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 305 CIO PENSION FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1952

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
JOINT BOARD OF TRUSTEES LOCAL 305 CIO PE

1505 KELLUM PLACE
MINEOLA, NY 11501-4811

2b Employer Identification Number (EIN)
13-2864446

2c Plan Sponsor's telephone number
914-478-3800

2d Business code (see instructions)
315240

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.	10/08/2026	JOHN R. DURSO
	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**	821
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)**	2
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1
b	Retired or separated participants receiving benefits	**6b**	352
c	Other retired or separated participants entitled to future benefits	**6c**	428
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	781
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	23
f	Total. Add lines **6d** and **6e**.	**6f**	804
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**	1

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

1B 1I

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 305 CIO PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
JOINT BOARD OF TRUSTEES LOCAL 305 CIO PE

D Employer Identification Number (EIN)
13-2864446

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)**	2111098
(2)	Actuarial value of assets for funding standard account	**1b(2)**	2111098
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	28750914
(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)**	28750914
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)**	38331783
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	
(3)	Expected plan disbursements for the plan year	**1d(3)**	1996000

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: 09/29/2026

JAMES B. SHARKEY, JR. — Type or print name of actuary

26-06483 — Most recent enrollment number

SUMMIT ACTUARIAL SERVICES LLC — Firm name

856-234-8801 — Telephone number (including area code)

720 EAST MAIN STREET UNIT 2S
MOORESTOWN, NJ 08057

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**	2111098
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		347	19809044
(2) For terminated vested participants		436	18443614
(3) For active participants:			
(a) Non-vested benefits			0
(b) Vested benefits			79125
(c) Total active		2	79125
(4) Total		785	38331783
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	5.51 %

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	9054	0			
			Totals ► **3(b)**	9054	**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**	7.3 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	C

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? [X] 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 [X] 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**	9999

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

a [ ] Attained age normal **b** [ ] Entry age normal **c** [X] 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 [X] No

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	**6a**	4.01 %	
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	9P	9P
(2) Females	**6c(2)**	9PF	9PF
d Valuation liability interest rate	**6d**	6.50 %	6.50 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☐ Single rate ☒ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	%	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	14.0 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	14.0 %	
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)**		
(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	498990	49830
1	-1971271	-196855

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)**	5
(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**	-1937689

9 Funding standard account statement for this plan year:

Charges to funding standard account:		
a Prior year funding deficiency, if any	**9a**	27486032
b Employer's normal cost for plan year as of valuation date	**9b**	0

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)**	7569919		2252776
(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**	1933023
e Total charges. Add lines 9a through 9d			**9e**	31671831
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	0
g Employer contributions. Total from column (b) of line 3			**9g**	9054
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	8416135		1191449
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	77738
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	28371404		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	33742480		
(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**	1278241
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			**9n**	30393590
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**	30393590
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 305 CIO PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JOINT BOARD OF TRUSTEES LOCAL 305 CIO PE

D Employer Identification Number (EIN)
13-2864446

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)

LOOMIS SAYLES & COMPANY

04-3200030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	63781	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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 28 52	NONE	53081	Yes [X] No [ ]	Yes [ ] No [X]	872	Yes [ ] No [X]

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

COLLERAN, O'HARA & MILLS, LLP

11-2940050

(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	45275	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)

SUMMIT ACTUARIAL SERVICES, LLC

20-3838633

(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	32125	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

REYNOLDS CONSULTING SERVICES LLC

20-1899564

(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	31250	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NOVAK FRANCELLA, LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	25000	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)

LOCAL 338 H&W FUND

13-2980858

(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?
99 50	AFFILIATED BENEFIT FUND	10053	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE SEGAL COMPANY

06-0839113

(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?
16 50	NONE	9765	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RWDSU/UFCW LOCAL 338

13-1215100

(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?
99 50	AFFILIATED UNION	8846	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)

FRIEDMAN & ANSPACH

13-3403575

(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	8514	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

COMPREHENSIVE HEALTHCARE SYSTEMS

47-4496373

(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	8366	Yes [ ] No [X]	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 305 CIO PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
JOINT BOARD OF TRUSTEES LOCAL 305 CIO PE

D Employer Identification Number (EIN)
13-2864446

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 LARGECAP 500 INDEX FD

b Name of sponsor of entity listed in (a): AMALGAMATED 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	7563062

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)

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

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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 305 CIO PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JOINT BOARD OF TRUSTEES LOCAL 305 CIO PE

D Employer Identification Number (EIN)
13-2864446

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		5471
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1006	503
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	494365	559820
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2919424	507714
(2) U.S. Government securities	1c(2)	783037	1000050
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	27681412	28651959
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	5061911	7563062
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(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	8292	3755
1f Total assets (add all amounts in lines 1a through 1e)	1f	36949447	38292334
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	18126	99787
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	6984	8630
1k Total liabilities (add all amounts in lines 1g through1j)	1k	25110	108417
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	36924337	38183917

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)	9054	
(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)		9054
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	24569	
(B) U.S. Government securities	2b(1)(B)	14598	
(C) Corporate debt instruments	2b(1)(C)	1450480	
(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)		1489647
(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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2200000	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2155974	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		44026
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	894451	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		894451

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1168080
(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		3668
d Total income. Add all **income** amounts in column (b) and enter total	2d		3608926
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1995918	
(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)		1995918
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)	16389	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	25000	
(5) Investment advisory and investment management fees	2i(5)	95039	
(6) Bank or trust company trustee/custodial fees	2i(6)	47725	
(7) Actuarial fees	2i(7)	32214	
(8) Legal fees	2i(8)	53807	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	83254	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		353428
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2349346
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1259580
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 591460.

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 305 CIO PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
JOINT BOARD OF TRUSTEES LOCAL 305 CIO PE

D Employer Identification Number (EIN)
13-2864446

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): 13-2864446

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 MAC PAINTING

b EIN 81-1309704 **c** Dollar amount contributed by employer 9054

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 12 Day 31 Year 2025

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 1006.00
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): PER MEMBER PER MONTH

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: [X] last contributing employer [ ] alternative [ ] reasonable approximation (see instructions for required attachment)	**14a**	349
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**	349
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**	350

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	0.98
b The corresponding number for the second preceding plan year	**15b**	0.98

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

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

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

[ ] 0-5 years [ ] 5-10 years [ ] 10-15 years [ ] 15 years or more

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

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

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

[ ] Yes.

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

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

[ ] No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

[ ] Design-based safe harbor method

[ ] "Prior year" ADP test

[ ] "Current year" ADP test

[ ] N/A

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

LOCAL 305 CIO'S PENSION FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2025

LOCAL 305 CIO'S PENSION FUND

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2025 AND 2024

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Novak Francella LLC | CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Local 305 CIO's Pension Fund
Mineola, New York

Opinion

We have audited the accompanying financial statements of the Local 305 CIO's Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net asset available for benefits of the Local 305 CIO's Pension Fund as of December 31, 2025 and 2024 and changes therein for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Emphasis of Matter

As discussed in Note 4 to the financial statements, the Plan's primary contributing employer declared Chapter XI bankruptcy in 2015 and ceased operations. This employer had historically contributed over 90% of the Plan's annual contributions. The remaining contributing employer is active and continues to contribute to the Plan. Our opinion is not modified with respect to that matter.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

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

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

Report on Supplemental Information

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

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

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

Novak Francella LLC

New York, New York
September 23, 2026

Local 305 CIO's Pension Fund

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets		
Investments		
Investments - at fair value	$ 37,551,934	$ 36,262,587
Total investments	37,551,934	36,262,587
Receivables		
Employers' contributions	503	1,006
Withdrawal liability	-	10,000
Accrued interest and dividends	391,474	394,463
Due from affiliate	15,558	18,410
Total receivables	407,535	423,879
Other assets		
Cash	176,322	183,197
Prepaid expenses	152,788	71,492
Property and equipment	3,755	8,292
Total other assets	332,865	262,981
Total assets	38,292,334	36,949,447
Liabilities and Net Assets		
Liabilities		
Due to/from General Fund	8,630	6,984
Accrued expenses	99,787	18,126
Total liabilities	108,417	25,110
Net assets available for benefits	$ 38,183,917	$ 36,924,337

See accompanying notes to the financial statements.

Local 305 CIO's Pension Fund

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2025 and 2024

	2025	2024
Additions		
Investment income		
Net appreciation (depreciation) in fair value of investments	$ 2,095,726	$ (22,940)
Interest and dividends	1,500,478	1,750,647
	3,596,204	1,727,707
Less investment expense	(142,764)	(77,413)
Investment income - net	3,453,440	1,650,294
Employer contributions	9,054	12,070
Withdrawal liability	-	90,000
Other income	3,668	3,964
Total additions	3,466,162	1,756,328
Deductions		
Benefits paid directly to participants	1,995,918	1,909,221
PBGC refund	-	745,796
Administrative expenses	210,664	236,738
Total deductions	2,206,582	2,891,755
Net increase (decrease)	1,259,580	(1,135,427)
Net assets available for benefits		
Beginning of year	36,924,337	38,059,764
End of year	$ 38,183,917	$ 36,924,337

See accompanying notes to the financial statements.

LOCAL 305 CIO'S PENSION FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2025 AND 2024

NOTE 1. DESCRIPTION OF THE PLAN

The following brief description of the Local 305 CIO's Pension Fund (the Plan) is provided for general information purposes only. Participants should refer to the Plan Rules and Regulations for more complete information.

General - The Plan is a multi-employer, defined benefit pension plan covering all eligible employees of contributing employers under the provisions of various collective bargaining agreements entered into by the employers and the RWDSU Local 338 (Union), formerly known as the RWDSU Local 305. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Board of Trustees is responsible for the oversight of the Plan, including determining the appropriateness of the Plan's investments in coordination with its investment advisers.

Benefits - The Trustees of the Plan adopted an amendment, effective January 1, 2009, which changed various methods of calculating actuarial equivalents and to freeze normal monthly benefit accruals as of December 31, 2008, which eliminated future benefit service credits.

The Plan provides for normal, early retirement, vested benefits, and disability pensions to employees who meet specific requirements as to age and years of service.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Valuation of Investments and Income Recognition - The investments of the Plan are managed by independent investment managers. Investments are carried at fair value. The valuation for common stock and US Treasuries are carried at fair value which generally represents quoted market prices as of the last business day of the year as provided by the custodian. Corporate obligations and Government Agency obligations are valued using pricing models that maximize the use of observable inputs for similar securities, including yields, credit ratings and broker quotes, if available. The investments in common collective trusts are valued at their market value on the last business day of the year as established by the trust. Short-term investments are carried at cost which approximates fair value.

Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded on the ex-dividend date. Interest is recorded on the accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Employer Contributions - Employer contributions due and not paid at year end are recorded as contributions receivable. Allowance for uncollectible accounts is considered unnecessary and is not provided.

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

Property and Equipment - Property and equipment are carried at cost. Major additions are capitalized while replacements, maintenance and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation and amortization are computed over the estimated useful lives for building and improvements of 20 to 39 years, and computer equipment, furniture and fixtures of 3 to 7 years by the straight-line method.

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

Estimates - The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated Plan benefits at the date of the financial statements and the reported amounts of revenue and expenses during the reporting year. Actual results could differ from those estimates.

Special Financing Assistance (SFA) - The Special Financing Assistance received under the American Rescue Plan is not a loan and is recognized as an addition to net assets in the period received. There is no requirement to pay back any of the proceeds. An overpayment of $745,796 was returned to the PBGC during 2024.

NOTE 3. FUNDING

Contribution rates have been established under collective bargaining agreements entered into between the Union and the various employers. Each employer is required to make monthly contributions to the Plan at the rate(s) specified in its respective collective bargaining agreement.

The Plan's actuary has advised that the minimum funding requirements of ERISA are currently being met as of January 1, 2025.

NOTE 4. TERMINATION

In the event of termination of the Plan, the assets remaining in the Plan after providing for administrative expenses shall be allocated among the pensioners, beneficiaries, and participants in the following order:

- Pension benefits payable.
- Benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) up to applicable limitations.
- All other vested benefits under this Plan.
- All other benefits under this Plan.

The Plan's primary contributing employer declared Chapter XI bankruptcy in 2015 and ceased operations. This employer had historically contributed over 90% of the Plan's annual contributions. The remaining contributing employer is active and continues to contribute to the Plan.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. 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, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

NOTE 5. TAX STATUS

The Plan obtained its latest determination letter on November 4, 2015 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from Federal income taxes under the provisions of Section 501(a). The Plan's administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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

NOTE 6. ACTUARIAL INFORMATION

Accumulated Plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

The accumulated plan benefits for active eligible employees are based upon years of service as of the latest valuation date. Benefits payable under all circumstances, i.e., retirement, death, disability, and termination of employment are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The foregoing 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 the actuarial present value of accumulated plan benefits.

The significant actuarial assumptions used in the valuation as of January 1, 2025, are as follows:

Mortality rates:	Pri-2012(BC) mortality with mortality improvement scale MP-2021
Net investment return:	6.50% per annum, net of administrative expenses
Retirement:	As soon as eligible for normal pension, but not before one year, if already eligible
Expenses:	$190,000 for 2025 and 2024
Change in Plan provisions:	All benefit accruals were frozen as of January 1, 2009
Actuarial value of assets:	Market value
Actuarial cost method:	Traditional Unit Credit

NOTE 6. ACTUARIAL INFORMATION (continued)

The actuary has determined the actuarial present value of accumulated plan benefits is as follows:

	January 1, 2025
Vested benefits of participants currently receiving benefits	$ 15,593,389
Other vested benefits	13,157,525
	28,750,914
Nonvested benefits	-
Total accumulated Plan benefits	$ 28,750,914

The changes in accumulated Plan benefits for the year ended January 1, 2025, were as follows:

Actuarial present value of accumulated plan benefits, beginning of year	$ 28,251,782
Increase (decrease) during year attributed to	
Decrease in discount period	1,836,366
Change in assumptions	-
Additional benefits earned, including experience gains and losses	(1,337,234)
Benefits paid to participants	-
	499,132
Actuarial present value of accumulated plan benefits, end of year	$ 28,750,914

The Plan's actuary has advised that the Plan, as of January 1, 2025, is being funded at a level sufficient to meet the minimum funding standard requirements of ERISA.

The Plan is in critical status pursuant to the Pension Protection Act of 2006 (PPA).

NOTE 7. RELATED PARTY TRANSACTIONS

Identification of Related Organizations

The Plan has the following related entities with which it has transactions:

- Retail Wholesale and Chain Store Food Employees Union Local 338 and Subsidiaries
- Local 338 Benefits Fund
- Local 338 Health and Welfare Fund and Subsidiary
- Local 338 Retirement
- Local 338 Annuity Fund

The Plan shares office space and certain administrative expenses with the Union the Local 338 Health and Welfare Fund (Health and Welfare Fund), and the Local 338 Benefits Fund (collectively, the Local 338 Funds). Certain expenses that are common among the Union and the Local 338 Funds are generally paid by the Union and/or the Health and Welfare and allocated based primarily upon payroll-based ratios. The Plan's allocable share of expenses paid by the Union totaled $8,846 and $9,033 for the years ended December 31, 2025 and 2024, respectively. The Plan's share of allocable expenses paid by the Health and Welfare Fund totaled $9,001 and $7,609 for the years ended December 31, 2025 and 2024, respectively. Additionally, rental expenses paid to the Health and Welfare Fund totaled to $1,052 and $1,002 for the years ended December 31, 2025 and 2024, respectively.

All of the above entities qualify as tax-exempt organizations. The entities listed above share common Trustees or officers with this Plan.

Administrative Expenses

As of December 31, 2025 and 2024, the Plan owed the Union $8,630 and $6,984 for shared expenses.

As of December 31, 2025 and 2024, the Plan was owed by the Health and Welfare Fund $15,558 and $18,410 for shared expenses.

NOTE 8. PROPERTY AND EQUIPMENT

Property and equipment, at cost, as of December 31, 2025 and 2024 are as follows:

	2025	2024
Furniture and fixtures	$ 39,194	$ 39,194
Computer equipment	34,292	34,292
Less: accumulated depreciation and amortization	(69,731)	(65,194)
Property and equipment - net	$ 3,755	$ 8,292

Depreciation and amortization expense for the years ended December 31, 2025 and 2024 amounted to $4,537 and $5,321, respectively.

NOTE 9. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement:

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

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

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

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

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

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

For the years ended December 31, 2025 and 2024, there were no transfers in or out of levels 1, 2 or 3.

NOTE 9. FAIR VALUE MEASUREMENTS (continued)

The following tables set forth by level within the fair value hierarchy; the major categories of the Plan's assets measured at fair value:

	Fair Value Measurements at December 31, 2025			
	Total	Level 1	Level 2	Level 3
U.S. Government and Government Agency obligations:				
Government agencies	$ 1,000,050	$ -	$ 1,000,050	$ -
Corporate obligations	28,651,959	-	28,651,959	
Short term investments	336,863	336,863	-	-
Total assets in the fair value hierarchy	29,988,872	$ 336,863	$ 29,652,009	$ -
Investments measured at NAV *	7,563,062			
Total investments at fair value	$ 37,551,934			

	Fair Value Measurements at December 31, 2024			
	Total	Level 1	Level 2	Level 3
U.S. Government and Government Agency obligations:				
Government agencies	$ 783,037	$ -	$ 783,037	$ -
Corporate obligations	27,681,412	-	27,681,412	
Short term investments	2,736,227	2,736,227	-	-
Total assets in the fair value hierarchy	31,200,676	$ 2,736,227	$ 28,464,449	$ -
Investments measured at NAV *	5,061,911			
Total investments at fair value	$ 36,262,587			

* In accordance with Subtopic 820-10, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

NOTE 9. FAIR VALUE MEASUREMENTS (continued)

The following table summarize investments for which fair values are measured using the net asset value per share practical expedient at December 31, 2025 and 2024:

	2025 Fair Value	2024 Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Common collective trusts:					
Amalgamated FD - LV500 (SFA) Longview Largecap 500 Index	$ 5,091,761	$ 2,980,062	$ -	Daily	Daily
Amalgamated FD - LV500 (Legacy) Longview Largecap 500 Index	2,471,301	2,081,549	-	Daily	Daily
	$ 7,563,062	$ 5,061,611	$ -		

NOTE 10. RISK AND UNCERTAINTIES

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

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

NOTE 11. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through September 23, 2026, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

Local 305 CIO's Pension Fund

Schedules of Administrative Expenses

Years Ended December 31, 2025 and 2024

	2025	2024
Legal	$ 53,807	$ 67,073
Insurance	44,464	43,820
Actuarial fees	32,214	26,625
Accounting	25,000	25,000
Office	19,836	17,126
Consulting	12,322	30,979
Payroll and payroll taxes	11,563	11,089
Bank fees	5,356	9,314
Employee benefits expense	4,826	4,520
Rent	1,052	1,002
Auto	207	181
Conferences and meetings	14	7
Repairs and maintenance	3	2
Total administrative expenses	$ 210,664	$ 236,738

LOCAL 305 CIO's PENSION FUND

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

DECEMBER 31, 2025

Form 5500, Schedule H, Line 4i

E.I.N. 12-2864446
Plan No. 001

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				(d)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares		Cost	Current Value
Item 1c-United States Government & Government Agency obligations:							
US Treasury Strips	Note	11/15/43		150,000		$ 60,722	$ 61,157
US Treasury Strips	Note	05/15/43		419,000		173,365	176,164
US Treasury Strips	Note	08/15/43		508,000		208,234	210,221
US Treasury Bill	Note	01/13/26		553,100		548,258	552,508
Total United States Government & Government Agency obligations						990,579	1,000,050
Item 1c(3) Corporate obligations:							
Abbvie Inc	Bond	05/14/35	4.500	%	340,000	329,355	333,673
Abbvie Inc	Bond	11/21/39	4.050		50,000	45,011	44,633
Aercap Ireland Capital	Bond	01/19/34	5.300		225,000	221,139	230,053
Air Lease Corp	Bond	12/01/27	3.625		235,000	221,598	232,295
Alabama Power Co	Bond	03/01/39	6.000		345,000	368,401	370,137
Albermarle Corp	Bond	06/01/32	5.050		155,000	149,197	156,045
American Tower Corp	Bond	10/15/26	3.375		155,000	148,341	154,174
American Water	Bond	10/15/37	6.593		255,000	290,901	288,540
Analog Devices Inc	Bond	10/01/41	2.800		515,000	374,714	379,849
Anheuser-Busch Inbev	Bond	01/15/39	8.200		245,000	321,477	315,981
Anheuser-Busch Inbev	Bond	01/23/39	5.450		50,000	51,820	51,763
Ares Capital Corp	Bond	06/15/28	2.875		70,000	61,921	66,899
Ares Capital Corp	Bond	03/01/29	5.875		165,000	163,606	169,262
Astrazeneca PLC	Bond	09/15/37	6.450		275,000	314,284	313,445
Athene Holding LTD	Bond	01/15/34	5.875		295,000	297,065	305,832
Autonation Inc	Bond	11/15/27	3.800		155,000	145,151	153,808
Banco Santander S.A.	Bond	11/07/33	6.938		400,000	442,368	457,736
Bank of America Corp	Bond	02/07/42	5.875		420,000	453,613	446,275
Boardwalk Pipelines LP	Bond	06/01/26	5.950		215,000	217,408	215,658
Brighthouse Financial IN	Bond	06/22/27	3.700		235,000	222,573	232,105
Bristol-Myers Squibb Co	Bond	06/15/39	4.125		420,000	375,522	381,276
Burlington North	Bond	05/01/40	5.750		350,000	372,687	369,852
Canadian Natl Railway	Bond	11/15/37	6.375		335,000	373,669	374,986
Canadian Nat Res Ltd	Bond	06/30/33	6.450		275,000	292,614	296,565
CNO Financial Group Inc	Bond	05/30/29	5.250		150,000	146,787	152,172
Comcast Corp	Bond	07/15/36	3.200		245,000	202,152	208,948
Comcast Corp	Bond	11/01/39	3.250		50,000	39,313	39,067
Commonwealth Edison	Bond	01/15/38	6.450		340,000	375,856	379,977
Conagra Foods Inc	Bond	10/01/28	7.000		80,000	86,154	85,284
Conagra Foods Inc	Bond	09/15/30	8.250		50,000	57,983	57,309
Crown Castle Intl Corp	Bond	03/15/27	2.900		110,000	102,901	108,416
Crown Castle Intl Corp	Bond	07/01/30	3.300		50,000	44,656	47,428
Darden Restaurants	Bond	10/10/33	6.300		205,000	216,642	222,493
DCP Midstream Operating	Bond	07/15/27	5.625		50,000	50,547	50,947
Deutsche Bank AG	Bond	01/13/26	4.100		50,000	48,960	50,000
Deutsche Bank AG	Bond	09/09/27	5.371		220,000	222,176	225,234
Devon Fing Corp	Bond	09/30/31	7.875		190,000	218,548	219,547
Diageo Investment Corp	Bond	05/11/42	4.250		50,000	45,378	43,328

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				(d)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest		Par / Maturity Value or Shares	Cost	Current Value
Item 1c(3) Corporate obligations (continued):							
Diageo Capital PLC	Bond	09/30/36	5.875	%	190,000	$ 206,127	$ 205,743
Disney Walt Co	Bond	03/01/37	6.150		60,000	65,922	66,135
Dowdupont Inc	Bond	11/15/38	5.319		179,000	179,836	179,374
DXC Technology Co	Bond	09/15/28	2.375		170,000	147,951	160,288
Eastman Chem Co	Bond	03/08/33	5.750		130,000	132,688	136,228
Ebay Inc	Bond	11/22/32	6.300		275,000	296,013	300,415
El Paso Corporation	Bond	01/15/32	7.750		195,000	222,267	226,184
Enable Midstream Partner	Bond	05/15/28	4.950		220,000	218,922	223,555
Enstar Group Ltd	Bond	09/01/31	3.100		180,000	148,757	161,775
Entergy LA LLC	Bond	06/15/41	3.100		345,000	258,553	262,190
EQT Corp	Bond	02/01/34	5.750		225,000	225,142	235,046
Essential Utils Inc	Bond	01/15/34	5.375		220,000	219,696	227,080
Eversource Energy	Bond	01/01/34	5.500		50,000	50,259	51,390
Fairfax Finl Hldgs Ltd	Bond	08/16/32	5.625		220,000	219,771	229,506
Fidelity Natl Financial	Bond	03/15/31	2.450		265,000	218,463	236,648
FMC Corp Glbl	Bond	05/18/33	5.650		230,000	226,571	201,607
FS KKR Cap Corp	Bond	01/15/29	7.875		140,000	146,345	144,932
General Dynamics Corp	Bond	04/01/40	4.250		405,000	369,648	371,162
General Mtrs Co	Bond	10/15/29	5.400		260,000	261,906	269,287
Gilead Sciences Inc	Bond	09/01/36	4.000		50,000	45,212	46,522
Gilead Sciences Inc	Bond	09/01/35	4.600		315,000	304,180	311,314
Global Pmts Inc	Bond	08/15/29	5.300		145,000	144,603	148,310
Hartford Finl Svcs	Bond	10/15/36	5.950		280,000	294,364	301,725
Hasbro Inc	Bond	11/19/29	3.900		320,000	296,429	314,707
HCA Inc	Bond	07/15/31	2.375		75,000	61,794	67,244
Healthpeak Properties	Bond	12/15/32	5.25		265,000	263,034	271,628
HF Sinclair Corp	Bond	10/01/30	4.500		155,000	146,894	152,549
Home Depot Inc	Bond	04/01/41	5.950		340,000	368,098	363,875
Host Hotels & Resorts LP	Bond	12/15/29	3.375		200,000	178,924	191,862
HSBC Holdings PLC	Bond	01/14/42	6.100		405,000	447,152	435,091
Huntington National	Bond	01/10/30	5.650		370,000	372,461	387,719
Intel Corp	Bond	12/15/42	4.250		240,000	211,251	194,580
Intel Corp	Bond	02/10/43	5.625		160,000	166,498	153,677
Intercontinental Exchange	Bond	09/15/40	2.650		50,000	36,047	37,209
Invitation Homes Oper	Bond	08/15/30	5.450		65,000	65,428	67,573
Jabil Inc	Bond	01/15/31	3.000		170,000	147,033	158,394
JBS USA LUX	Bond	05/15/32	3.000		180,000	146,293	161,577
Jefferies Financial	Bond	07/21/28	5.875		60,000	61,511	62,336
Jefferies Group LLC	Bond	10/15/31	2.625		50,000	41,439	44,318
Johnson Controls	Bond	02/14/26	3.900		225,000	220,063	224,937
JP Morgan Chase & Co	Bond	05/15/38	6.400		395,000	451,114	446,204
Kenvue Inc	Bond	03/22/43	5.100		360,000	359,505	345,658
Kimco Realty Corp	Bond	03/01/34	6.400		275,000	293,939	303,377
Leidos Inc	Bond	02/15/31	2.300		150,000	124,514	134,961
Lincoln Natl Corp	Bond	03/01/32	3.400		280,000	240,498	259,364
LKQ Corp	Bond	06/15/28	5.750		50,000	51,015	51,651
Lloyds Banking Group PLC	Bond	03/22/28	4.375		200,000	194,738	201,222
Lockheed Martin Corp	Bond	05/15/36	4.500		385,000	369,277	377,373
LXP Industrial Trust	Bond	11/15/28	6.750		140,000	146,003	148,569
Markel Corp	Bond	09/17/29	3.350		240,000	218,722	232,243
McDonald's Corp	Bond	12/09/35	4.700		165,000	161,565	163,782
McDonalds Corp	Bond	08/14/28	4.800		50,000	50,291	51,057
Medtronic Inc	Bond	03/15/35	4.375		50,000	47,927	49,039
Metlife Inc	Bond	02/06/41	5.875		350,000	372,666	367,567
MidAmerican Energy Hldgs	Bond	04/01/36	6.125		275,000	294,093	298,238
Mizuho Financial Group	Bond	09/13/26	2.839		200,000	189,286	198,458

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				(d)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest		Par / Maturity Value or Shares	Cost	Current Value
Item 1c(3) Corporate obligations (continued):							
Morgan Stanley	Bond	07/24/42	6.375	%	395,000	$ 450,316	$ 439,607
Mosaic Co	Bond	11/15/33	5.450		220,000	219,721	226,035
MPLX LP	Bond	09/01/32	4.950		225,000	218,990	226,521
Oncor Electric Delivery	Bond	09/30/40	5.250		365,000	366,555	361,208
Ovintiv Inc	Bond	07/15/33	6.250		145,000	151,376	153,804
Pacific Gas & Elec	Bond	02/01/31	2.500		125,000	103,944	112,495
Pacific Gas & Elec	Bond	06/15/32	5.900		50,000	50,836	52,348
Pacific Gas & Elec	Bond	06/15/33	6.400		50,000	52,526	53,920
Pfizer Inc	Bond	03/15/39	3.900		360,000	314,323	317,923
Pfizer Inc	Bond	09/15/40	5.600		50,000	52,504	51,852
Polaris Inc	Bond	03/15/29	6.950		135,000	143,425	143,138
Prudential Financial Inc	Bond	12/14/36	5.700		355,000	372,888	376,208
Rio Tinto Fin	Bond	11/02/40	5.200		250,000	250,897	249,322
Simon Property Group	Bond	02/01/40	6.750		285,000	319,248	327,528
Simon Property Group	Bond	03/15/42	4.750		50,000	45,647	46,082
Southern Cal Edison	Bond	02/01/36	5.625		370,000	375,813	374,103
Sumitomo Mitsui	Bond	01/12/41	2.296		200,000	138,724	139,846
Sumitomo Mitsui Financial Group	Bond	10/19/26	3.010		305,000	299,492	302,801
Suncor Energy Inc	Bond	02/01/32	7.150		50,000	55,536	56,132
Targa Res Corp	Bond	02/01/33	4.200		140,000	127,937	134,030
Targa Res Corp	Bond	03/15/33	6.125		90,000	94,350	96,271
Target Corp	Bond	01/15/38	7.000		315,000	375,886	367,681
Telefonica Europe	Bond	09/15/30	8.250		125,000	143,881	143,436
Thermo Fisher	Bond	08/10/30	4.977		485,000	494,632	503,037
Toyota Motor Corporation	Bond	11/20/26	5.400		490,000	496,806	496,816
Travelers Cos	Bond	06/15/37	6.250		335,000	373,471	372,125
UDR Inc	Bond	11/01/34	3.100		365,000	299,172	316,024
Union Electric Co	Bond	09/15/42	3.900		445,000	368,918	365,403
United Technologies Corp	Bond	07/15/38	6.125		275,000	295,154	300,770
Unitedhealth Group	Bond	08/15/39	3.500		445,000	368,250	370,534
Verizon Communications	Bond	01/15/36	4.272		130,000	120,174	121,792
Verizon Communications	Bond	03/16/37	5.250		170,000	172,870	171,117
Virginia Electric Power	Bond	05/15/37	6.000		350,000	370,496	376,135
Walt Disney Company	Bond	05/13/40	3.500		275,000	225,896	230,230
Wells Fargo & Co	Bond	02/07/35	5.375		365,000	375,202	383,922
Whirlpool Corp	Bond	03/01/33	5.500		50,000	50,104	46,316
Total corporate obligations						28,247,146	28,651,959
Item 1c(1)-Short-term investments:							
Dreyfus Treasury & Agency Cash Mgmt.					336,863	336,863	336,863
Item 1c(9)-Common collective trusts:							
Longview Largecap 500 Index					1,942	4,091,861	5,091,761
Longview Largecap 500 Index					943	1,887,780	2,471,301
Total common collective trust						5,979,641	7,563,062
Total investments						$ 35,554,229	$ 37,551,934

LOCAL 305 CIO's PENSION FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED DECEMBER 31, 2025

Form 5500, Schedule H, Item 4j

E.I.N. 12-2864446
Plan No. 001

(a)	(b)	(c)	(d)	(g)	(h)	(i)
	Description	Purchase Price	Selling Price	Cost of Assets	Current Value of Assets	Net Gain (Loss) on Transaction
	Dreyfus Government Cash Management	$ 1,217,913	N/A	$ 1,217,913	$ 1,217,913	N/A
	Dreyfus Government Cash Management	N/A	$ 1,492,913	1,492,913	1,492,913	$ -
	Dreyfus Treasury & Agency Cash Mgmt	4,887,897	N/A	4,887,897	4,887,897	N/A
	Dreyfus Treasury & Agency Cash Mgmt	N/A	5,786,753	5,786,753	5,786,753	-

Attachment to 2025 IRS Form 5500
Schedule MB, Line 6 – Summary of Plan Provisions
Local 305 CIO Pension Fund - EIN: 13-2864446 PN: 001

<table>
<tr><td colspan="2">VESTING SERVICE:</td></tr>
<tr><td>Time Period</td><td>Years of Vesting Service Earned</td></tr>
<tr><td>Beginning July 1, 1952</td><td>CIO: One year for each year in which at least 1,000 hours of benefit service or related service is earned.
RWA: One year for each year in which at least 870 hours of benefit service or related service is earned.</td></tr>
<tr><td colspan="2">BENEFIT SERVICE:</td></tr>
<tr><td>Time Period</td><td>Years of Benefit Service Earned</td></tr>
<tr><td>Service Before December 31, 2008</td><td>CIO: Each covered full-time employee shall be credited with a portion of each calendar year as follows:
<table><tr><td>Hours Completed
In Calendar Year</td><td>Credit for
Calendar Year</td></tr><tr><td>1,800 or more</td><td>12 months</td></tr><tr><td>1,667 - 1,799</td><td>11 months</td></tr><tr><td>1,533 - 1,666</td><td>10 months</td></tr><tr><td>1,400 - 1,532</td><td>9 months</td></tr><tr><td>1,267 - 1,399</td><td>8 months</td></tr><tr><td>1,133 - 1,266</td><td>7 months</td></tr><tr><td>1,000 – 1,132</td><td>6 months</td></tr></table>RWA: Each covered full-time RWA and part-time CIO employees shall be credited with a portion of each calendar year as follows:
<table><tr><td>Hours Completed
In Calendar Year</td><td>Credit for
Calendar Year</td></tr><tr><td>1,600 or more</td><td>1 year</td></tr><tr><td>1,350 - 1,599</td><td>7/8 year</td></tr><tr><td>1,100 - 1,349</td><td>6/8 year</td></tr><tr><td>850 - 1,099</td><td>5/8 year</td></tr><tr><td>600 – 849</td><td>4/8 year</td></tr><tr><td>400 – 599</td><td>3/8 year</td></tr></table></td></tr>
</table>

Attachment to 2025 IRS Form 5500
Schedule MB, Line 6 – Summary of Plan Provisions
Local 305 CIO Pension Fund - EIN: 13-2864446 PN: 001

ELIGIBILITY FOR BENEFITS:		
Type of Benefit	Age Requirement	Service Requirement
Normal Pension	65	5 years of vesting service
Early Pension	CIO 60 RWA 55	20 years of vesting service 15 years of pension service
Disability Pension	Under age 55	15 years of pension service and receiving Social Security disability benefit
Death Benefits Pre-Pension Surviving Spouse Pension Post-Pension Surviving Spouse Pension	None None	vested and married for one year Participant receiving benefits under married couple form

BENEFITS:		
Type	Amount	Duration
Normal Pension	CIO: Years of Pension Service frozen as of 12/31/2008 multiplied by $50.00 for A&P ($40.00 for other full-time) $38 for part-time multiplied by service prior to 1/1/2001 and $10 for service after 12/31/2000 RWA: $5 per year of Pension Service to a maximum of $125 per month	Life
Early Pension	Same as normal but reduced 6 2/3% (6% for RWA) for each year that Early Retirement Date precedes Normal Retirement Date.	Life
Disability Pension	CIO: Normal pension benefit RWA: Early pension benefit	Life

Pre-Pension Surviving Spouse Pension	Married couple benefit	Life
Post-Pension Surviving Spouse Pension	Married couple benefit	Life

OPTIONS AT NORMAL AND EARLY PENSION AGE:		
Type	Amount	Duration
Life Only	same as normal	Life
Married Couple	actuarially reduced with 50% payable to surviving spouse	life of both pensioner and spouse

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

Attachment to 2025 IRS Form 5500
Schedule MB, Line 8b(2) – Schedule of Active Participant Data
Local 305 CIO Pension Fund - EIN: 13-2864446 PN: 001

YEARS OF CREDITED SERVICE

	Under 1		1-4		5-9		10-14		15-19		20-24		25-29		30-34		35-39		40+	
AGE	No.	Avg. Acc Ben	No.	Avg. Acc Ben	No.	Avg. Acc Ben	No.	Avg. Acc Ben	No.	Avg. Acc Ben	No.	Avg. Acc Ben	No.	Avg. Acc Ben	No.	Avg. Acc Ben	No.	Avg. Acc Ben	No.	Avg. Acc Ben
Under 25																				
25-29																				
30-34																				
35-39																				
40-44																				
45-49																				
50-54																				
55-59																				
60-64											2									
65-69																				
70 & up																				

SUMMIT
ACTUARIAL SERVICES, LLC

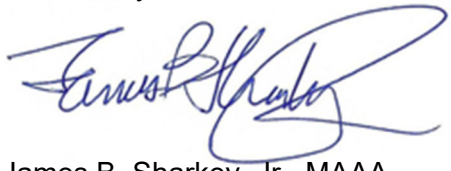
720 East Main Street, Suite 2S
Moorestown, New Jersey 08057
856-234-8801

To: **Trustees, Local 305 CIO's Pension Plan**

Re: **Actuarial Certification**

This is to certify that we have performed an actuarial valuation of the Local 305 CIO's Pension Plan as of 1/1/2025 based upon the rules and regulations in effect on such date.

A summary of the results of that valuation is attached.



James B. Sharkey, Jr., MAAA
Enrolled Actuary No. 23-06483

Attachment to 2025 IRS Form 5500
Schedule MB, Line 4b – Illustration Supporting Actuarial Certification of Status
Local 305 CIO Pension Fund - EIN: 13-2864446 PN: 001

March 31, 2025

Internal Revenue Service
Employee Plans Compliance Unit
Group 7602 (SE:TEGE:EP)
Room 1700 - 17th Floor
230 S. Dearborn Street
Chicago, IL 60604

Re: Annual Certification Pension Protection Act of 2006 (PPA)

Plan Identification

Local 305 CIO Pension Fund
EIN 13-2864446
Board of Trustees
1505 Kellum Place
Mineola, NY 11501-4811
Telephone Number: (914) 478-3800

This certification is being made for the plan year January 1, 2025 through December 31, 2025.

Enrolled Actuary Certification

James B. Sharkey, Jr., MAAA
Enrolled Actuary Number: 23-06483
Telephone Number: (215) 316-8404

Summit Actuarial Services, LLC
720 East Main Street, Suite 2S
Moorestown, NJ 08057



Actuary's Signature

3/31/2025
Date

Information on Plan Status

The Local 305 CIO Pension Fund is in critical status. The Plan is in critical status because it has long term funding issues. The Plan currently has a funding deficiency and received Special Financial Assistance from the PBGC, under the American Rescue Plan, in the fiscal year beginning January 1, 2023. As a result, the Plan is deemed to be in critical status regardless of any other measures.

Projections are based on reasonable actuarial assumptions and methods that offer the best estimate of the anticipated experience under the plan. Projections reflect both the most recent asset value and present value of accumulated benefits available and also reflect reasonably anticipated employer contributions for the current and succeeding plan years. Actuarial assumptions and methods used in the projections are the same as those used in the prior valuation. Actual results will vary due to differences between actual plan experience and that anticipated in the projections.

Attachment to 2025 IRS Form 5500
Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases
Local 305 CIO Pension Fund - EIN: 13-2864446 PN: 001

Charge Base	Date Established	Current Balance	Payments Remaining	Amortization Charges
Combined Bases	1/1/2008	$5,465,498	3	1,937,689
Assumption Change	1/1/2011	100,598	1	100,598
Experience Loss	1/1/2019	70,918	9	10,004
Experience Loss	1/1/2023	1,053,679	13	115,046
Experience Loss	1/1/2023	380,236	14	39,609
Experience Loss	1/1/2025	498,990	15	49,830
TOTAL CHARGES		$7,569,919		$2,252,776

Credit Base	Date Established	Current Balance	Payments Remaining	Amortization Credits
Experience Gain	1/1/2016	$176,760	6	34,285
Method Change	1/1/2016	64,381	1	64,381
Experience Gain	1/1/2017	2,736,650	7	468,523
Experience Gain	1/1/2018	681,629	8	105,116
Experience Gain	1/1/2020	693,953	10	90,640
Experience Gain	1/1/2021	330,900	11	40,409
Experience Gain	1/1/2022	718,063	12	82,640
Experience Gain	1/1/2024	562,735	14	58,620
Assumption Change	1/1/2024	479,793	14	49,980
Experience Gain	1/1/2025	1,971,271	15	196,855
TOTAL CREDITS		$8,416,135		$1,191,449

Attachment to 2025 IRS Form 5500
Schedule MB, Line 6 – Statement of Actuarial Assumptions and Methods
Local 305 CIO Pension Fund - EIN: 13-2864446 PN: 001

1. MORTALITY. The mortality table we have employed in this valuation is the Pri-2012(BC) mortality with mortality improvement scale MP-2021

2. INVESTMENT YIELD FOR VALUATION PURPOSES. 6.50%

3. TURNOVER and DISABILITY. None

4. FUTURE WORK. No service earned in the future

5. AGE AT PENSION. The later of one year or age 65.

6. ADMINISTRATION EXPENSES. We have assumed $0 will be the annual cost of administration.

7. NUMBER OF ACTIVE PARTICIPANTS. We have assumed that the number of active participants will remain constant from here forward with no replacements being made upon pension or death.

8. DEFINITION OF AN ACTIVE PARTICIPANT. Any Participant who worked at least 100 hours in the prior Plan Year.

9. MARITAL ASSUMPTION. 80% of non-retired Participants are assumed to be married.

10. ASSET METHOD. Fair market value of assets.

11. COST METHOD. Traditional Unit Credit

Attachment to 2025 IRS Form 5500
Schedule MB, Line 4c – Documentation Regarding Progress under Funding Improvement Plan or Rehabilitation Plan
Local 305 CIO Pension Fund - EIN: 13-2864446 PN: 001

The Local 305 CIO Pension Fund has satisfied the Rehabilitation Plan mandated under the reasonable measures provisions of the Pension Protection Act for the fiscal year beginning January 1, 2017. The Trustees adopted the reasonable measures provision under the Rehabilitation Plan in an effort to forestall insolvency. The reasonable measures provisions included the elimination of all future benefit accruals for active participants.

Attachment to 2025 IRS Form 5500
Schedule MB, Line 4c – Documentation Regarding Progress under Funding Improvement Plan or Rehabilitation Plan
Local 305 CIO Pension Fund - EIN: 13-2864446 PN: 001

The Local 305 CIO Pension Fund has satisfied the Rehabilitation Plan mandated under the reasonable measures provisions of the Pension Protection Act for the fiscal year beginning January 1, 2017. The Trustees adopted the reasonable measures provision under the Rehabilitation Plan in an effort to forestall insolvency. The reasonable measures provisions included the elimination of all future benefit accruals for active participants.

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 305 CIO PENSION FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1952

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
JOINT BOARD OF TRUSTEES LOCAL 305 CIO PE

1505 KELLUM PLACE

MINEOLA NY 11501-4811

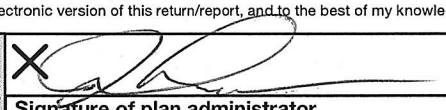
2b Employer Identification Number (EIN) 13-2864446

2c Plan Sponsor's telephone number 914-478-3800

2d Business code (see instructions) 315240

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

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

SIGN HERE	X 	10/8/26	JOHN R. DURSO
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2025)
v. 250312

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

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	821
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)**	2
a (2) Total number of active participants at the end of the plan year	**6a(2)**	1
b Retired or separated participants receiving benefits	**6b**	352
c Other retired or separated participants entitled to future benefits	**6c**	428
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	781
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	23
f Total. Add lines **6d** and **6e**	**6f**	804
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	1

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

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

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

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

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

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

b General Schedules
- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information - Small Plan)
- **(3)** [ ] **A** (Insurance Information) - Number Attached ____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [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 _____

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

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

OMB No. 1210-0110

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 305 CIO PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
JOINT BOARD OF TRUSTEES LOCAL 305 CIO PF

D Employer Identification Number (EIN)
13-2864446

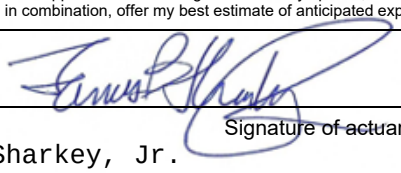
E Type of plan: **(1)** [X] Multiemployer Defined Benefit **(2)** [ ] Money Purchase (see instructions)

1a	Enter the valuation date: Month 01 Day 01 Year 2025		
b	Assets		
(1)	Current value of assets	**1b(1)**	2,111,098
(2)	Actuarial value of assets for funding standard account	**1b(2)**	2,111,098
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	28,750,914
(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)**	28,750,914
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)**	38,331,783
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	0
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	
(3)	Expected plan disbursements for the plan year	**1d(3)**	1,996,000

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

09/29/2026
Date

James B Sharkey, Jr.
Type or print name of actuary

2606483
Most recent enrollment number

Summit Actuarial Services LLC
Firm name

856-234-8801
Telephone number (including area code)

720 East Main Sreet Unit 2S
Moorestown NJ 08057
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**	2,111,098
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		347	19,809,044
(2) For terminated vested participants		436	18,443,614
(3) For active participants:			
(a) Non-vested benefits			0
(b) Vested benefits			79,125
(c) Total active		2	79,125
(4) Total		785	38,331,783
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	5.50 %

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	9,054	0			

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability — **6a** 4.01 %

		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	9P	9P
(2) Females	**6c(2)**	9PF	9PF
d Valuation liability interest rate	**6d**	6.50 %	6.50 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☐ Single rate ☒ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	%	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	14.0 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	14.0 %	
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)**		
(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	498,990	49,830
1	-1,971,271	-196,855

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)** 5

(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**	-1,937,689
9 Funding standard account statement for this plan year:			
Charges to funding standard account:			
a Prior year funding deficiency, if any		**9a**	27,486,032
b Employer's normal cost for plan year as of valuation date		**9b**	0
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)**	7,569,919	2,252,776
(2) Funding waivers	**9c(2)**	0	0
(3) Certain bases for which the amortization period has been extended	**9c(3)**	0	0
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	1,933,023
e Total charges. Add lines 9a through 9d		**9e**	31,671,831
Credits to funding standard account:			
f Prior year credit balance, if any		**9f**	0
g Employer contributions. Total from column (b) of line 3		**9g**	9,054
		Outstanding balance	
h Amortization credits as of valuation date	**9h**	8,416,135	1,191,449
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	77,738
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	28,371,404	
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	33,742,480	
(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**	1,278,241
m Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	
n Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**	30,393,590
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**	30,393,590
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			☐ Yes ☒ No