policies utilizing information provided by its investment advisers, custodians, and insurance company. See note 5 for a discussion of fair value measurements. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

c. Employer contributions receivable are estimated based on collections following the year end which are applicable to the current year. This represents the amount management expects to collect from outstanding balances. Management contracts for the performance of audits of contributing employer compensation records to verify compliance with the employers' obligations to make required contributions to the Plan. Any additional employer contributions that are due to the plan based on findings of the aforementioned engagements are recorded as income in the period in which such amounts are received.

d. Fixed assets are recorded at cost. Depreciation is provided by straight-line methods.

e. The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

f. The Fund does not reflect the unfunded amount of the actuarial present value of accumulated plan benefits in the accompanying financial statements. The most recent actuarial data available is shown in note 10.

g. Benefits are recorded when paid.

h. The administrative office is occupied by the Plan and various related organizations. Certain expenses not specifically applicable to a particular entity are allocated based on the estimated benefit received by each entity. Amounts reported as receivable from related organizations or payable to related organizations generally include balances for shared expenses.

i. The Plan determines if a contract is a leasing arrangement and the classification of that lease, if applicable, at inception. Operating lease assets represent the right to control the use of an identified asset for the lease term and lease liabilities represent the obligation to make lease payments arising from the lease. Operating lease assets and liabilities are recognized at the commencement date based on the present value of lease payments over the lease term. For operating leases, the Plan uses the risk-free rate of return. The Plan recognizes operating lease expense for operating lease expense for operating leases on a straight-line basis over the lease term.

2. Description of the Plan

The following description of the Plan provides only general information. Participants should refer to the Plan instrument for a more complete description of the Plan's provisions.

a. General. The Fund is a multiemployer defined benefit pension plan and was established on June 11, 1966 as a result of collective bargaining agreements with employers to provide retirement and disability benefits for eligible participants. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Board of Trustees is responsible for oversight of the Plan. Management of the Plan determines the appropriateness of the Plan's investments, monitors investment performance and reports to the Board of Trustees.

b. Contributions. The Fund is financed entirely by employer contributions as specified in the collective bargaining agreements. The plan's contributions exceeded the minimum funding requirements of ERISA.

c. On November 20, 1986, the Board of Trustees elected to provide a severance pay allowance to employees of the Fund equivalent to 4% of wages which is cumulative for years of service of employment. An employee is eligible for severance pay only if termination occurs after two complete years of employment, and termination is not for cause. The Trustees have the sole and absolute discretion to determine whether a termination is for cause.

d. Vesting. A participant earns a year of vesting credit for each calendar year during which they work at least 1,000 hours. A participant becomes fully vested in the plan if they have at least 5 years of vesting credits.

e. The Plan may be terminated by Trustees at any time. In addition, the Pension Benefit Guaranty Corporation may terminate the Plan under certain circumstances.

3. Priorities upon Termination

It is the intent of the Trustees to continue the Plan in full force and effect. However, in the unlikely event of termination and in order to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Fund to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event of plan termination, the net assets of the Fund will be allocated as prescribed by ERISA and its related regulations.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. governmental agency) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

4. Tax Status

The Internal Revenue Service has advised that the Fund qualifies under Section 401(a) of the Internal Revenue Code and is, therefore, exempt from federal income taxes under the provisions of Section 501 (a). Once qualified, the Fund is required to operate in conformity with the Internal Revenue Code to maintain its qualification. The Fund is not aware of any action or event that has occurred that might affect its status.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025, no uncertain positions are taken or are 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.

5. Fair Value Measurements

The Fund's investments are recorded at fair value in the accompanying statement of assets, liabilities and fund balances.

Generally accepted accounting principles define fair value, establish a framework for measuring fair value, and establish a fair value hierarchy that prioritizes the inputs to valuation techniques. 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. A fair value measurement assumes that the transaction to sell the asset or transfer the liability occurs in the principal market for the asset or liability or, in the absence of a principal market, the most advantageous market. Valuation techniques that are consistent with the market, income or cost approach are used to measure fair value.

The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value into three broad levels:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities the Fund has the ability to access.

- Level 2 inputs are inputs (other than quoted prices included within level 1) that are observable for the assets or liability, either directly or indirectly. These include:

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

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

5. **Fair Value Measurements** (continued)

- Level 3 are unobservable inputs for the asset or liability and rely on management's own assumptions about the assumptions that market participants would use in pricing the asset or liability.

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

The following is a description 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.

Interest bearing cash: Valued at cost which approximates fair value based.

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

U.S. Government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Equity index funds: Shares of registered investment companies are reported at fair value based on the quoted price of the shares in an active market in which the securities are traded.

The preceding methods described 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 report date.

The following tables present the Fund's fair value hierarchy for those assets and liabilities measured at fair value on a recurring basis as of December 31, 2025 and 2024.

		Fair Value Measurements at Reporting Date Using:		
	Fair Value	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2025				
U.S. Government	$ 8,722,965	$ --	$ 8,722,965	$ --
Corporate bonds	8,895,284	--	8,895,284	--
Interest bearing cash	320,279	320,279	--	--
Equity index funds	27,464,702	27,464,702	--	--
Total investments in the fair value hierarchy	45,403,230	$27,784,981	$17,618,249	$ --
Investments measured at NAV	44,836,194			
Total	$90,239,424			

5. **Fair Value Measurements** (continued)

	Fair Value Measurements at Reporting Date Using:			
	Fair Value	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2024				
U.S. Government	$ 8,737,135	$ --	$ 8,737,135	$ --
Corporate bonds	8,885,713	--	8,885,713	--
Interest bearing cash	201,902	201,902	--	--
Equity index funds	23,823,476	23,823,476	--	--
Total investments in the fair value hierarchy	41,648,226	$24,025,378	$17,622,848	$ --
Investments measured at NAV	40,349,041			
Total	$81,997,267			

Changes in Fair Value Levels

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

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2025 and 2024, there were no significant transfers in or out of Levels 1, 2 or 3.

Fair value of investments in entities that use net asset value

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value (NAV) per share as of December 31, 2025 and 2024:

Investment class	Fair Value 12/31/25	Fair Value 12/31/24	Redemption Frequency	Redemption Notice Period
Common Collective Trusts:				
Longview Large Cap 500 Index Fund (a)	$ 31,398,164	$ 28,634,751	Daily	30 days
Longview Mid Cap 400 Index Fund (b)	8,988,279	7,826,861	Daily	30 days
Longview Small Cap 600 Index Fund (c)	4,449,751	3,887,429	Daily	30 days
	$ 44,836,194	$ 40,349,041		

5. Fair Value Measurements (continued)

a. This Fund's investment objective is to provide investment results that approximate the performance of the S&P 500 Index. The Fund will normally invest in the common stocks included in the S&P 500 Index in approximately the same proportions. The Fund may also use a sampling approach, based on market capitalization and industry weightings, to invest substantially the Fund's assets in as many stocks in its corresponding index as practicable. The Fund emphasize low portfolio turnover and benefit from the low transaction costs that are associated with passive, index-based investing. The per unit value is determined by dividing the total net assets of the fund by the total number of units outstanding. There are no unfunded commitments at December 31, 2025 and 2024.

b. This Fund's investment objective is to provide investment results that approximate the performance of the S&P MidCap 400 Index. The Fund will normally invest in the 400 medium-size U.S. companies in the S&P MidCap 400 Index in approximately the same proportions. The Fund emphasize low portfolio turnover and benefit from the low transaction costs that are associated with passive, index-based investing. The per unit value is determined by dividing the total net assets of the fund by the total number of units outstanding. There are no unfunded commitments at December 31, 2025 and 2024.

c. This Fund's investment objective is to provide investment results that approximate the performance of the S&P SmallCap 600 Index. The Fund will normally invest in the 600 small-size U.S. companies in the S&P SmallCap 600 Index in approximately the same proportions. The Fund emphasize low portfolio turnover and benefit from the low transaction costs that are associated with passive, index-based investing. The per unit value is determined by dividing the total net assets of the fund by the total number of units outstanding. There are no unfunded commitments at December 31, 2025 and 2024.

6. Related Party Transactions

The Fund has common trustees and shares office facilities and staff with Union Local 670 and Local 670 Annuity and Welfare Funds as well as Local 377 Pension Fund. Salaries, payroll taxes and employee benefits are paid initially by both the Union and Pension Fund. All expenses are allocated on the basis of space and staff utilized in amounts approved by the Trustees.

Shared office expenses are paid initially by 670 Welfare Fund and allocated to 670 Pension Fund based on the percentage of benefit received from the expenditure. Where such benefit is not easily determined, management uses an allocation rate determined by square footage and shared employee time which was approved by the board as a practical expedient.

6. Related Party Transactions (continued)

During the years ended December 31, 2025 and 2024, the Plan reimbursed the General Fund $10,068 and $11,993, respectively, and received reimbursement from the Union of $65,430 and $72,655, the Welfare Fund $151,385 and 197,815, the Annuity Fund $14,753 and $12,906, and 377 Pension Fund $46,074 and $31,128, respectively.

The amounts due to or from related parties are as follows:

	2025	2024
Due from Related Party		
Due from General Fund	$ 5,487	$ --
Due from 377 Pension Fund	--	2,611
Due from Annuity Fund	78,693	49,891
Due from Welfare Fund	45,990	31,677
Total due from Related Party	$ 130,170	$ 84,179
Due to Related Party		
Due to General Fund	$ --	$ --
Due to 377 Pension Fund	7,662	--
Due to Annuity Fund	--	--
Due to Pension Fund	--	--
Total due to Related Party	$ 7,662	$ --

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

7. Fixed Assets

Fixed assets are summarized by major categories as follows:

	Useful Lives	2025	2024
Furniture and equipment	7 years	$ 32,952	$ 32,952
Computers and software	5 years	116,675	116,675
		149,627	149,627
Less accumulated depreciation		149,619	138,859
Net book value		$ 8	$ 10,768

Depreciation of furniture and equipment, computer and software for the years ended December 31, 2025 and 2024 was $10,759 and $11,488 respectively. Depreciation is calculated utilizing the straight-line method over their useful life as noted above.

8. Leases

The Fund shares office space with Union Local 670 and related sister funds. The Fund's allocated share is 33.4% of the total monthly lease payments, which was determined based on an analysis of the square footage used by the fund. Allocated lease payments are made directly to the third party landlord. The shared lease is categorized as an operating lease and expires on January 31, 2029. The Plan recognizes operating lease expense on a straight line basis over the lease term.

	2025	2024
Operating Leases		
Right-of-use asset	$ 336,353	$ --
Lease liability:		
Current Operating lease liability	102,579	--
Noncurrent operating lease liability	250,566	--
Total operating lease liabilities	$ 353,145	$ --

Rent expense for the years ended December 31, 2025 and 2024 amounted to $69,063 and $60,736 respectively.

The aggregate future lease payments below summarize the remaining future undiscounted cash flows for operating leases as of December 31, 2025, and a reconciliation to operating lease liabilities reported on the consolidated statement of financial position:

	Total	33.4% Share
2026	$ 349,707	$ 116,802
2027	372,847	124,531
2028	383,384	128,050
2029	32,855	10,974
Total minimum lease payments	$1,138,793	380,357
Less interest:		27,212
Present value of lease liability		$ 353,145

Operating lease terms and discount rate at December 31, 2025 and 2024, were as follows:

	2025	2024
Remaining lease term (years)	4	0
Discount rate	4.59%	5.242%

9. Pension Plans

The Fund pays its share of contributions to Local 670 Pension Fund, a noncontributory multiemployer defined benefit pension plan which was established as a result of collective bargaining agreements with employers to provide benefits to eligible participants. Local 670 Benefit Funds are contributing employers to the plan. Pension contributions for the years ended December 31, 2025 and 2024 were $3,980 and $5,214 respectively.

10. Actuarial Information

Actuarial valuations of the Plan were made by Basil Castrovinci Associates, Inc. as of January 1, 2025 and 2024. Information shown in the reports included the following:

	January 1,	
	2025	2024
Actuarial present value of accumulated plan benefits:		
Vested benefits -		
Participants currently receiving benefits	$ 46,478,045	$ 44,542,266
Other participants	47,507,705	46,179,506
Total Vested benefits	93,985,750	90,721,772
Nonvested benefits	931,645	930,284
Total actuarial present value of accumulated plan benefits	$ 94,917,395	$ 91,652,056

As reported by the actuary, the changes in the present value of accumulated plan benefits during the year ended December 31, 2024 were as follows:

Actuarial present value of accrued benefits as of January 1, 2024		$ 91,652,056
Increase (decrease) during the year attributed to:		
Benefits earned, gain/losses, data changes	$ 3,243,099	
Benefits accumulated	--	
Interest	5,985,262	
Benefits paid	(5,963,022)	
Net increase		3,265,339
Actuarial present value of accrued benefits as of Janauy 1, 2025		$ 94,917,395

Some of the more significant actuarial assumptions used in the valuations were:

a. Mortality rate – Funding- PRI-2012+2 with MP-2021; Current Liability- IRS 2025 Annuitant & Non-Annuitant
b. Retirement age assumptions - age 62 with 5 years of participation.

10. Actuarial Information (continued)

c. Investment rate of return – 6.75% compounded annually; 4.01% per year current liability
d. Valuation Method – Unit Credit Funding
e. Valuation of Assets- 5 year smoothed actuarial value
f. Expenses – Prior year's actual expense

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

The Fund's consulting actuary has advised that the Fund as of January 1, 2025, is being funded at a level sufficient to meet the minimum funding standard requirements of ERISA and that there is no accumulated funding deficiency.

The Fund's consulting actuary has also advised that the actuarial certification of plan status is in the green zone as of January 1, 2025 under the Pension Protection Act of 2006.

11. Risks and Uncertainties

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

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

The Plan maintains cash balances at banks in the New York metropolitan area. Cash accounts at banks are insured by the Federal Deposit Insurance Corporation subject to certain limits. At times, such cash balances may be in excess of the insured limits. The Plan has not experienced any losses in such accounts. The Plan considers highly liquid instruments readily convertible to known amounts of cash with original maturities of three months or less measured from their acquisition date to be cash and cash equivalents.

Concentrations of credit risk with respect to contributions receivable are limited due to the large number of participating employers. The Plan routinely assesses the financial strength of its participating employers and, as a consequence, believes that their contributions receivable credit risk exposure is limited. Management does not believe significant risk exists in connection with the Plan's concentrations of credit at December 31, 2025 and 2024.

12. Subsequent Events

In accordance with FASB Accounting Standards Codification Topic 855, Subsequent Events, the Fund has evaluated events and transactions that occurred after the balance sheet date for potential recognition and disclosure through October 6, 2026, which is the date these financial statements were available to be issued. All subsequent events requiring recognition as of October 6, 2026, have been incorporated into these financial statements herein.

13. Employer Contributions

In accordance with collective bargaining agreements, employers are required to make contributions to the Plan on behalf of employees performing covered work. Payroll examinations are performed on a rotating basis to verify that proper contributions are being made.

14. Contingencies and Litigation

The Plan is subject to various claims and legal proceedings covering a range of matters for benefit claims that arise in the ordinary course of its business activities. Management believes that any liability that may ultimately result from the resolution of these matters will not have a material adverse effect on the financial status of the Plan.

15. Participation in Multiemployer Plan

The Plan, on behalf of its office employees which it shares with other affiliated benefit funds, contribute to a multiemployer defined benefit pension plan that covers its employees. The risks of participating in this multiemployer plan is 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 the Plan chooses to stop participating in this multiemployer plan, the Plan may be required to pay an amount, referred to as withdrawal liability, based on the unfunded status of the Plan. The Plan has no intention of stopping its participation in this multiemployer plan.

The Plan' participation in these Plans for the annual periods ended December 31, 2025 and 2024, is outlined 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 December 31, 2024, respectively.

15. Participation in Multiemployer Plan (continued)

The zone status is based on information that the Plan received from the multiemployer plans and is certified by the Plan's actuary. Among other factor, 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 column indicates plans for which a financial improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented. There have been no significant changes that affect the comparability of 2025 and 2024 contributions.

Legal name of Plan:	Local 670 Pension Fund
EIN:	13-6567359
Pension Plan Number:	001
PPA Zone Status:	
2025	Green
2024	Green
FIP / RP Status:	N/A
Contributions:	
2025	$3,980 (allocated)
2024	$5,214 (allocated)

16. Reconciliation of financial statements to Form 5500

For financial statement purposes, investment expenses are reported as a reduction of investment income. On Form 5500, investment expenses are shown as administrative expenses.

The following is a reconciliation of the reclassifications:

	Per financial Statement	Reclassification	Per 5500
Investment income (loss)	$ 11,498,467	$ 90,489	$ 11,588,956
Contributions	3,725,224	–	3,725,224
Other income	57,602	–	57,602
Total additions	15,281,293	90,489	15,371,782
Benefits paid to or for participants	6,268,450	–	6,268,450
Administrative expenses	579,175	90,489	669,664
Total deductions	6,847,625	90,489	6,938,114
Net increase (decrease)	$ 8,433,668	$ –	$ 8,433,668

SUPPLEMENTAL INFORMATION

LOCAL 670 PENSION FUND

SUPPLEMENTAL INFORMATION

FINANCIAL DATA

A summary of the financial data of the Fund and its operations for the years ended December 31, 2025 and 2024 is shown below, followed by additional comments relating to the financial statements at December 31, 2025:

	Year Ended December 31, 2025	2024	Increase (Decrease)
Net assets	$ 92,157,206	$ 83,723,538	$ 8,433,668
Employer contributions	$ 3,725,224	$ 3,972,137	$ (246,913)
Benefit payments	$ 6,268,450	$ 5,963,022	$ 305,428
Cost of administration:			
Amount	$ 579,175	$ 510,821	$ 68,354
Percent of employer contributions	15.55%	12.86%	2.69%
Net increase (decrease) in net assets	$ 8,433,668	$ 6,485,528	$ 1,948,140

LOCAL 670 PENSION FUND

SUPPLEMENTAL INFORMATION

COMMENTS ON FINANCIAL STATEMENTS

STATEMENT OF NET ASSETS

Cash

Cash accounts at year end were as follows:

	Year Ended December 31, 2025	2024
Checking account (non-interest bearing)	$ 712,894	$ 870,547
U Save Time Deposit (interest bearing)	170,778	159,896
Total cash in bank	$ 883,672	$1,030,443

INTEREST ON INVESTMENTS

	Year Ended December 31, 2025	2024
U.S. Government obligations	$ 413,426	$ 394,416
Corporate bonds	535,502	518,538
Cash equivalents	9,370	13,218
Total interest income	$ 958,298	$ 926,172

INVESTMENT EXPENSES

	Year Ended December 31, 2025	2024
Investment management fees	$ 55,057	$ 134,574
Investment advisory fees	27,400	27,400
Custodial bank fees	8,032	7,862
Total investment expenses	$ 90,489	$ 169,836

LOCAL 670 PENSION FUND

SUPPLEMENTAL INFORMATION

ADMINISTRATIVE EXPENSES

FOR THE YEARS ENDED DECEMBER 31,

	2025	2024
Salaries	$ 354,139	$ 325,956
Payroll taxes	36,782	30,674
Pension and Welfare contributions	38,552	24,679
Rent	69,063	60,736
Telephone	1,856	2,567
Printing, stationery and supplies	2,570	2,861
Postage	-	1,000
Fiduciary responsibility insurance	13,914	13,914
Office insurance	4,523	4,474
Surety bond	63	63
Plan termination insurance	133,809	127,613
Data processing	15,205	10,400
Professional fees and expenses:		
Legal (net of reimbursement)	48,037	49,764
Auditing	36,456	36,456
Payroll Audits	5,672	12,162
Actuary	81,665	61,922
Bank charges and sundry	13,399	16,574
Professional Trustee Services	9,000	-
Depreciation and amortization	10,759	11,488
	875,464	793,303
Less - Reimbursed by related Funds for Salaries and payroll taxes	(311,595)	(302,030)
Allocated to Pension Fund by Union Local 670:		
Payroll Expense	10,068	11,993
Allocated to Pension Fund by Local 670 Welfare Fund:		
Shared Admin Expenses	5,238	7,555
Total	$ 579,175	$ 510,821

Local 670 Pension Fund
Schedule H (Form 5500 - 4I-1)
Schedule of Assets Held for Investment
13-6567359; Plan 001

Security ID	Security Description	Quantity	Cost Local	Market Value Local
962166BR4	WEYERHAEUSER CO 7.375% 3/15/32	10,000.00	13,984.50	11,388.40
035229CQ4	ANHEUSER BUSCH COS 5.950% 1/15/33	175,000.00	192,522.75	187,244.75
31342AZT9	FHLMC PL #780754 ARM 6.25% 8/01/33	350,000.00	430.53	423.46
404119AJ8	HCA INC 7.500% 11/06/33	170,000.00	190,893.00	195,510.20
035229DA8	ANHEUSER -BUSCH COS INC 5.75% 04/01/36	300,000.00	315,447.00	313,374.00
037735CG0	APPALACHIAN POWER CO 6.375% 04/01/2036	200,000.00	216,316.00	216,090.00
641423BP2	NEVADA POWER CO 6.650% 04/01/2036	100,000.00	103,752.00	112,415.00
31411EPS0	FNMA PL #905933 6.0% 01/01/37	800,000.00	3,242.11	3,324.29
3128KJPG1	FHLMC GLD PL #A55823 6.0% 12/01/36	799,920.00	6,449.20	6,650.58
31411CCR0	FNMA PL #903780 6.50% 11/01/36	816,885.00	3,636.41	3,735.54
31349SFL2	FHLMC PL #781071 6.909% 11/01/33	780,800.00	2,076.52	2,156.06
31411FLX0	FNMA PL #906742 6% 01/01/37	600,000.00	1,699.86	1,752.25
31410FSJ5	FNMA PL #888021 6% 12/01/36	541,938.00	2,420.91	2,550.97
26442CAA2	DUKE ENERGY CAROLINAS 6.1% 06/01/37	310,000.00	418,422.30	333,795.60
31405WXL4	FNMA PL #801783 6.500% 02/01/37	579,121.00	8,807.62	9,154.06
797440BJ2	SAN DIEGO G& E 6.125% 09/15/2037	30,000.00	32,659.50	32,559.90
826418BE4	SIERRA PACIFIC POWER CO 6.75% 07/01/37	130,000.00	145,834.00	144,150.50
913017BP3	UNITED TECHNOLOGIES CORP 6.125% 07/15/38	275,000.00	293,925.50	300,770.25
74834LAQ3	QUEST DIAGNOSTIC 5.75% 01/30/40	200,000.00	209,832.00	206,060.00
031162BH2	AMGEN INC 5.65% 06/15/2042	196,000.00	193,942.00	198,489.20
718546AH7	PHILLIPS 66 5.875% 05/01/2042	175,000.00	180,183.50	176,884.75
020002BB6	ALLSTATE CORP VAR 08/15/2053	250,000.00	265,545.00	250,052.50
496902AK3	KINROSS GOLD CORP 6.875% 09/01/2041	130,000.00	180,869.70	141,347.70
677050AJ5	OGLETHORPE POWER CORP 4.2% 12/01/2042	266,000.00	285,811.80	214,792.34
413875AS4	HARRIS CORPORATION 4.854% 04/27/2035	90,000.00	114,570.90	89,767.80
548661DE4	LOWE'S COS INC 4.25% 09/15/2044	200,000.00	177,048.00	162,356.00
29273RBJ7	ENERGY TRANSFER PARTNERS 6.125% 12/15/45	243,000.00	239,918.76	238,533.66
31416X5R7	FNMA PL #AB2655 5% 05/01/2041	1,515,362.00	54,934.54	50,669.69
929089AC4	VOYA FINANCIAL INC 4.8% 06/15/2046	175,000.00	150,342.82	154,605.50
913017CY3	UNITED TECHNOLOGIES CORP 4.125% 11/16/28	125,000.00	143,021.25	125,416.25
64952GAE8	NEW YORK LIFE INSURANCE 5.875% 5/15/2033	170,000.00	205,696.60	180,308.80
638671AE7	NATIONWIDE MUTUAL INS 7.875% 04/01/2033	150,000.00	212,308.50	169,683.00
674599DF9	OCCIDENTAL PETROLEUM COR 6.45% 09/15/36	187,000.00	227,878.20	199,291.51
911312BV7	UNITED PARCEL SERVICE 5.2% 4/1/2040	270,000.00	276,047.80	271,863.00
06652KAB9	BANKUNITED INC 5.125% 06/11/30	300,000.00	255,138.00	301,458.00
91282CEP2	US TREASURY NOTE 2.875% 05/15/2032	150,000.00	151,218.75	141,433.50
039483AT9	ARCHER DANIELS MIDLAND 5.935% 10/01/2032	100,000.00	114,519.36	108,927.00
638671AC1	NATIONWIDE MUT INS CO 8.25% 12/01/2031	100,000.00	121,355.00	116,514.00
912810TH1	U.S. TREASURY BOND 3.25% 05/15/2042	250,000.00	222,045.71	208,495.00
89788MAK8	TRUIST FINL CORP FR VAR 10/28/2033	300,000.00	307,720.00	324,153.00
91282CFV8	U.S. TREASURY NOTE 4.125% 11/15/2032	1,450,000.00	1,474,735.50	1,466,602.50
912810TM0	U.S.TREASURY BOND 4.00% 11/15/2042	675,000.00	657,155.27	618,678.00
3140XKCB4	FNMA POOL #FS3665 6.5% 01/01/2053	225,000.00	96,216.18	97,164.27
053332BD3	AUTOZONE INC SR NT 4.75% 02/01/2033	100,000.00	99,934.00	100,213.00
91282CGP0	U.S. TREASURY NOTES 4.00% 02/29/28	250,000.00	245,166.02	252,607.50
906548CW0	UNION ELEC CO 5.45% 03/15/2053	235,000.00	234,525.90	226,504.75
3132DQBE5	FHLMC POOL #SD-2737 5.5% 04/01/2053	290,000.00	256,053.53	258,721.57
3132DPNR5	FHLMC POOL #SD-2200 6.00% 01/01/2053	170,000.00	124,541.38	127,528.41
91282CHT1	US TREASURY NOTE 3.875% 08/15/2033	75,000.00	74,402.34	74,376.00
808513CH6	SCHWAB CHARLES CORP SR VAR 08/24/2034	212,000.00	211,474.24	231,073.64
3140XMMA1	FNMA POOL #FS5752 6.00% 09/01/2053	450,000.00	330,490.17	340,183.33
31418EW48	FNMA UMBS POOL #MA5166 6.00% 10/01/2053	175,000.00	119,354.83	120,785.32
110122DZ8	BRISTOL-MYERS SQUIBB 5.9% 11/15/2033	85,000.00	84,870.80	92,878.65
857477CG6	STATE STR CORP SR SB VAR 11/21/2034	300,000.00	315,366.00	324,108.00
91282CJN2	US TREASURY NOTE 4.375% 11/30/2028	90,000.00	90,787.50	92,043.00
891490AS3	TOSCO CORP SR GLBL 7.9% 01/01/2047	130,000.00	162,063.20	156,579.80
00287YDV8	ABBVIE INC SR 5.35% 03/15/2044	125,000.00	124,827.50	123,527.50
98389BBB5	XCEL ENERGY INC 5.5% 03/15/2034	220,000.00	219,236.60	226,846.40

Local 670 Pension Fund
Schedule H (Form 5500 - 4I-1)
Schedule of Assets Held for Investment
13-6567359; Plan 001

Security ID	Security Description	Quantity	Cost Local	Market Value Local
65339KCW8	NEXTERA ENERGY CAP HLDGS VAR 09/01/2054	200,000.00	200,000.00	207,790.00
3132DSSX1	FHLMC POOL #SD-5034 6.00% 03/01/2054	150,000.00	117,603.27	119,369.85
3132DTCU2	FHLMC POOL #SD-5483 6.00% 05/01/2054	325,000.00	265,893.77	273,903.62
3140XPTA7	FNMA POOL #FS7744 6.5% 04/01/2054	200,000.00	163,922.08	166,156.47
38141GB37	GOLDMAN SACHS GROUP VAR 07/23/2035	275,000.00	275,000.00	282,551.50
06051GMB2	BANK AMERICA CORP VAR 08/15/2035	270,000.00	277,543.80	276,137.10
38384GMM9	GNMA REMIC TRUST 6.00% 12/20/2053	175,000.00	177,843.75	181,046.51
3132DUY50	FHLMC POOL #SD-7032 6.00% 05/01/2054	350,000.00	308,319.06	312,489.32
3136BQQA0	FNMA REMIC 2023-51 6.5% 11/25/2053	100,000.00	102,468.75	105,743.99
46647PEV4	JPMORGAN CHASE & CO VAR 01/24/2031	225,000.00	225,000.00	232,557.75
025816DZ9	AMERICAN EXPRESS CO SR VAR 01/30/2036	250,000.00	260,000.00	259,667.50
459200LJ8	INTERNATIONAL BUSINESS 5.2% 02/10/2035	140,000.00	139,697.60	143,490.20
3140QUNL6	FNMA UMBS POOL #CB8494 6.00% 05/01/2054	56,000.00	45,418.17	45,976.81
3622ADJ82	GNMA POOL #787587M 6.5% 06/20/2052	123,000.00	99,507.43	105,300.26
210518DZ6	CONSUMERS ENERGY CO 5.05% 05/15/2035	150,000.00	149,448.00	152,592.00
3133ETHQ3	FFCB 5.87% 05/21/2040	100,000.00	100,000.00	100,420.00
912810UL0	US TREASURY BOND 5.00% 05/15/2045	625,000.00	637,735.35	641,600.00
3137HANV4	FHLMC REMIC 5349 6.00% 10/25/2053	250,000.00	257,812.50	258,117.18
3133ETKF3	FFCB 5.44% 12/04/2034	200,000.00	200,000.00	201,136.00
3130B5YN2	FHLB 5.58% 04/30/2037	200,000.00	199,900.00	201,178.00
3130B6TT3	FHLB 5.9% 07/02/2040	300,000.00	300,450.00	301,029.00
3133ETQV2	FFCB 5.55% 07/23/2040	250,000.00	250,000.00	253,212.50
205887CL4	CONAGRA BRANDS 5.75% 08/01/2035	160,000.00	161,121.60	163,382.40
15189XBH0	CENTERPOINT ENERGY 4.95% 08/15/2035	130,000.00	129,649.00	130,925.60
3133ETWA1	FFCB 5.6% 09/04/2040	400,000.00	400,120.00	401,592.00
538021AH9	LITTON INDS INC SR DEB 6.98% 03/15/2036	75,000.00	86,073.75	86,655.75
3133ETZT7	FFCB 5.44% 10/01/2040	300,000.00	300,080.00	301,347.00
3130B8KY7	FHLB 5.35% 11/20/2040	175,000.00	175,175.00	174,898.50
3133ETW60	FFCB 5.3% 11/19/2040	250,000.00	250,375.00	250,295.00
3133ET2Q9	FFCB 5.375% 12/03/2040	450,000.00	449,100.00	449,118.00
022662100	LONGVIEW LARGECAP 500 INDEX FUND	11,977.55	20,084,176.39	31,398,163.87
022662209	LONGVIEW MID CAP 400 INDEX FUND	2,394.99	7,077,770.91	8,988,278.95
022662308	LONGVIEW SMALL CAP 600 INDEX FUND	2,005.94	3,646,105.92	4,449,750.71
72201F490	PIMCO INCOME FUND INSTITUTIONAL FUND	1,664,574.86	17,523,892.59	18,293,677.66
31635V638	FIDELITY TOTAL INTERNATIONAL INDEX FUND	529,504.85	6,871,917.77	9,171,024.04
	INTEREST BEARING CASH			320,279.00
			Total FMV	90,239,424

YEAR END PACKAGE

BEGINNING MARKET VALUE: 81,837,371.06
CATEGORY 2 - 5% TRANSACTIONS BY BROKER - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
ROBERTS & RYAN			- 78791					QUALIFYING PERCENTAGE		8.33%
025816DZ9	AMERICAN EXPRESS CO SR VAR 01/30/2036									
BUY	11/05/25	11/06/25	250,000.00	104.00	260,000		260,000	260,000		
025816CX5	AMERICAN EXPRESS CO VAR 05/26/2033									
SELL	11/05/25	11/06/25	250,000.00	101.40	253,500		253,500	247,780	5,720	
15189XBH0	CENTERPOINT ENERGY 4.95% 08/15/2035									
BUY	08/04/25	08/07/25	130,000.00	99.73	129,649		129,649	129,649		
3133ETW60	FFCB 5.3% 11/19/2040									
BUY	11/25/25	11/26/25	250,000.00	100.15	250,375		250,375	250,375		
3133ET2Q9	FFCB 5.375% 12/03/2040									
BUY	12/09/25	12/10/25	223,000.00	99.80	222,554		222,554	222,554		
BUY	12/09/25	12/10/25	227,000.00	99.80	226,546		226,546	226,546		
				SECURITY TOTAL			449,100	449,100		
3133ETZU4	FFCB 5.44% 09/26/2039									
BUY	09/26/25	09/29/25	250,000.00	100.00	250,000		250,000	250,000		
BUY	10/08/25	10/09/25	200,000.00	100.00	200,000		200,000	200,000		
SELL	12/09/25	12/10/25	450,000.00	99.68	448,560		448,560	450,000	1,440-	
				SECURITY TOTAL			898,560	900,000	1,440-	
3133ETZT7	FFCB 5.44% 10/01/2040									
BUY	10/03/25	10/06/25	200,000.00	100.00	200,000		200,000	200,000		
BUY	10/08/25	10/09/25	100,000.00	100.08	100,080		100,080	100,080		
				SECURITY TOTAL			300,080	300,080		
3133ETKF3	FFCB 5.44% 12/04/2034									
BUY	05/29/25	06/04/25	200,000.00	100.00	200,000		200,000	200,000		
3133ERTN1	FFCB 5.46% 03/17/2038									
BUY	09/23/25	09/24/25	250,000.00	100.00	250,000		250,000	250,000		
3133ETQV2	FFCB 5.55% 07/23/2040									
BUY	07/17/25	07/23/25	250,000.00	100.00	250,000		250,000	250,000		
3133ER6H9	FFCB 5.625% 03/12/2040									
BUY	09/18/25	09/19/25	171,000.00	100.00	171,000		171,000	171,000		
SELL	11/21/25	11/24/25	171,000.00	99.81	170,675		170,675	171,000	325-	
				SECURITY TOTAL			341,675	342,000	325-	
3133ERX97	FFCB 5.7% 01/28/2037									
BUY	06/20/25	06/23/25	250,000.00	99.95	249,875		249,875	249,875		
3133ERR45	FFCB 5.7% 07/03/2034									
BUY	01/07/25	01/08/25	250,000.00	100.00	250,000		250,000	250,000		
3133ERYX3	FFCB 5.72% 10/28/2044									
SELL	04/14/25	04/15/25	250,000.00	98.40	246,000		246,000	250,000	4,000-	

YEAR END PACKAGE

5500 5% REPORT
LOCAL 670 PENSION FD-NATL ASSET MGT
TRADE DATE
FROM 01/01/25 TO 12/31/25

ACCOUNT NUMBER: 1000426

BEGINNING MARKET VALUE: 81,837,371.06
CATEGORY 2 - 5% TRANSACTIONS BY BROKER - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
ROBERTS & RYAN				- 78791	(CONT)				QUALIFYING PERCENTAGE	8.33%
3133ETAJ6	FFCB 5.82% 03/26/2040									
BUY	03/20/25	03/26/25	300,000.00	100.00	300,000		300,000	300,000		
3133ETHQ3	FFCB 5.87% 05/21/2040									
BUY	05/19/25	05/21/25	100,000.00	100.00	100,000		100,000	100,000		
3133ERF22	FFCB 5.87% 11/29/2039									
BUY	02/26/25	02/27/25	275,000.00	100.13	275,344		275,344	275,344		
3133ERZY0	FFCB 5.95% 11/14/2044									
SELL	07/17/25	07/18/25	250,000.00	99.25	248,125		248,125	250,000	1,875-	
3130AYXW1	FHLB 5.25% 02/13/2034									
SELL	05/29/25	05/30/25	140,000.00	99.15	138,810		138,810	140,000	1,190-	
3130B8KY7	FHLB 5.35% 11/20/2040									
BUY	11/21/25	11/24/25	175,000.00	100.10	175,175		175,175	175,175		
3130B5YN2	FHLB 5.58% 04/30/2037									
BUY	06/06/25	06/09/25	200,000.00	99.95	199,900		199,900	199,900		
3130B4DF5	FHLB 5.75% 12/27/2035									
SELL	01/15/25	01/16/25	300,000.00	99.68	299,040		299,040	300,000	960-	
3130B6TT3	FHLB 5.9% 07/02/2040									
BUY	07/08/25	07/09/25	300,000.00	100.15	300,450		300,450	300,450		
637432MT9	NATIONAL RURAL UTIL VAR 04/30/2043									
SELL	07/30/25	07/31/25	218,000.00	99.98	217,956		217,956	215,184	2,772	
SELL	08/11/25	08/12/25	235,000.00	100.00	235,000		235,000	231,964	3,036	
					SECURITY TOTAL		452,956	447,148	5,808	
					BROKER TOTAL		6,818,614	6,816,876	1,738	
					CATEGORY TOTAL	0	6,818,614	6,816,876	1,738	

YEAR END PACKAGE

BEGINNING MARKET VALUE: 81,837,371.06

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS										
AB0678321	DREYFUS TREASURY & AGENCY CASH MGMT									14.59%
BUY	01/02/25	01/02/25	10,567.38	1.00	10,567		10,567	10,567		
BUY	01/15/25	01/15/25	31,235.84	1.00	31,236		31,236	31,236		
BUY	01/16/25	01/16/25	299,950.42	1.00	299,950		299,950	299,950		
BUY	01/21/25	01/21/25	875.00	1.00	875		875	875		
BUY	01/23/25	01/23/25	5,298.43	1.00	5,298		5,298	5,298		
BUY	01/27/25	01/27/25	36,793.15	1.00	36,793		36,793	36,793		
BUY	01/30/25	01/30/25	14,734.40	1.00	14,734		14,734	14,734		
BUY	01/31/25	01/31/25	10,690.12	1.00	10,690		10,690	10,690		
BUY	02/03/25	02/03/25	79,225.31	1.00	79,225		79,225	79,225		
BUY	02/14/25	02/14/25	7,768.75	1.00	7,769		7,769	7,769		
BUY	02/18/25	02/18/25	26,702.91	1.00	26,703		26,703	26,703		
BUY	02/20/25	02/20/25	875.00	1.00	875		875	875		
BUY	02/24/25	02/24/25	6,504.16	1.00	6,504		6,504	6,504		
BUY	02/25/25	02/25/25	37,760.14	1.00	37,760		37,760	37,760		
BUY	02/27/25	02/27/25	1,454.39	1.00	1,454		1,454	1,454		
BUY	02/28/25	02/28/25	8,000.00	1.00	8,000		8,000	8,000		
BUY	03/03/25	03/03/25	11,620.18	1.00	11,620		11,620	11,620		
BUY	03/10/25	03/10/25	5,850.00	1.00	5,850		5,850	5,850		
BUY	03/13/25	03/13/25	4,595.66	1.00	4,596		4,596	4,596		
BUY	03/17/25	03/17/25	38,748.92	1.00	38,749		38,749	38,749		
BUY	03/19/25	03/19/25	253,959.03	1.00	253,959		253,959	253,959		
BUY	03/20/25	03/20/25	875.00	1.00	875		875	875		
BUY	03/24/25	03/24/25	943,685.07	1.00	943,685		943,685	943,685		
BUY	03/25/25	03/25/25	34,082.19	1.00	34,082		34,082	34,082		
BUY	04/15/25	04/15/25	252,775.89	1.00	252,776		252,776	252,776		
BUY	04/25/25	04/25/25	28,294.78	1.00	28,295		28,295	28,295		
BUY	04/28/25	04/28/25	2,184.30	1.00	2,184		2,184	2,184		
BUY	05/01/25	05/01/25	685.26	1.00	685		685	685		
BUY	05/02/25	05/02/25	5,840.06	1.00	5,840		5,840	5,840		
BUY	05/06/25	05/06/25	6,375.00	1.00	6,375		6,375	6,375		
BUY	05/14/25	05/14/25	7,437.50	1.00	7,438		7,438	7,438		
BUY	05/15/25	05/15/25	62,638.78	1.00	62,639		62,639	62,639		
BUY	05/16/25	05/16/25	3,609.38	1.00	3,609		3,609	3,609		
BUY	05/19/25	05/19/25	7,665.00	1.00	7,665		7,665	7,665		
BUY	05/20/25	05/20/25	6,201.24	1.00	6,201		6,201	6,201		
BUY	05/22/25	05/22/25	6,468.75	1.00	6,469		6,469	6,469		
BUY	05/23/25	05/23/25	8,880.00	1.00	8,880		8,880	8,880		
BUY	05/27/25	05/27/25	40,771.03	1.00	40,771		40,771	40,771		
BUY	05/29/25	05/29/25	7,337.50	1.00	7,338		7,338	7,338		
BUY	05/30/25	05/30/25	441,339.91	1.00	441,340		441,340	441,340		
BUY	06/02/25	06/02/25	21,766.84	1.00	21,767		21,767	21,767		
BUY	06/03/25	06/03/25	9,382.50	1.00	9,383		9,383	9,383		
BUY	06/06/25	06/06/25	5,900.00	1.00	5,900		5,900	5,900		

YEAR END PACKAGE

BEGINNING MARKET VALUE: 81,837,371.06

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS				(CONT)						
AB0678321	DREYFUS TREASURY & AGENCY CASH MGMT				(CONT)					14.59%
BUY	06/11/25	06/11/25	7,687.50	1.00	7,688		7,688	7,688		
BUY	06/16/25	06/16/25	14,217.18	1.00	14,217		14,217	14,217		
BUY	06/20/25	06/20/25	3,073.74	1.00	3,074		3,074	3,074		
BUY	06/25/25	06/25/25	34,818.20	1.00	34,818		34,818	34,818		
BUY	07/01/25	07/01/25	10,221.25	1.00	10,221		10,221	10,221		
BUY	07/09/25	07/09/25	1,029.83	1.00	1,030		1,030	1,030		
BUY	07/15/25	07/15/25	14,018.58	1.00	14,019		14,019	14,019		
BUY	07/18/25	07/18/25	250,769.44	1.00	250,769		250,769	250,769		
BUY	07/21/25	07/21/25	3,606.38	1.00	3,606		3,606	3,606		
BUY	07/24/25	07/24/25	11,887.12	1.00	11,887		11,887	11,887		
BUY	07/25/25	07/25/25	42,427.73	1.00	42,428		42,428	42,428		
BUY	07/28/25	07/28/25	7,125.00	1.00	7,125		7,125	7,125		
BUY	07/30/25	07/30/25	14,282.31	1.00	14,282		14,282	14,282		
BUY	07/31/25	07/31/25	180,842.45	1.00	180,842		180,842	180,842		
BUY	08/01/25	08/01/25	2,740.33	1.00	2,740		2,740	2,740		
BUY	08/12/25	08/12/25	235,632.32	1.00	235,632		235,632	235,632		
BUY	08/13/25	08/13/25	129,649.00	1.00	129,649		129,649	129,649		
BUY	08/15/25	08/15/25	14,736.62	1.00	14,737		14,737	14,737		
BUY	08/20/25	08/20/25	2,210.48	1.00	2,210		2,210	2,210		
BUY	08/21/25	08/21/25	12,748.40	1.00	12,748		12,748	12,748		
BUY	08/25/25	08/25/25	44,298.44	1.00	44,298		44,298	44,298		
BUY	08/26/25	08/26/25	441.00	1.00	441		441	441		
BUY	09/02/25	09/02/25	20,385.61	1.00	20,386		20,386	20,386		
BUY	09/15/25	09/15/25	29,194.35	1.00	29,194		29,194	29,194		
BUY	09/18/25	09/18/25	251,979.17	1.00	251,979		251,979	251,979		
BUY	09/25/25	09/25/25	208,533.42	1.00	208,533		208,533	208,533		
BUY	09/26/25	09/26/25	263,531.88	1.00	263,532		263,532	263,532		
BUY	10/02/25	10/02/25	32,818.10	1.00	32,818		32,818	32,818		
BUY	10/03/25	10/03/25	10,845.56	1.00	10,846		10,846	10,846		
BUY	10/07/25	10/07/25	300,533.50	1.00	300,534		300,534	300,534		
BUY	10/15/25	10/15/25	125.78	1.00	126		126	126		
BUY	10/16/25	10/16/25	300,364.75	1.00	300,365		300,365	300,365		
BUY	10/20/25	10/20/25	2,054.82	1.00	2,055		2,055	2,055		
BUY	10/27/25	10/27/25	41,132.92	1.00	41,133		41,133	41,133		
BUY	10/28/25	10/28/25	541.67	1.00	542		542	542		
BUY	10/29/25	10/29/25	9,184.50	1.00	9,185		9,185	9,185		
BUY	10/30/25	10/30/25	5,580.00	1.00	5,580		5,580	5,580		
BUY	11/03/25	11/03/25	6,002.16	1.00	6,002		6,002	6,002		
BUY	11/06/25	11/06/25	1,790.33	1.00	1,790		1,790	1,790		
BUY	11/17/25	11/17/25	77,152.88	1.00	77,153		77,153	77,153		
BUY	11/20/25	11/20/25	4,406.54	1.00	4,407		4,407	4,407		
BUY	11/21/25	11/21/25	12,119.50	1.00	12,120		12,120	12,120		
BUY	11/25/25	11/25/25	66,962.33	1.00	66,962		66,962	66,962		
BUY	11/26/25	11/26/25	2,350.28	1.00	2,350		2,350	2,350		

YEAR END PACKAGE

BEGINNING MARKET VALUE: 81,837,371.06

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS				(CONT)						
AB0678321	DREYFUS TREASURY & AGENCY CASH MGMT				(CONT)					14.59%
BUY	12/01/25	12/01/25	22,091.04	1.00	22,091		22,091	22,091		
BUY	12/04/25	12/04/25	5,440.00	1.00	5,440		5,440	5,440		
BUY	12/10/25	12/10/25	453,592.00	1.00	453,592		453,592	453,592		
BUY	12/15/25	12/15/25	22,583.91	1.00	22,584		22,584	22,584		
BUY	12/22/25	12/22/25	3,400.69	1.00	3,401		3,401	3,401		
BUY	12/26/25	12/26/25	38,281.48	1.00	38,281		38,281	38,281		
		SUB-TOTAL BUYS		TXN CNT:	93		6,028,846	6,028,846		
SELL	01/03/25	01/03/25	6,734.09	1.00	6,734		6,734	6,734		
SELL	01/08/25	01/08/25	14,085.43	1.00	14,085		14,085	14,085		
SELL	01/24/25	01/24/25	220,887.50	1.00	220,888		220,888	220,888		
SELL	02/10/25	02/10/25	139,697.60	1.00	139,698		139,698	139,698		
SELL	02/13/25	02/13/25	104,647.88	1.00	104,648		104,648	104,648		
SELL	03/07/25	03/07/25	59,117.67	1.00	59,118		59,118	59,118		
SELL	03/21/25	03/21/25	13,399.00	1.00	13,399		13,399	13,399		
SELL	03/26/25	03/26/25	1,250,000.00	1.00	1,250,000		1,250,000	1,250,000		
SELL	04/01/25	04/01/25	29,502.74	1.00	29,503		29,503	29,503		
SELL	04/07/25	04/07/25	3,723.30	1.00	3,723		3,723	3,723		
SELL	04/21/25	04/21/25	1,137.45	1.00	1,137		1,137	1,137		
SELL	04/29/25	04/29/25	6,153.48	1.00	6,153		6,153	6,153		
SELL	04/30/25	04/30/25	4,833.38	1.00	4,833		4,833	4,833		
SELL	05/05/25	05/05/25	250,000.00	1.00	250,000		250,000	250,000		
SELL	05/21/25	05/21/25	90,815.50	1.00	90,816		90,816	90,816		
SELL	06/04/25	06/04/25	200,000.00	1.00	200,000		200,000	200,000		
SELL	06/09/25	06/09/25	201,109.00	1.00	201,109		201,109	201,109		
SELL	06/12/25	06/12/25	150,810.89	1.00	150,811		150,811	150,811		
SELL	06/23/25	06/23/25	78,392.37	1.00	78,392		78,392	78,392		
SELL	06/30/25	06/30/25	13,010.00	1.00	13,010		13,010	13,010		
SELL	07/17/25	07/17/25	58,987.86	1.00	58,988		58,988	58,988		
SELL	07/22/25	07/22/25	1,942.43	1.00	1,942		1,942	1,942		
SELL	07/23/25	07/23/25	242,671.25	1.00	242,671		242,671	242,671		
SELL	08/07/25	08/07/25	129,649.00	1.00	129,649		129,649	129,649		
SELL	08/11/25	08/11/25	126,009.00	1.00	126,009		126,009	126,009		
SELL	09/04/25	09/04/25	427,220.19	1.00	427,220		427,220	427,220		
SELL	09/19/25	09/19/25	13,029.00	1.00	13,029		13,029	13,029		
SELL	09/22/25	09/22/25	168,835.30	1.00	168,835		168,835	168,835		
SELL	09/24/25	09/24/25	25,265.42	1.00	25,265		25,265	25,265		
SELL	09/29/25	09/29/25	250,113.33	1.00	250,113		250,113	250,113		
SELL	10/01/25	10/01/25	301,970.30	1.00	301,970		301,970	301,970		
SELL	10/06/25	10/06/25	22,058.57	1.00	22,059		22,059	22,059		
SELL	10/09/25	10/09/25	300,593.78	1.00	300,594		300,594	300,594		
SELL	10/10/25	10/10/25	4,353.10	1.00	4,353		4,353	4,353		
SELL	10/21/25	10/21/25	1,976.79	1.00	1,977		1,977	1,977		

YEAR END PACKAGE

BEGINNING MARKET VALUE: 81,837,371.06

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS				(CONT)						
AB0678321	DREYFUS TREASURY & AGENCY CASH MGMT			(CONT)						14.59%
SELL	11/18/25	11/18/25	337,664.94	1.00	337,665		337,665	337,665		
SELL	11/24/25	11/24/25	170,720.43	1.00	170,720		170,720	170,720		
SELL	12/03/25	12/03/25	33,057.63	1.00	33,058		33,058	33,058		
SELL	12/05/25	12/05/25	13,329.00	1.00	13,329		13,329	13,329		
SELL	12/11/25	12/11/25	215,099.57	1.00	215,100		215,100	215,100		
SELL	12/12/25	12/12/25	4,993.75	1.00	4,994		4,994	4,994		
SELL	12/17/25	12/17/25	226,783.25	1.00	226,783		226,783	226,783		
			SUB-TOTAL SELLS	TXN CNT:	42		5,914,380	5,914,380		
			SECURITY TOTAL	TXN CNT:	135		11,943,226	11,943,226		
		SECURITY CLASS TOTAL				0	11,943,226	11,943,226		
CATEGORY TOTAL						0	11,943,226	11,943,226		

ADDITIONAL INFORMATION

LOCAL 670 PENSION FUND

FIVE YEAR SUMMARY OF OPERATIONS

	CALENDAR YEAR				
	2025	2024	2023	2022	2021
Additions:					
Investment income - net	$11,498,467	$ 8,987,234	$10,061,915	$(15,706,106)	$11,844,232
Employer contributions	3,725,224	3,972,137	4,051,236	4,079,218	4,065,029
Other income	57,602	--	596	235	120,150
	15,281,293	12,959,371	14,113,747	(11,626,653)	16,029,411
Deductions:					
Pension benefits	6,268,450	5,963,022	5,828,883	5,553,503	4,882,567
Administrative expenses	579,175	510,821	550,780	540,761	556,140
	6,847,625	6,473,843	6,379,663	6,094,264	5,438,707
Net increase (decrease)	8,433,668	6,485,528	7,734,084	(17,720,917)	8,155,391
Net assets available for benefits Beginning of year	83,723,538	77,238,010	69,503,926	76,832,808	68,677,417
End of year	$92,157,206	$83,723,538	$77,238,010	$69,503,926	$76,832,808
Number of pensioners at end of year	1,087	1,030	1,009	1,009	917

Local 670 Pension Fund
EIN: 13-6567359
PN: 001

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

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2025	$ 4,200,000	$ 0	$ 4,200,000
2026	$ 4,200,000	$ 0	$ 4,200,000
2027	$ 4,200,000	$ 0	$ 4,200,000
2028	$ 4,200,000	$ 0	$ 4,200,000
2029	$ 4,200,000	$ 0	$ 4,200,000
2030	$ 4,200,000	$ 0	$ 4,200,000
2031	$ 4,200,000	$ 0	$ 4,200,000
2032	$ 4,200,000	$ 0	$ 4,200,000
2033	$ 4,200,000	$ 0	$ 4,200,000
2034	$ 4,200,000	$ 0	$ 4,200,000

Local 670 Pension Fund
EIN: 13-6567359
PN: 001

Schedule MB, Line 8b (2) – Schedule of Active Participant Data

	Years of credited service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up		Total	
Attained Age	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.	No.	Average Acc. Ben.
Under 25	1	503	20	1,199	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	21	1,166
25 to 29	3	702	26	1,292	8	2,716	1	1,839	0	0	0	0	0	0	0	0	0	0	0	0	38	1,559
30 to 34	11	268	20	1,433	22	3,066	3	3,921	0	0	0	0	0	0	0	0	0	0	0	0	56	1,979
35 to 39	2	286	37	1,445	25	3,041	12	3,981	10	5,105	2	5,897	0	0	0	0	0	0	0	0	88	2,735
40 to 44	5	242	21	1,177	37	3,141	22	4,505	19	6,175	11	9,217	0	0	0	0	0	0	0	0	115	4,000
45 to 49	7	282	38	1,244	19	3,268	22	4,651	12	6,504	14	7,182	3	9,092	1	11,707	0	0	0	0	116	3,718
50 to 54	6	157	31	1,402	16	2,941	22	3,698	19	5,925	21	6,485	18	10,827	8	11,332	0	0	0	0	141	5,015
55 to 59	9	240	29	1,226	24	2,145	18	3,922	33	5,837	22	8,032	22	10,196	9	12,756	2	10,776	0	0	168	5,296
60 to 64	1	250	23	1,412	24	1,962	22	3,128	19	5,565	22	6,529	21	9,430	16	11,066	14	11,537	3	12,540	165	5,892
65 to 69	0	0	7	1,751	8	2,711	14	3,715	11	4,546	20	8,536	15	9,813	13	8,325	4	7,066	3	12,434	95	6,607
70 & up	3	190	4	1,013	3	3,643	6	2,723	4	6,880	10	4,128	7	4,789	5	7,748	3	11,965	4	10,836	49	5,147
Total	48	276	256	1,326	186	2,805	142	3,887	127	5,786	122	7,232	86	9,596	52	10,408	23	10,749	10	11,827	1,052	4,539

Local 670 Pension Fund
EIN: 13-6567359
PN: 001

Schedule MB, Line 6 – Summary of Plan Provisions

Participation	Immediately
Normal Retirement Benefit	
Eligibility	Age 62 and 5 years of participation.
Monthly Benefit	$3.35 and $9.00 respectively per year of Past Credited Service at initial contribution rates of $3.00 and $8.00 per week, plus 4.25% of total contributions made on the participant's behalf prior to January 1, 2004, plus 3.00% of total contributions made on the participant's behalf through June 2009, plus 1.00% of total contributions made on the participant's behalf after June 2009, plus 1.50% of total contributions made on the participant's behalf after January 2022.
Early Retirement Benefit	
Eligibility	Age 55 with 25 years of covered employment.
Monthly Benefit	Normal Retirement Benefit reduced by ½ of 1% per month by which the Early Retirement Date precedes the Normal Retirement Date.
Vested Deferred Retirement Benefit	
Eligibility	5 years of Vesting Service.
Benefit	Accrued Benefit at date of termination.
Disability Retirement Benefit	
Eligibility	Age 55 with 20 years of covered employment and totally and permanently disabled.
Monthly Benefit	Accrued benefit reduced ½ of 1% per month remaining to Normal Retirement Date.
Post-Retirement Death Benefit	
Eligibility	Married – elects Single Life option.
Monthly Benefit	Balance of 36 payments to widow only.

Local 670 Pension Fund
EIN: 13-6567359
PN: 001

Schedule MB,Line 6 – Statement of Actuarial Assumptions/Methods- Provisions

1) Rates of Termination prior to Retirement
Withdrawal- Was changed effective January 1, 2007 to "Ultimate" only.

Age	*Annual Rate*
22	*.3200*
32	*.2800*
42	*.1900*
52	*.1300*
62	*.0000*

Disability

Age	*Annual Rate*
22	*.0005*
32	*.0005*
42	*.0010*
52	*.0058*
62	*.0190*

2) Mortality — *Funding: Pri-2012 +2 with MP-2021*
(Prior to 2021 RP-2014 +3)
Current Liability: IRS 2025 Annuitant/Non-Annuitant

3) Investment Return — *6.75% per year for Funding*
(Prior to 2021 7.00%)
4.01% per year Current Liability

4) Expenses — *Last Year's Actual Expense*

5) Valuation Method — *Unit Credit Funding Method*

6) Valuation of Assets — *5-Year Smoothing Method*

7) Retirement — *66 and 5 years of service.*

8) Unknowns — *Based on average of knowns*

9) Married — *70% married with the spouse same age*

10) Contributions and Work Patterns — *The Trustees have informed us that the work patterns used in the latest actuarial valuation will be approximately the same for future years.*

11) Terminated Vested Data — *No retroactive increase was applied to reflect the Terminated Vesteds over Normal Retirement age. TV's over 73 Eliminated from Valuation, treated as a loss upon retirement. It is assumed that 90% of terminated vested participants will commence benefits*

Local 670 Pension Fund
EIN: 13-6567359
PN: 001

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

	Funding Projected Benefit Payments			
Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Total
2025	74,295	-	6,135,888	6,210,183
2026	1,126,229	111,101	5,930,482	7,167,812
2027	1,252,754	254,718	5,708,762	7,216,234
2028	1,538,219	424,862	5,473,157	7,436,238
2029	1,692,866	693,182	5,243,531	7,629,579
2030	1,831,172	862,234	5,009,490	7,702,896
2031	2,037,675	1,029,760	4,771,707	7,839,142
2032	2,179,106	1,176,550	4,530,830	7,886,486
2033	2,354,920	1,350,903	4,287,500	7,993,323
2034	2,474,373	1,482,353	4,042,375	7,999,101
2035	2,554,356	1,564,394	3,796,162	7,914,912
2036	2,614,454	1,689,421	3,549,632	7,853,507
2037	2,647,825	1,770,951	3,303,645	7,722,421
2038	2,641,005	1,846,819	3,059,126	7,546,950
2039	2,643,223	1,929,599	2,817,070	7,389,892
2040	2,634,529	2,004,742	2,578,576	7,217,847
2041	2,564,714	2,042,498	2,344,853	6,952,065
2042	2,499,285	2,093,790	2,117,196	6,710,271
2043	2,434,937	2,159,661	1,896,959	6,491,557
2044	2,341,407	2,171,901	1,685,516	6,198,824
2045	2,253,939	2,199,410	1,484,214	5,937,563
2046	2,158,724	2,182,965	1,294,353	5,636,042
2047	2,057,249	2,176,437	1,117,133	5,350,819
2048	1,952,141	2,134,556	953,584	5,040,281
2049	1,837,772	2,084,722	804,513	4,727,007
2050	1,721,823	2,062,779	670,447	4,455,049
2051	1,606,251	2,008,800	551,593	4,166,644

	Funding Projected Benefit Payments			
Plan Year	Active Participants	Terminated Vested Participants	Retired Participants & Beneficiaries Receiving Payments	Total
2052	1,488,656	1,938,588	447,791	3,875,035
2053	1,372,101	1,875,205	358,536	3,605,842
2054	1,257,960	1,789,873	283,020	3,330,853
2055	1,146,904	1,696,526	220,181	3,063,611
2056	1,039,364	1,604,188	168,768	2,812,320
2057	936,724	1,513,656	127,428	2,577,808
2058	839,629	1,412,916	94,767	2,347,312
2059	748,598	1,311,386	69,412	2,129,396
2060	663,806	1,213,061	50,077	1,926,944
2061	585,536	1,118,830	35,591	1,739,957
2062	513,869	1,025,438	24,926	1,564,233
2063	448,770	939,390	17,208	1,405,368
2064	390,077	857,001	11,715	1,258,793
2065	337,527	776,625	7,867	1,122,019
2066	290,775	700,903	5,213	996,891
2067	249,429	629,926	3,409	882,764
2068	213,068	563,722	2,200	778,990
2069	181,242	502,166	1,400	684,808
2070	153,512	445,175	879	599,566
2071	129,460	392,639	543	522,642
2072	108,679	344,433	330	453,442
2073	90,803	300,416	197	391,416
2074	75,494	260,428	116	336,038

Local 670 Pension Fund
EIN: 13-6567359
PN: 001

Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases

STATIONARY ENGINEERS LOCAL 670 — EXHIBIT B1

Amortization of Bases
Valuation Date 1/1/2025
Interest 6.75%

Description	Date of Base Creation	Initial Period	Initial Balance	Outstanding Balance	Period Remaining	Beginning Year Charge or Credit
(1) Charges						
(a) Pension Relief	1/1/2009	29	$6,875,712	$4,665,599	13	$515,558
(b) Experience Loss 2011	1/1/2011	15	$638,422	$65,224	1	$65,224
(c) Experience Loss 2012	1/1/2012	15	$2,062,311	$407,647	2	$210,479
(d) Experience Loss 2013	1/1/2013	15	$1,562,921	$448,461	3	$159,352
(e) Assumption Change Loss (UP84)	1/1/2013	15	$2,448,959	$702,701	3	$249,690
(f) Assumption Change (RP-2014U + 3 years)	1/1/2014	15	$5,931,598	$2,197,008	4	$604,180
(g) Experience Loss 2015	1/1/2015	15	$616,552	$276,461	5	$62,741
(h) Experience Loss 2016	1/1/2016	15	$3,974,993	$2,072,266	6	$404,125
(i) Experience Loss 2017	1/1/2017	15	$3,933,410	$2,318,732	7	$399,537
(j) Experience Loss 2019	1/1/2019	15	$4,751,261	$3,386,682	9	$481,776
(k) Assumption Change (6.75% AMD Pri-2012+2)	1/1/2021	15	$6,899,390	$5,661,289	11	$698,453
(l) Experience Loss 2023	1/1/2023	15	$23,777,985	$21,783,576	13	$2,407,132
(m) Experience Loss 2024	1/1/2024	15	$830,889	$797,182	14	$84,114
(n) Current Year Loss	1/1/2025	15	$3,409,175	$3,409,175	15	$345,124
			Total Charges	***$48,192,003***		***$6,687,485***
(2) Credits						
(a) Experience Gain 2014	1/1/2014	15	$1,632,294	$604,586	4	$166,262
(b) Experience Gain 2018	1/1/2018	15	$4,399,068	$2,873,574	8	$446,444
(c) Experience Gain 2020	1/1/2020	15	$5,525,214	$4,246,058	10	$559,790
(d) Experience Gain 2021	1/1/2021	15	$1,981,764	$1,626,133	11	$200,622
(e) Experience Gain 2022	1/1/2022	15	$8,238,991	$7,167,085	12	$834,066
(f) Method Change 2023	1/1/2023	15	$13,900,785	$12,734,889	13	$1,407,231
			Total Credits	***$29,252,325***		***$3,614,415***
			GRAND TOTAL	**$18,939,678**		**$3,073,070**

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 670 PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
LOCAL 670 PENSION FUND

D Employer Identification Number (EIN)
13-6567359

E Type of plan: (1) [X] 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)	83723538
(2)	Actuarial value of assets for funding standard account	1b(2)	85977489
c (1)	Accrued liability for plan using immediate gain methods	1c(1)	94917395
(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)	94917395
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	0
(2)	"RPA '94" information:		
(a)	Current liability	1d(2)(a)	133668256
(b)	Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	4120723
(c)	Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	6210183
(3)	Expected plan disbursements for the plan year	1d(3)	6721004

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary — Date: 09/23/2026

BRIAN J. THOMAS — Type or print name of actuary

26-08107 — Most recent enrollment number

BASIL CASTROVINCI ASSOCIATES, INC. — Firm name

973-601-3828 — Telephone number (including area code)

36 HOPATCHUNG ROAD
HOPATCONG, NJ 07843

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**	83723538
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		1070	59537342
(2) For terminated vested participants		1217	35815549
(3) For active participants:			
(a) Non-vested benefits			1498805
(b) Vested benefits			36816560
(c) Total active		1052	38315365
(4) Total		3339	133668256
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	62.64%

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	
07/01/2025	3725224	0					
			Totals ▶	3(b)	3725224	3(c)	0
(d) Total withdrawal liability amounts included in line 3(b) total						3(d)	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	90.6%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

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

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

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

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

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

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

i ☐ Other (specify):

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

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability ..... **6a** 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)**	8P+2	8P+2
(2) Females	**6c(2)**	8PF+2	8PF+2
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)**	6.75%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	11.8%
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	11.8%
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)**	510821
(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	-3409175	-345124

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**	2885192

			Outstanding balance	
c Amortization charges as of valuation date:				
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**		48192003	6687485
(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**		628915
e Total charges. Add lines 9a through 9d		**9e**		10201592
Credits to funding standard account:				
f Prior year credit balance, if any		**9f**		9999772
g Employer contributions. Total from column (b) of line 3		**9g**		3725224
			Outstanding balance	
h Amortization credits as of valuation date	**9h**		29252325	3614415
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**		1044684
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**		23298049	
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**		37905410	
(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**		18384095
m Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**		8182503
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**		0

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ☐ Yes ☒ No

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 _____ and ending _____

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

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

C If the plan is a collectively-bargained plan, check here ▶ [X]

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
LOCAL 670 PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 03/01/1967

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
LOCAL 670 PENSION FUND

299 BROADWAY

NEW YORK NY 10007

2b Employer Identification Number (EIN)
-*7359

2c Plan Sponsor's telephone number
212-374-1654

2d Business code (see instructions)
531390

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	+ Thelma Winston	10/5/26	THELMA WINSTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Federal Statements
LOCAL 670 PENSION PLAN
Plan: 001

Plan transactions in excess of 5% of plan assets

Name	Description	Purchase Price	Selling Price	Lease Rental	Expenses	Cost of Asset	Current Value	Net Gain or Loss
SEE ATTACHED		$	$	$	$	$	$	$

Federal Statements
LOCAL 670 PENSION PLAN
Plan: 001

Assets Held for Investment

Party in Interest	Identity	Description	Cost	Current Value
	SEE EXHIBIT A		$	$