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
THE LEGACY PLAN OF THE UNITE HERE RETIREMENT FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2018

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BOARD OF TRUSTEES - LEGACY PLAN OF THE UNITE HERE RETIREMENT FUND

333 WESTCHESTER AVENUE
WHITE PLAINS, NY 10604-2910

2b Employer Identification Number (EIN)
82-0994119

2c Plan Sponsor's telephone number
914-367-5000

2d Business code (see instructions)
524290

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.	10/12/2026	VICTORIA SARTOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2026	CHARLES R. MCDEVITT JR.
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

AMALGAMATED EMPLOYEE BENEFITS ADMINISTRATORS

333 WESTCHESTER AVENUE
WHITE PLAINS, NY 10604-2910

3b Administrator's EIN: 13-3432221

3c Administrator's telephone number: 914-367-5000

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**	87313
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)**	16770
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	14953
b	Retired or separated participants receiving benefits	**6b**	27708
c	Other retired or separated participants entitled to future benefits	**6c**	40909
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	83570
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2405
f	Total. Add lines **6d** and **6e**.	**6f**	85975
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**	359

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

1A 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) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
THE LEGACY PLAN OF THE UNITE HERE RETIREMENT FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BOARD OF TRUSTEES - LEGACY PLAN OF THE UNITE HERE RETIREMENT FUND

D Employer Identification Number (EIN)
82-0994119

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)**	598151519
(2)	Actuarial value of assets for funding standard account	**1b(2)**	641874501
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	2045793649
(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)**	2045793649
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)**	2911064040
(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)**	136619462
(3)	Expected plan disbursements for the plan year	**1d(3)**	150269321

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	10/02/2026 Date
FIONA LISTON	26-04267
Type or print name of actuary	Most recent enrollment number
CHEIRON, INC.	703-893-1456
Firm name	Telephone number (including area code)

CHEIRON, INC.
8300 GREENBORO DRIVE, SUITE 800
MCLEAN, VA 22102

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**	598151519
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		29662	1255842512
(2) For terminated vested participants		40881	1006388787
(3) For active participants:			
(a) Non-vested benefits			0
(b) Vested benefits			648832741
(c) Total active		16770	648832741
(4) Total		87313	2911064040
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	20.55 %

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	99325803				

	Totals ►	**3(b)**	99325803	**3(c)**	0
(d) Total withdrawal liability amounts included in line 3(b) total				**3(d)**	2137522

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	31.4 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	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**	2051

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**	7.00 %	7.00 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	7.00 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	5.2 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	8.7 %	
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)**	11086024	
(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	-20847055	-2139154

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**	11850210

9 Funding standard account statement for this plan year:

Charges to funding standard account:		
a Prior year funding deficiency, if any	**9a**	631972668
b Employer's normal cost for plan year as of valuation date	**9b**	11086024

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)**	1336552464		191297406
(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**	58404927
e Total charges. Add lines 9a through 9d			**9e**	892761025
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	
g Employer contributions. Total from column (b) of line 3			**9g**	99325803
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	564605984		97795681
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	10312888
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	1560839125		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	2066312046		
(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**	207434372
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**	685326653
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**	685326653
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions				[X] Yes [ ] No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
THE LEGACY PLAN OF THE UNITE HERE RETIREMENT FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES - LEGACY PLAN OF THE UNITE HERE RETIREMENT FUND

D Employer Identification Number (EIN)
82-0994119

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

JPMORGAN CHASE BANK, NA

26-3467496

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

ENTRUST GLOBAL PARTNERS OFFSHORE, L

90-0644478

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

JPMORGAN CHASE BANK, NA

26-3467461

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

JPMORGAN CHASE BANK, NA

45-5488675

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

Z CAPITAL PARTNERS I, L.P.

1330 AVENUE OF AMERICAS, 16TH FLOOR
NEW YORK, NY 10019

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

JPMORGAN CHASE BANK, NA

20-2266703

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

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

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

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

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

AMALGAMATED EMPLOYEE BENEFITS ADMIN

13-3432221

(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?
13 50	NONE	5402000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JP MORGAN INVESTMENT MANAGEMENT INC

13-3200244

(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?
51 52	PARTY-IN-INT	2955143	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHEIRON, INC

13-4215617

(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	412290	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)

SEGAL MARCO ADVISORS

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	228363	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALIGRAPHICS, A DIVISION OF AEBA

13-3432221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	204277	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SPEAR WILDERMAN, P.C.

23-2749511

(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	182432	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)

AMALGAMATED LIFE INSURANCE COMPANY

13-5501223

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	156544	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MACNELL ACCOUNTING AND CONSULTING

30-0510353

(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	137145	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MORGAN, LEWIS & BOCKIUS, LLP

23-0891050

(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	78110	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)

AMALGAMATED BANK

13-3566126

(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?
18 19 51 52	PARTY-IN-INT	64376	Yes [X] No [ ]	Yes [X] No [ ]	14042	Yes [ ] No [X]

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

UNITE HERE HEALTH

23-7385560

(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	PARTY-IN-INTEREST	60201	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KDG DEVELOPMENT STRATEGIES, LLC

81-4303553

(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	50861	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)

UNITE HERE LOCAL 54

21-0588583

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	PARTY-IN-INT	32192	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AMALGAMATED BANK OF CHICAGO

36-0721895

(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	PARTY-IN-INT	25000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HIRTLE, CALLAGHAN & COMPANY

26-2821689

(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	PARTY-IN-INT	22797	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)

SOVOS COMPLIANCE LLC

46-1379693

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	74985	Yes [ ] No [X]

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

SS&C TECHNOLOGIES, INC.

06-1169696

(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	0	Yes [X] No [ ]	Yes [ ] No [X]	58594	Yes [ ] No [X]

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

ALLIANT INSURANCE SERVICES, INC.

33-0785439

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	40732	Yes [ ] No [X]

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)

ZELIS PAYMENT HOLDINGS, LLC

84-3069529

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	31890	Yes [ ] No [X]

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ALLIANT INSURANCE SERVICES, INC.	22 53	4123

(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.
ARCH INSURANCE COMPANY 43-0990710	INSURANCE BROKERAGE COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SS&C TECHNOLOGIES, INC.	15 50	58594

(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.
AMALGAMATED EMPLOYEE BENEFITS ADMIN 13-3432221	RECORD KEEPING AND INFORMATION MANAGEMENT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SOVOS COMPLIANCE, LLC	49 50	74985

(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.
AMALGAMATED EMPLOYEE BENEFITS ADMIN 13-3432221	TAX FORMS PRINTING AND MAILING

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
ALLIANT INSURANCE SERVICES, INC.	22 53	12767

(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.
AIG CHARTIS 1271 AVENUE OF THE AMERICAS NEW YORK, NY 10020	INSURANCE BROKERAGE COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ALLIANT INSURANCE SERVICES, INC.	22 53	9425

(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.
XL SPECIALTY INSURANCE COMPANY 85-0277191	INSURANCE BROKERAGE COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ALLIANT INSURANCE SERVICES, INC.	22 53	5980

(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.
ZURICH NORTH AMERICA 1299 ZURICH WAY SCHAUMBURG, IL 60196-1056	INSURANCE BROKERAGE COMMISSIONS

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
ZELIS PAYMENT HOLDINGS, LLC	49 50	31890

(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.
AMALGAMATED LIFE INSURANCE COMPANY 13-5501223	PENSION CHECKS PROCESSING, PRINTING AND MAILING

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ALLIANT INSURANCE SERVICES, INC.	22 53	7930

(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.
ULLICO CASUALTY GROUP, LLC 52-2197710	INSURANCE BROKERAGE COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMALGAMATED BANK	18 19 51 52	14042

(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.
J.P.MORGAN FUNDS 13-3736024	INVESTMENT MANAGEMENT FEES

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
THE LEGACY PLAN OF THE UNITE HERE RETIREMENT FUND

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES - LEGACY PLAN OF THE UNITE HERE RETIREMENT FUND

D Employer Identification Number (EIN)
82-0994119

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: JPMCB MAS FLEX ALLOC SEC FUND

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.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)
86-3773682-001	C	178368

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB INTER EQ FD INVEST CLASS

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.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)
26-0001051-001	C	28899809

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB EUROPE DYNAMIC HEDGED EQUITY

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.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)
47-2802690-001	C	82411

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB CORE BOND FUND

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.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)
20-3847783-001	C	45473386

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB CORP HIGH YIELD FUND

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.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)
13-3869666-001	C	94118796

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB EAFE EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.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)
81-5213748-001	C	18900144

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB US ALL CAP GROWTH FUND

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.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)
26-3467461-001	C	28238419

a Name of MTIA, CCT, PSA, or 103-12 IE:	JPMCB EMERG MKTS EQ FUND		
b Name of sponsor of entity listed in (a):	JPMORGAN CHASE BANK, N.A.		
c EIN-PN 13-4179575-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1575878
a Name of MTIA, CCT, PSA, or 103-12 IE:	JPMCB INCOME FUND		
b Name of sponsor of entity listed in (a):	JPMORGAN CHASE BANK, N.A.		
c EIN-PN 84-2670525-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	31759986
a Name of MTIA, CCT, PSA, or 103-12 IE:	JPMCB EQUITY INDEX FUND		
b Name of sponsor of entity listed in (a):	JPMORGAN CHASE BANK, N.A.		
c EIN-PN 20-2266703-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	81976931
a Name of MTIA, CCT, PSA, or 103-12 IE:	JPMCB US ALL CAP VALUE FUND		
b Name of sponsor of entity listed in (a):	JPMORGAN CHASE BANK, N.A.		
c EIN-PN 26-3467496-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	29378173
a Name of MTIA, CCT, PSA, or 103-12 IE:	JPMCB GLOB EMERGING MARKET OPP FUND		
b Name of sponsor of entity listed in (a):	JPMORGAN CHASE BANK, N.A.		
c EIN-PN 46-2537381-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	32844468
a Name of MTIA, CCT, PSA, or 103-12 IE:	JPMCB EQUITY COMPLETION FUND		
b Name of sponsor of entity listed in (a):	JPMORGAN CHASE BANK, N.A.		
c EIN-PN 86-3734775-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	989931
a Name of MTIA, CCT, PSA, or 103-12 IE:	JPMCB GLOBAL SEL EQY FND-INV C		
b Name of sponsor of entity listed in (a):	JPMORGAN CHASE BANK, N.A.		
c EIN-PN 82-2394528-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	101956043
a Name of MTIA, CCT, PSA, or 103-12 IE:	JPMCB MID CAP CORE FUND		
b Name of sponsor of entity listed in (a):	JPMORGAN CHASE BANK, N.A.		
c EIN-PN 45-5488675-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1180807
a Name of MTIA, CCT, PSA, or 103-12 IE:	JPMCB STRATEGIC PROPERTY FUND		
b Name of sponsor of entity listed in (a):	JPMORGAN CHASE BANK, N.A.		
c EIN-PN 13-6038770-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	69629165
a Name of MTIA, CCT, PSA, or 103-12 IE:	JPMCB US SMALL CAP EQ BLEND		
b Name of sponsor of entity listed in (a):	JPMORGAN CHASE BANK, N.A.		
c EIN-PN 20-8499834-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	161192

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB EMERGING MARKETS

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.

c EIN-PN 13-3744061-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35866029

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB HIGH YIELD FUND

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.

c EIN-PN 20-4786224-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35271283

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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
THE LEGACY PLAN OF THE UNITE HERE RETIREMENT FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES - LEGACY PLAN OF THE UNITE HERE RETIREMENT FUND

D Employer Identification Number (EIN)
82-0994119

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	8702099	8015156
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	7488262	18508564
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	28982969	89983976
(2) U.S. Government securities	1c(2)	5375504	581339122
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		181754099
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3509153	3630403
(5) Partnership/joint venture interests	1c(5)	62658115	45204766
(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)	479336052	638481219
(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)	12456212	7351589

		(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		
1f Total assets (add all amounts in lines 1a through 1e)	1f	608508366	1574268894
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	3961956	3446788
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	3190591	16822298
1k Total liabilities (add all amounts in lines 1g through1j)	1k	7152547	20269086
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	601355819	1553999808

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)	97188281	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	560222	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		97748503
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2321970	
(B) U.S. Government securities	2b(1)(B)	23423928	
(C) Corporate debt instruments	2b(1)(C)	7558445	
(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)		33304343
(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)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1539122427	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1592700909	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-53578482
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	74285041	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		74285041

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		73973447
(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		869837254
d Total income. Add all **income** amounts in column (b) and enter total	2d		1095570106
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	129606714	
(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)		129606714
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)		
(2) Contract administrator fees	2i(2)	5402000	
(3) Recordkeeping fees	2i(3)	59127	
(4) IQPA audit fees	2i(4)	137145	
(5) Investment advisory and investment management fees	2i(5)	3018076	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	404668	
(8) Legal fees	2i(8)	214257	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	4084130	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		13319403
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		142926117
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		952643989
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: MACNELL ACCOUNTING AND CONSULTING **(2)** EIN: 30-0510353

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**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 586644.

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
THE LEGACY PLAN OF THE UNITE HERE RETIREMENT FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES - LEGACY PLAN OF THE UNITE HERE RETIREMENT FUND

D Employer Identification Number (EIN)
82-0994119

Part I Distributions

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

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

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

EIN(s): _____ _____

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3** | 98

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 MGM RESORTS BORGATA

b EIN 22-3598642 **c** Dollar amount contributed by employer 8670410

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) 4.53
(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): _____

---

a Name of contributing employer

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☒ reasonable approximation (see instructions for required attachment)	**14a**	71022
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**	70543
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**	70741
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**	1.01
b The corresponding number for the second preceding plan year	**15b**	1.00
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**	4
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**	1798428

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: 44.00 % Private Equity: 3.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 11.00 %

High-Yield Debt: 23.00 % Real Assets: 10.00 % Cash or Cash Equivalents: 8.00 % Other: 1.00 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

LEGACY PLAN OF THE UNITE HERE RETIREMENT FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2025 AND 2024

LEGACY PLAN OF THE UNITE HERE RETIREMENT FUND

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2025 AND 2024

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MACNELL
ACCOUNTING & CONSULTING, LLP
1153 South Lee Street, Unit 137, Des Plaines, Illinois 60016

INDEPENDENT AUDITOR'S REPORT

Board of Trustees
The Legacy Plan of the UNITE HERE
Retirement Fund
White Plains, NY

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 Legacy Plan of the UNITE HERE Retirement Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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 Legacy Plan of the UNITE HERE Retirement Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Legacy Plan of the UNITE HERE Retirement Fund's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

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

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

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

MacNeill Accounting + Consulting, LLP

Certified Public Accountants

October 8, 2026

LEGACY PLAN OF THE UNITE HERE RETIREMENT FUND

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets:		
Investments, at fair value:		
United States Government and Government agency obligations	$ 581,339,122	$ 5,375,504
Common stocks	3,630,403	3,509,153
Limited partnerships	45,204,766	62,658,115
Common collective trusts	638,481,219	479,336,052
Corporate bonds and debentures	181,754,099	—
Hedge fund of funds	7,351,589	12,456,212
Short-term investments	89,983,976	28,982,969
Total investments	1,547,745,174	592,318,005
Receivables:		
Employer contributions, net of allowance	8,015,156	8,702,099
Withdrawal liability receivable, net of allowance	1,627,000	3,204,300
Accrued interest and dividends	5,354,133	128,279
Due from related parties	9,716,226	2,955,242
Securities sold and not settled	1,742,829	1,132,015
Total receivables	26,455,344	16,121,935
Other assets:		
Prepaid expenses	13,316	23,768
Other	55,060	44,658
	68,376	68,426
Total assets	1,574,268,894	608,508,366
Liabilities and Net Assets:		
Accounts payable and accrued expenses	3,446,788	3,961,956
Cash overdraft	146,936	149,451
Due to related parties	16,629,303	2,518,001
Other	46,059	523,139
Total liabilities	20,269,086	7,152,547
Net assets available for benefits	$ 1,553,999,808	$ 601,355,819

See accompanying notes to financial statements.

LEGACY PLAN OF THE UNITE HERE RETIREMENT FUND

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2025 and 2024

	2025	2024
Additions:		
Investment income:		
Net appreciation in fair value of investments	$ 94,680,005	$ 50,649,741
Interest and dividends	33,304,344	1,256,015
	127,984,349	51,905,756
Less investment expenses	(3,018,076)	(2,857,664)
Less unrelated business income tax	1,048,412	—
Net investment income	126,014,685	49,048,092
PBGC's special financial assistance (note 1e)	868,788,842	—
Contributions		
Employer contributions	97,188,281	96,346,654
Withdrawal liability payment	560,222	7,529,008
Total contributions	97,748,503	103,875,662
Total additions	1,092,552,030	152,923,754
Deductions:		
Retirement benefits	129,606,714	126,375,110
Administrative expenses	10,301,327	10,329,514
Total deductions	139,908,041	136,704,624
Net increase (decrease)	952,643,989	16,219,130
Net assets available for benefits		
Beginning of year	601,355,819	585,136,689
End of year	$ 1,553,999,808	$ 601,355,819

See accompanying notes to financial statements.

LEGACY PLAN OF THE UNITE HERE RETIREMENT FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2025 AND 2024

NOTE 1. DESCRIPTION OF THE FUND

The following brief description of the Legacy Plan of the UNITE HERE Retirement Fund (the "Fund") is provided for general information purposes only. Participants should refer to the Fund documents for a complete description of the Fund's provisions which may vary by participating employers. The Fund was established with an effective date of January 1, 2018.

General - The Fund was formed to provide eligible participants, who are located throughout the United States, with pension, and death benefits upon their retirement. The Fund is comprised of a benefit pension plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

The Fund is a "frozen plan" in that participants ceased to accrue benefits under the Fund but it should be noted that the freezing of the Fund will not reduce benefits already earned. The Fund's Settler Committee allocates certain contributions to the Fund and the Adjustable Plan of the UNITE HERE Retirement Fund. The contribution allocated to the Fund will be used exclusively to pay down the unfunded liability of the Fund and for administrative expenses.

Pension Benefits - Under the Fund, qualified participants are entitled to either a normal, reduced or a disability pension. Pre-retirement or post-retirement death benefits are available for qualified participants. The details of the vesting and benefit provisions are contained in the Fund document and may be obtained from the Fund administrator, who maintains and distributes a Summary Plan Description.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The accompanying financial statements are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Investment Valuation and Income Recognition - The investments of the Fund are managed by independent investment managers. Investments are carried at fair value. The valuation for United States Treasuries and common stock are carried at fair value which generally represents quoted market prices or the net asset value of the fund as of the last business day of the year as provided by the custodian. 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 trusts. The limited

partnerships and hedge fund of funds are carried at estimated fair value as determined by the investment manager. Short-term investments are carried at cost which approximates fair value.

Hedge fund of funds, private equity fund of funds and limited partnerships are valued at prices which approximate fair value. The fair value of certain investments in the underlying funds, which include securities for which fair value may not be readily available, are determined in good faith by the respective underlying funds, all of which are subject to a third party annual audit. The estimated fair values may differ from the values that would have been used had a ready market existed for these investments, and the difference could be significant. Furthermore, some of these funds have various lock up periods and they are not immediately liquid investments.

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

Employer and Withdrawal Liability Contributions Receivable - Contributions to the Fund for benefits are made by employers, based on various methods, generally pursuant to collective bargaining agreements. Employer contributions are used to cover benefit and general and administrative expenses. Employer contributions receivable include receivables related to payroll audits conducted by the Fund to ensure that employers are remitting the correct amount of contributions in accordance with the applicable collective bargaining agreements.

The Fund utilizes a modified version of the rolling five (one pool) methods under Section 4211(c) for determining withdrawal liability. Withdrawal liability assessed in accordance with the Multiemployer Pension Plan Amendments Act of 1980 (MPPAA) but not received is recorded as withdrawal liability receivable, net of management's estimate of an amount that is deemed uncollectable. The allowance for uncollectable accounts is provided for those withdrawal liability assessments not in pay status and management's experience with each employer. The allowance was $1,927,002 at December 31, 2025 and $1,415,421 at December 31, 2024.

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

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

Payment of Benefits - Benefit payments to participants are recorded upon distribution. Benefits due and paid from Fund assets have been included as benefits paid to participants in the statements of changes in net assets available for benefits. Benefits paid that are applicable to annuities due in the subsequent Fund year are included as prepaid benefits in the statements of net assets available for benefits.

Administrative Expenses - Administrative and investment related expenses are paid by the Fund.

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

Government Agency obligations and corporate bonds and debentures are valued using pricing models that maximize the use of observable inputs for similar securities, including yields, credit ratings, and broker quotes, if available.

NOTE 3. FUNDING

The Fund is financed by employer contributions. The employer contribution rates are specified in the collective bargaining agreements.

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

NOTE 4. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Fund in full force and effect; however, the right to discontinue the Fund is reserved to the Trustees. Termination shall not permit any part of the Fund assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event of termination, the net assets of the Fund will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Fund terminate at some future time will depend on the sufficiency of the Fund's net assets at that time and the priority of those benefits.

In addition, certain benefits under the Fund are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Fund terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitation, particularly with respect to benefit

increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided for while other benefits may not be provided at all.

NOTE 5. TAX STATUS

The Fund obtained its latest determination letter on October 3, 2018 in which the Internal Revenue Service stated that the Fund, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code (IRC) and was, therefore, exempt from Federal income taxes under the provisions of Section 501(a). The Fund's administrator believes that the Fund is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTE 6. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement:

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

Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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.

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

Short-term investments - These investments are valued at cost, which approximates fair value, and classified as level 1.

Fixed Income – The fair value of fixed income investments are based on last reported sale price or market quotations, typically obtained from the Pricing Services (i.e. third party pricing vendors and brokers). Market quotations may also include exchange trades and publicly-available bid/offer data from established market makers or quotation systems. These investments are classified as Level 1.

Common Stock – Includes exchange traded funds and direct investments in private companies. Generally carried at fair value which represents quoted market prices or the net asset value of the fund as of the last business day of the year as provided by the custodian. They are classified as Level 1. Direct investments are classified as Level 3. These investments are initially valued at cost and subsequently valued by investment manager who follow the following valuation procedure:

- Detailed review of the lead investor's valuation methodology and quarterly valuation write-ups to ensure reasonableness and consistency with investment manager's knowledge of the company.

- Where appropriate, comparison of the lead investor's methodology to those applied by other fund managers (should they be invested in the same deal)

- In certain instances, and specifically with direct investments where investment managers is the lead investor, independent calculation of value incorporating market comparables and M&A activity (where appropriate) to arrive at a fair value and to also assess reasonableness of inputs (as a co-investor).

- Completion of investment manager proprietary direct investment valuation checklist to document investment manager valuation methodology, rationale and support (specifically in those instances where a fund manager's valuation diverges from investment manager). Reasons could include appropriateness of discounts taken to multiple of earnings and how robust is the competition of public comparable sets.

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.

The following tables set forth by level the fair value hierarchy, the major categories of investments measured at fair value at December 31, 2025 and 2024:

	December 31, 2025			
	Total	Level 1	Level 2	Level 3
Short-term investments	$ 89,983,976	$ 89,983,976	$ —	$ —
United States Government and Government agency obligations	581,339,122	581,339,122	—	—
Corporate bonds and debentures	181,754,099	181,754,099	—	—
Common stock	3,630,403	8,632	—	3,621,771
Total assets in the fair value hierarchy	$ 856,707,600	$ 853,085,829	$ —	$ 3,621,771
Investments measured at net asset value*	691,037,574			
Total investments at fair value	$ 1,547,745,174			

	December 31, 2024			
	Total	Level 1	Level 2	Level 3
Short-term investments	$ 28,982,969	$ 28,982,969	$ —	$ —
United States Government and Government agency obligations	5,375,504	5,375,504	—	—
Common stock	3,509,153	34,379	—	3,474,774
Total assets in the fair value hierarchy	$ 37,867,626	$ 34,392,852	$ —	$ 3,474,774
Investments measured at net asset value*	554,450,379			
Total investments at fair value	$ 592,318,005			

* 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.

The following tables set forth a summary of changes in the fair value of the Plan's level 3 investments for the years ended December 31, 2025 and 2024:

	Level 3 Fair Value Measurement at December 31, 2025					
	Beginning Balance	Realized gains (losses)	Unrealized gains (losses)	Purchases	Sales	Ending Balance
Privately held stock	$ 3,474,774	$ 422,203	$ 199,808	$ —	$ (475,014)	$ 3,621,771
Total	$ 3,474,774	$ 422,203	$ 199,808	$ —	$ (475,014)	$ 3,621,771

	Level 3 Fair Value Measurement at December 31, 2024					
	Beginning Balance	Realized gains (losses)	Unrealized gains (losses)	Purchases	Sales	Ending Balance
Privately held stock	$ 3,291,331	$ 427,228	$ 230,439	$ —	$ (474,224)	$ 3,474,774
Total	$ 3,291,331	$ 427,228	$ 230,439	$ —	$ (474,224)	$ 3,474,774

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

December 31, 2025	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trusts:				
International public equity	$ 220,124,782	$ —	Daily	Daily
U.S. public equity	140,935,522	—	Daily	Daily
Global equity	989,931	—	Daily	Daily
Fixed income	206,801,819	—	Daily	Daily
Real estate	69,629,165	—	Quarterly	30 Days Prior to Quarter End
Hedge fund of funds:				
Hedge funds	177,025	—	(a)	(a)
Hedge funds	4,506,641	—	(b)	(b)
Partnerships:				
Private equity fund of funds	1,189,673	340,342	(c)	(c)
Private equity funds	42,685,528	4,856,143	(c)	(c)
Real estate partnerships	1,329,565	202,984	(c)	(c)
Fixed income	2,667,923	882,570	(c)	(c)
Total	$ 691,037,574	$ 6,282,039		

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trusts:				
International public equity	$ 202,707,627	$ —	Daily	Daily
U.S. public equity	83,063,724	—	Daily	Daily
Global equity	854,421	—	Daily	Daily
Fixed income	164,225,427	—	Daily	Daily
Real estate	28,484,852	—	Quarterly	30 Days Prior to Quarter End
Hedge fund of funds:				
Hedge funds	279,419	—	(a)	(a)
Hedge funds	8,074,792	—	(b)	(b)
Partnerships:				
Private equity fund of funds	2,019,465	448,008	(c)	(c)
Private equity funds	59,218,026	4,720,161	(c)	(c)
Real estate partnerships	1,420,624	277,966	(c)	(c)
Fixed income	4,102,002	857,247	(c)	(c)
Total	$ 554,450,379	$ 6,303,382		

Common Collective Trusts – This category primarily represents pooled funds with investments primarily in the public equity and fixed income markets. Also included are real estate investments.

Hedge Fund of Funds – Includes investments in individual hedge fund of funds along with investment in hedge fund of funds. The hedge fund of fund investments invest in a limited range of investment vehicles, including, but not limited to, leveraged and whole loan funds, distressed strategies funds, real estate related strategies funds, activist oriented strategies funds and collateralized debt obligation recovery funds.

Limited Partnerships – Includes private equity investments focusing on the following strategies: buyouts, growth, venture, special situations and distressed debt. Also includes private credit, real estate and public equity.

(a) The investment fund invests in a portfolio of defaulted bonds issued by the Republic of Peru. The investment fund is illiquid and can only be redeemed subject to the determination of the investment manager considering the investment fund's settlement with the Peruvian government.

(b) The portfolios in which the Fund may invest are generally expected to be highly illiquid. The Fund expects to invest in a limited range of investment vehicles, including, but not limited to,

leveraged and whole loan funds, distressed strategies funds, real estate related strategies funds, activist oriented strategies funds and collateralized debt obligation recovery funds.

(c) Each partnership investment has its own termination agreement and generally may extend the termination date if approved in accordance with the respective Partnership Agreement.

NOTE 7. RELATED PARTY TRANSACTIONS

Retirement benefits are administered for the Fund by Amalgamated Employee Benefits Administrators, Inc. (AEBA). Annual Fund service expenses of $5,402,000 and $5,375,004 represent amounts charged by AEBA for administrative services conducted for the Fund for 2025 and 2024. As of December 31, 2025 and 2024, no amounts were owed to AEBA.

Certain other funds serviced by AEBA are referred to as "related parties" in the accompanying financial statements. As of December 31, 2025 and 2024, the amount due from the Legacy Plan of the National Retirement Fund was $9,716,226 and $2,955,242, respectively. Included in due to related parties is $16,620,510 and $2,518,001 to the Adjustable Plan of the UNITE HERE Retirement Fund at December 31, 2025 and 2024, respectively. Included in due to related parties is $8,158 to CRF and $635 to ANHF.

The Fund paid $32,192 and $18,163 to entities affiliated with UNITE HERE, during 2025 and 2024, respectively.

The Fund maintains a banking and custodial relationship and invests in various products sponsored by the Amalgamated Bank (the "Bank"). The Bank is a party-in-interest to the Fund. Hirtle, Callaghan & Co. and JP Morgan are parties-in-interest.

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

NOTE 8. ACTUARIAL INFORMATION

Actuarial valuations of the Fund were made by the consulting actuary as of January 1, 2025. Information shown in the reports included the following:

Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefits	$	985,480,546
Other vested benefits		1,057,455,544
		2,042,936,090
Nonvested benefits		2,857,559
Total actuarial present value of accumulated plan benefits	$	2,045,793,649

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

Actuarial present value of accumulated plan benefits at beginning of year	$	2,062,939,951
Increase during the year attributable to:		
Experience (Gains)/Losses		(30,828,668)
Increase for interest		140,057,476
Benefits paid		(126,375,110)
Net change		(17,146,302)
Actuarial present value of accumulated plan benefits at end of year	$	2,045,793,649

The actuarial cost method used in the valuations is the Unit Credit Cost Method. Some of the more significant actuarial assumptions used in the January 1, 2025 valuation were:

- Mortality rates:

  PRI- 2012 Blue Collar Mortality Table with MP-2021 (non-disabled)

  PRI-2012 Total Disabled Dataset with MP-2021 (disabled)

- Retirement – A varying rate from 5% to 100% ranging from age 55 to 71
- Employee turnover – Rates developed based on industry averages
- Disability – Rates based upon various insurance companies statistics
- Net investment rate of return – 7.0%.

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

Since the information on the actuarial present value of accumulated plan benefits as of December 31, 2025 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Fund as of December 31, 2025, and the changes in its financial status for the year then ended, only a presentation of the net assets available for benefits and changes therein as of and for the year ended December 31, 2025.

Under the Pension Protection Act of 2006, the Fund is required to provide an actuarial certification as to its funded status. Therefore, as of January 1, 2025, the actuary reported that the Fund is in critical and declining status for the 2025 plan year.

PBGG's Special Financial Assistance

The Plan applied for the PBGC's Special Financial Assistance (SFA) under the American Rescue Plan Act (ARPA). The program provides funding assistance to eligible underfunded multiemployer pension plans. In January 2025, the PBGC approved the Plan's application, and the Plan received $88,788,842 in special financial assistance, including interest. Under section 4262(m)(4) of ERISA and 4262.17(c) of PBGC's regulations, a plan receiving SFA is deemed to be in critical status under section 305(b)(2) of ERISA until the last day of the last plan year ending in 2051.

NOTE 9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of total additions paid per the financial statements to the Form 5500:

	Year Ended December 31, 2025
Total additions (losses) per the financial statements	$ 1,092,552,030
Reclassified investment expenses for Form 5500	3,018,076
Total additions per Form 5500	$ 1,095,570,106

NOTE 10. RISKS AND UNCERTAINTIES

The Fund invests in various investments. Investments are exposed to various risks such as economic, interest rate, market and sector 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 Statement of Net Assets Available for Benefits.

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

NOTE 11. SUBSEQUENT EVENTS

The Fund has evaluated subsequent events through October 8, 2026 the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

LEGACY PLAN OF THE UNITE HERE RETIREMENT FUND

Schedules of Administrative Expenses

Years ended December 31, 2025 and 2024

	2025	2024
Third party administrative expenses	$ 5,402,000	$ 5,367,471
Professional Services		
Accounting and auditing	137,145	138,355
Payroll audit services	59,127	50,191
Actuary	404,668	532,790
Legal	214,257	265,378
Other		
PBGC premiums	3,405,207	3,305,543
Insurance	266,300	291,787
Other expenses	412,623	377,999
Total administrative expenses	$ 10,301,327	$ 10,329,514

See accompanying notes to financial statements.

Legacy Plan of the UNITE HERE Retirement Fund

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

as of December 31, 2025

(a)	(b)	(c)				(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	**Principal Amount**	**Shares**	**Interest Rate**	**Maturity Date**	**Cost**	**Current Value**
	U.S. GOVERNMENT AND AGENCY SECURITIES						
	FN AN3764	$23,990,270	-	2.48 %	01/01/2027	$23,463,161	$23,631,662
	FN BS2103	24,757,667	-	1.47	06/01/2028	23,102,051	23,404,404
	FN BZ0131	13,170,500	-	5.02	02/01/2029	13,398,869	13,549,447
	FN BZ3782	12,000,000	-	4.71	05/01/2030	12,199,600	12,277,705
	FN BZ3806	3,850,000	-	4.89	05/01/2030	3,903,411	3,956,038
	FN BZ3971	5,790,000	-	4.04	06/01/2030	5,692,631	5,780,961
	FN POOL BZ0100	17,000,000	-	5.30	12/01/2028	17,421,621	17,606,939
	FNMA PASSTHRU AN9120	6,365,124	-	3.70	05/25/2030	6,115,124	6,276,264
	FNMA PASSTHRU AN9484	5,000,000	-	3.69	06/25/2030	4,790,271	4,928,820
	FNMA PASSTHRU BZ2336	13,165,000	-	4.48	11/25/2029	13,046,366	13,363,244
	FNMA PASSTHRU BZ3183	13,107,000	-	4.80	02/25/2030	13,108,385	13,451,055
	FR WA4467	14,397,352	-	4.00	04/01/2030	14,144,512	14,364,866
	FR WN5052	6,462,300	-	3.75	08/01/2029	6,332,721	6,419,713
	UNITED STATES TREAS	12,000,000	-	2.38	05/15/2029	11,566,904	7,178,267
	UNITED STATES TREAS	11,870,000	-	1.63	05/15/2026	11,756,554	11,537,813
	UNITED STATES TREAS	11,900,000	-	1.38	08/31/2026	11,680,591	11,786,502
	UNITED STATES TREAS	7,790,000	-	1.63	09/30/2026	7,642,545	11,732,191
	UNITED STATES TREAS	8,620,000	-	1.63	10/31/2026	8,438,085	7,679,378
	UNITED STATES TREAS	9,251,400	-	0.50	06/30/2027	8,754,291	8,483,280
	UNITED STATES TREAS	4,560,900	-	0.63	08/15/2030	3,859,044	8,852,072
	UNITED STATES TREAS	9,090,000	-	0.38	09/30/2027	8,504,348	3,968,696
	UNITED STATES TREAS	9,720,000	-	0.63	12/31/2027	9,050,186	8,615,616
	UNITED STATES TREAS	5,507,800	-	0.38	01/31/2026	5,490,602	9,188,437
	UNITED STATES TREAS	9,020,000	-	1.13	02/29/2028	8,442,113	5,493,490
	UNITED STATES TREAS	11,870,000	-	0.50	02/28/2026	11,799,385	8,578,866
	UNITED STATES TREAS	8,380,000	-	0.75	03/31/2026	8,309,220	11,808,210
	UNITED STATES TREAS	6,458,800	-	0.88	06/30/2026	6,352,198	8,324,830
	UNITED STATES TREAS	11,670,000	-	0.63	07/31/2026	11,429,822	6,374,742
	UNITED STATES TREAS	13,430,000	-	1.38	10/31/2028	12,397,619	11,474,236
	UNITED STATES TREAS	11,970,000	-	1.25	11/30/2026	11,652,027	12,652,529
	UNITED STATES TREAS	8,417,500	-	2.38	03/31/2029	7,931,134	11,724,522
	UNITED STATES TREAS	9,170,000	-	2.75	04/30/2027	8,994,036	8,109,735
	UNITED STATES TREAS	10,964,700	-	3.25	06/30/2029	10,591,200	9,081,166
	UNITED STATES TREAS	9,626,200	-	2.63	07/31/2029	9,093,983	10,839,634
	UNITED STATES TREAS	10,450,000	-	3.88	09/30/2029	10,292,804	9,309,588
	UNITED STATES TREAS	10,790,000	-	4.00	10/31/2029	10,671,217	10,538,988
	UNITED STATES TREAS	10,075,400	-	4.13	10/31/2027	10,054,306	10,931,197
	UNITED STATES TREAS	8,875,000	-	3.88	12/31/2029	8,730,597	10,187,174
	UNITED STATES TREAS	9,610,000	-	3.50	01/31/2028	9,466,164	8,950,576
	UNITED STATES TREAS	5,933,000	-	4.00	02/28/2030	5,860,638	9,611,502
	UNITED STATES TREAS	7,590,000	-	3.63	03/31/2030	7,384,794	6,008,553
	UNITED STATES TREAS	9,420,000	-	3.63	03/31/2028	9,293,616	7,575,769
	UNITED STATES TREAS	8,380,000	-	3.75	04/15/2026	8,368,009	9,445,022
	UNITED STATES TREAS	9,880,000	-	3.50	04/30/2028	9,713,495	8,383,952
	UNITED STATES TREAS	13,370,000	-	3.63	05/31/2028	13,173,536	9,878,456
	UNITED STATES TREAS	12,970,000	-	4.63	09/30/2028	13,083,239	13,404,992
	UNITED STATES TREAS	10,320,000	-	4.38	11/30/2028	10,343,854	13,336,808
	UNITED STATES TREAS	9,100,000	-	4.38	12/15/2026	9,109,913	10,553,812
	UNITED STATES TREAS	2,005,000	-	3.75	12/31/2028	2,014,426	9,171,382
	UNITED STATES TREAS	7,175,400	-	4.25	01/31/2026	7,175,511	2,016,356
	UNITED STATES TREAS	5,717,900	-	4.63	04/30/2029	5,774,796	5,902,615
	UNITED STATES TREAS	8,480,000	-	4.50	05/15/2027	8,507,348	8,591,963
	UNITED STATES TREAS	6,050,000	-	4.38	07/15/2027	6,061,363	6,130,352
	UNITED STATES TREAS	9,210,000	-	3.75	08/15/2027	9,138,035	9,248,135
	UNITED STATES TREAS	14,800,000	-	3.63	10/31/2030	14,813,672	14,737,562
	UNITED STATES TREASURY	2,170,000	-	4.13	01/31/2027	2,182,927	2,183,478
	US TREASURY N/B	10,988,000	-	6.13	11/15/2027	11,363,002	11,508,213
	US TREASURY N/B	1,729,500	-	5.50	08/15/2028	1,787,825	1,814,894
	US TREASURY N/B	4,062,000	-	6.13	08/15/2029	4,310,122	4,396,480
	USA TREASURY NTS	14,460,000	-	4.63	09/30/2030	14,633,072	15,025,973
						573,762,891	581,339,122

Legacy Plan of the UNITE HERE Retirement Fund

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

as of December 31, 2025

(a)	(b)	(c)				(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Principal Amount	Shares	Interest Rate	Maturity Date	Cost	Current Value
	CORPORATE BONDS AND DEBENTURES						
	AMD 4.212% 24 SEP 2026	4,000,000	-	4.21	09/24/2026	4,000,000	4,013,642
	AMERICAN ELEC PWR CO	1,295,000	-	5.20	01/15/2029	1,303,416	1,334,753
	AMERICAN HONDA FIN C	3,300,000	-	4.40	09/05/2029	3,244,649	3,333,320
	AON CORP	2,810,000	-	3.75	05/02/2029	2,713,183	2,778,952
	AON NORTH AMERICA IN	2,409,000	-	5.15	03/01/2029	2,429,953	2,477,961
	BANCO SANTANDER SA	3,400,000	-	4.38	04/12/2028	3,357,038	3,415,804
	BANCO SANTANDER SA	2,800,000	-	5.29	08/18/2027	2,814,759	2,851,361
	BANK NOVA SCOTIA B C	3,300,000	-	5.45	08/01/2029	3,355,821	3,435,412
	BARCLAYS PLC	2,712,000	-	4.38	01/12/2026	2,711,774	2,712,186
	BARCLAYS PLC	3,300,000	-	4.34	01/10/2028	3,269,712	3,307,855
	BHP BILLITON FIN USA	3,000,000	-	5.00	02/21/2030	2,998,556	3,095,302
	BRITISH TELECOMMUNIC	3,300,000	-	5.13	12/04/2028	3,314,919	3,386,395
	CANADIAN IMPERIAL BA	617,000	-	5.26	04/08/2029	623,767	638,936
	CARRIER GLOBAL CORPO	533,000	-	2.49	02/15/2027	520,465	524,303
	CENTERPOINT ENERGY I	154,000	-	5.40	06/01/2029	155,913	159,491
	CHENIERE CORPUS CHRI	282,000	-	3.70	11/15/2029	268,393	275,396
	CHEVRON USA INC	3,000,000	-	4.69	04/15/2030	3,000,000	3,069,128
	COREBRIDGE FINL INC	3,300,000	-	3.65	04/05/2027	3,254,366	3,279,114
	COREBRIDGE FINL INC	2,870,000	-	3.85	04/05/2029	2,770,592	2,823,312
	CP 4.8% 30 MAR 2030	3,300,000	-	4.80	03/30/2030	3,295,866	3,373,084
	CROWN CASTLE INC	3,300,000	-	3.65	09/01/2027	3,237,415	3,273,741
	CROWN CASTLE INC	3,018,000	-	3.10	11/15/2029	2,809,567	2,875,582
	CVS HEALTH CORP	2,898,000	-	3.75	04/01/2030	2,736,042	2,828,394
	CVS HEALTH CORP	591,000	-	1.30	08/21/2027	557,746	565,347
	CVS HEALTH CORP	3,300,000	-	1.75	08/21/2030	2,830,854	2,932,466
	DIAGEO INVESTMENT CORP	915,000	-	5.13	08/15/2030	914,643	947,945
	DTE 4.25% 14 MAY 2027	680,000	-	4.25	05/14/2027	679,613	684,652
	EMERA US FINANCE LP	3,300,000	-	3.55	06/15/2026	3,279,872	3,289,333
	ENBRIDGE INC	605,000	-	6.00	11/15/2028	621,790	635,780
	ENERGY TRANSFER L P	3,300,000	-	5.25	04/15/2029	3,322,081	3,390,713
	ENERGY TRANSFER L P	109,000	-	5.50	06/01/2027	109,841	110,760
	ENERGY TRANSFER L P	2,585,000	-	4.00	10/01/2027	2,548,372	2,580,840
	ENERSIS AMERICAS S.A	3,300,000	-	4.00	10/25/2026	3,282,557	3,286,965
	GOLDMAN SACHS GROUP	1,651,000	-	3.85	01/26/2027	1,638,001	1,649,550
	GOLDMAN SACHS GROUP	3,300,000	-	3.80	03/15/2030	3,154,753	3,247,678
	HCA INC.	2,081,000	-	5.25	06/15/2026	2,081,000	2,082,620
	HCA INC.	539,000	-	5.88	02/01/2029	549,222	561,533
	HCA INC.	3,300,000	-	5.20	06/01/2028	3,318,361	3,381,106
	HNDA 4.55% 09 JUL 2027	3,000,000	-	4.55	07/09/2027	2,999,858	3,027,920
	HUMANA INC	2,767,000	-	1.35	02/03/2027	2,664,472	2,685,727
	HUMANA INC	3,300,000	-	5.75	12/01/2028	3,360,463	3,431,599
	L3HARRIS TECHNOLOGIE	469,000	-	3.85	12/15/2026	465,214	468,424
	L3HARRIS TECHNOLOGIE	326,000	-	5.05	06/01/2029	327,397	334,827
	LLOYDS BANKING GROUP	3,300,000	-	4.38	03/22/2028	3,261,315	3,320,156
	LLOYDS BANKING GROUP	2,761,000	-	4.55	08/16/2028	2,736,266	2,795,367
	MICROCHIP TECHNOLOGY	2,683,000	-	5.05	03/15/2029	2,681,816	2,735,479
	MICROCHIP TECHNOLOGY	3,300,000	-	5.05	02/15/2030	3,290,275	3,367,284
	MITSUBISHI UFJ FINAN	3,300,000	-	3.20	07/18/2029	3,120,174	3,189,966
	MPLX LP	761,000	-	4.13	03/01/2027	755,220	761,339
	NATWEST GROUP PLC	3,300,000	-	4.80	04/05/2026	3,301,278	3,308,197
	NEXTERA ENERGY CAP H	3,300,000	-	4.95	01/29/2026	3,300,842	3,302,029
	NISOURCE INC	904,000	-	5.20	07/01/2029	912,972	931,999
	NISOURCE INC	3,300,000	-	3.49	05/15/2027	3,246,398	3,279,456
	NOMURA HLDGS INC	1,209,000	-	2.68	07/16/2030	1,086,289	1,117,612
	NOMURA HLDGS INC	1,649,000	-	2.33	01/22/2027	1,605,531	1,619,892
	NOMURA HLDGS INC	3,300,000	-	5.39	07/06/2027	3,319,626	3,360,182
	NXP B V / NXP FDG LL	2,396,000	-	4.30	06/18/2029	2,346,596	2,400,545
	NXP B V / NXP FDG LL	387,000	-	3.40	05/01/2030	362,516	372,952
	NXP B V / NXP FDG LL	3,300,000	-	4.40	06/01/2027	3,285,994	3,314,883
	ONEOK INC NEW	2,695,000	-	5.65	11/01/2028	2,745,177	2,798,981
	ONEOK INC NEW	3,300,000	-	4.40	10/15/2029	3,227,971	3,311,047
	PACKAGING CORP AMER	3,300,000	-	3.40	12/15/2027	3,217,739	3,266,920
	PACKAGING CORP AMER	3,041,000	-	3.00	12/15/2029	2,828,664	2,907,577

Legacy Plan of the UNITE HERE Retirement Fund

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

as of December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Principal Amount	Shares	Interest Rate	Maturity Date	(d) Cost	(e) Current Value
	PUGET ENERGY INC	3,300,000	-	4.10	06/15/2030	3,138,745	3,231,595
	ROYAL BK CDA	1,732,000	-	6.00	11/01/2027	1,771,510	1,798,161
	RSG 4.75% 15 JUL 2030	1,000,000	-	4.75	07/15/2030	996,775	1,022,919
	STATE STR CORP	4,000,000	-	4.54	02/28/2028	4,000,000	4,061,346
	SUMITOMO MITSUI FIN	3,300,000	-	5.71	01/13/2030	3,382,908	3,476,314
	SUMITOMO MITSUI FIN	2,091,000	-	5.85	07/13/2030	2,158,773	2,222,254
	SUMITOMO MITSUI FIN	402,000	-	5.24	04/15/2030	405,479	416,913
	TAKE-TWO INTERACTIVE	3,300,000	-	5.00	03/28/2026	3,303,717	3,307,215
	TORONTO DOMINION BK	2,430,000	-	2.80	03/10/2027	2,376,924	2,398,811
	TORONTO DOMINION BK	3,300,000	-	5.52	07/17/2028	3,353,320	3,418,988
	TORONTO DOMINION BK	259,000	-	4.78	12/17/2029	257,386	265,081
	XCEL ENERGY INC	2,831,000	-	3.35	12/01/2026	2,795,087	2,813,294
	XCEL ENERGY INC	3,300,000	-	4.00	06/15/2028	3,228,792	3,300,136
						178,694,351	181,754,099
	HEDGE FUND OF FUNDS						
	ANACAP CREDIT OPPORTUNITES III	-	1	-	-	-	640,850
	CARVAL CVI CREDIT VALUE FUND B3	-	1	-	-	-	54,882
	ENTRUST CAPITAL DIVERSIFIED FUND CLASS X	-	16,556	-	-	381,367	177,025
	ENTRUST CAPITAL SPECIAL OPP FD TRANCHE D	-	6,800,000	-	-	1,166,401	133,678
	ENTRUST PARTNERS OFFSHORE LLC	-	5,160,873	-	-	2,407,676	242,025
	ENTRUST SPECIAL OPPORTUNITIES FUND III	-	20,488,764	-	-	8,172,741	4,130,938
	RS FEEDER FUND II	-	1	-	-	-	1,737,981
	TCI REAL ESTATE PARNTERS 2	-	1	-	-	-	110,325
	TCI REAL ESTATE PARNTERS FUND 1	-	1	-	-	-	92,168
	VARDE SCRATCH & DENT FEEDER LP	-	1	-	-	-	31,717
						12,128,185	7,351,589
	COMMON COLLECTIVE TRUSTS						
*	JP MORGAN & CO INTER EQ FD INVEST CLASS	-	540,891	-	-	17,868,923	28,899,809
*	JPMCB CORE BOND FUND	-	1,988,342	-	-	41,877,540	45,473,386
*	JPMCB CORP HIGH YIELD FUND	-	1,350,923	-	-	76,241,281	94,118,796
*	JPMCB EAFE EQUITY INDEX FUND	-	298,722	-	-	16,807,724	18,900,144
*	JPMCB EMERG MARKETS	-	1,686,226	-	-	28,987,523	35,866,029
*	JPMCB EMERG MKTS EQ FUND	-	38,824	-	-	924,795	1,575,878
*	JPMCB EQUITY COMPLETION FUND	-	43,997	-	-	618,597	989,931
*	JPMCB EQUITY INDEX FUND	-	628,320	-	-	74,756,668	81,976,931
*	JPMCB EUROPE DYNAMIC HEDGED EQUITY FUND	-	3,516	-	-	60,823	82,411
*	JPMCB GLOB EMERG MKT OPP FND	-	1,027,353	-	-	23,066,498	32,844,468
*	JPMCB GLOBAL SEL EQY FND-INV C	-	2,459,736	-	-	59,038,851	101,956,043
*	JPMCB HIGH YIELD FUND	-	1,082,273	-	-	31,365,862	35,271,283
*	JPMCB INCOME FUND	-	2,618,301	-	-	28,882,187	31,759,986
*	JPMCB MAS FLEX ALLOC SEC FI	-	15,954	-	-	160,819	178,368
*	JPMCB MID CAP CORE FD	-	15,297	-	-	517,206	1,180,807
*	JPMCB STRATEGIC PROPERTY FUND	-	6,006,657	-	-	65,604,598	69,629,165
*	JPMCB US ALL CAP GROWTH FUND	-	403,406	-	-	15,720,500	28,238,419
*	JPMCB US ALL CAP VALUE FUND	-	240,864	-	-	22,961,491	29,378,173
*	JPMCB US SMALL CAP EQ BLEND	-	2,067	-	-	141,374	161,192
						505,603,260	638,481,219
	COMMON STOCKS						
	BOYD CORP	-	429	-	-	-	-
	INFOGIX HOLDINGS, INC CS	-	129,777	-	-	12,140	-
	MACHINE ZONE, INC PS	-	9,053	-	-	285,221	-
	OMADA HEALTH INC	-	547	-	-	-	8,632
	ULLICO INC COMMON STK	-	102,655	-	-	1,520,316	3,621,771
	WORLDSTRIDES	-	49,050	-	-	99,826	-
						1,917,503	3,630,403

* Indicates party-in-interest

Legacy Plan of the UNITE HERE Retirement Fund

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

as of December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Principal Amount	Shares	Interest Rate	Maturity Date	(d) Cost	(e) Current Value
	LIMITED PARTNERSHIPS						
	ACCEL GROWTH FUND III, LP	-	-	-	-	65,850	532,303
	ACCEL GROWTH FUND IV, LP	-	-	-	-	-	237,133
	ACCEL LEADERS 1	-	-	-	-	-	229,942
	ACCEL LONDON V	-	-	-	-	12,000	1,423,608
	ACCEL PARTNERS XII, LP	-	-	-	-	-	776,300
	ACCEL PARTNERS XIII	-	-	-	-	81,283	200,792
	AGILITAS 2015 PRIVATE EQUITY FUND	-	-	-	-	181,038	547,375
	AH PARALLEL FUND IV, L.P.	-	-	-	-	-	431,547
	AH PARALLEL FUND V	-	-	-	-	130,507	1,282,923
	ANDREESSEN HOROWITZ IV LP	-	-	-	-	-	805,994
	ANDREESSEN HOROWITZ V LP	-	-	-	-	332,482	1,277,708
	BLACKSTONE REAL ESTATE PARTNERS VIII	-	-	-	-	72,218	1,329,565
	BVIP FUND VIII	-	-	-	-	34,203	257,250
	CMDB 1 SECONDARY	-	-	-	-	241	743
	DECHENG CAPITAL CHINA LIFE SCIENCES II	-	-	-	-	126,996	552,900
	DOUGHTY HANSON V	-	-	-	-	155	-
	ECI 10	-	-	-	-	5,273	85,045
	ELEVATION CAPITAL V LIMITED	-	-	-	-	88,026	2,638,416
	ESCALATE CAPITAL PARTNERS SBIC III	-	-	-	-	17,635	56,934
	GENSTAR CAPITAL PARTNERS VII	-	-	-	-	30,430	372,512
	GOODE PARTNERS CONSUMER FUND III	-	-	-	-	639,911	535,601
	GREYCROFT PARTNERS IV	-	-	-	-	438,363	1,228,653
	GTCR FUND XI	-	-	-	-	7,891	998,496
*	HC SPECIAL OPP SPC CLOSED END PORT 2	-	-	-	-	37,924	-
*	HC SPECIAL OPP SPC CLOSED END PORT 3	-	-	-	-	66,489	-
*	HIRTLE CALLAGHAN PRIV EQTY OS FD X	-	-	-	-	-	1,189,673
	IDG CHINA VENTURE CAPITAL FUND IV	-	-	-	-	410,715	3,751,701
	INTERSOUTH PARTNERS VI	-	-	-	-	230	79,395
	JZI FUND 3	-	-	-	-	393,770	325,535
	KINDERHOOK CAPITAL FUND IV	-	-	-	-	1,329	-
	KINDERHOOK CAPITAL FUND V	-	-	-	-	693	-
	M/C PARTNERS VII	-	-	-	-	210,049	1,116,961
	METALMARK CAPITAL PARTNERS II	-	-	-	-	74,525	631,938
	NEW ENTERPRISE ASSOCIATES 15	-	-	-	-	111,562	471,900
	NORTH BRIDGE VENTURE PARTNERS V	-	-	-	-	27,971	31,315
	NORTH BRIDGE VENTURE PARTNERS VI	-	-	-	-	13,407	17,377
	NORTH BRIDGE VENTURE PARTNERS VII	-	-	-	-	136,596	154,209
	ORBITMED PRIVATE INVESTMENTS VI	-	-	-	-	19,601	415,206
	ORCHID ASIA VI	-	-	-	-	731,057	780,996
	PHAROS CAPITAL PARTNERS II LP	-	-	-	-	5,189,784	4,164,710
	PHAROS CAPITAL PARTNERS III LP	-	-	-	-	-	1,533,225
	SCP PRIVATE EQUITYPARTNERS II LP	-	-	-	-	590,153	-
	TA SUBORDINATED DEBT FUND IV	-	-	-	-	96,499	3,570,756
	THE FOURTH ALCUIN FUND	-	-	-	-	178,330	954,361
	THOMA BRAVO UND XI LP	-	-	-	-	52,693	2,557,532
	THOMAS BRAVO DISCOVER FUND 1	-	-	-	-	1,467	115,414
	THOMAS BRAVO FUND XII	-	-	-	-	39,979	378,220
	WPEF VI FEEDER FUND	-	-	-	-	36,715	277,300
	WPEF VI OVERFLOW FEEDER	-	-	-	-	20	-
	Z CAPITAL PARNTERS	-	-	-	-	8,374,999	6,885,302
						19,061,059	45,204,766
	SHORT-TERM INVESTMENTS						
	DREYFUS GOVERNMENT CASH MANAGEMENT	-	1,028,893	-	-	1,028,893	1,028,893
	DREYFUS GOVERNMENT CASH MANAGEMENT	-	46,825,888	-	-	46,825,888	46,825,888
	DREYFUS GOVERNMENT CASH MANAGEMENT	-	18,648,108	-	-	18,648,107	18,648,107
	DREYFUS GOVERNMENT CASH MANAGEMENT	-	4,018,949	-	-	4,018,949	4,018,949
*	ENHANCED MONEY MARKET	-	13,957,509	-	-	13,957,509	13,957,509
*	ENHANCED MONEY MARKET	-	5,491,892	-	-	5,491,892	5,491,892
	GOLDMAN FINANCIAL SQUARE FUND	-	12,738	-	-	12,738	12,738
						89,983,976	89,983,976

EIN #82-0994119
Plan 001

Legacy Plan of the UNITE HERE Retirement Fund

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

as of December 31, 2025

(a)	(b)	(c)				(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	**Principal Amount**	**Shares**	**Interest Rate**	**Maturity Date**	**Cost**	**Current Value**
						$1,381,151,225	$1,547,745,174

* Indicates party-in-interest

See accompanying independent auditors' report

LEGACY PLAN OF THE UNITE HERE RETIREMENT FUND

Schedule H (Form 5500), Line 4j - Schedule Of Reportable Transactions

for the Year Ended December 31, 2025

	(a)	(b)	(c)	(d)	(e)	(h)	(i)
	Identity of Party Involved	**Description**	**Purchase Price**	**Selling Price**	**Cost of Assets**	**Current Value of Asset on Transaction Date**	**Net Gain or (Loss)**
	Category (i) - A Single Transaction in Excess of 5% of the Current Value of Plan Assets:						
*	AMALGAMATED BANK	ENHANCED MONEY MARKET	$ 8,868,788,842	$ -	$ 8,868,788,842	$ 8,868,788,842	$ -
*	AMALGAMATED BANK	ENHANCED MONEY MARKET	-	47,000,000	47,000,000	47,000,000	-
*	AMALGAMATED BANK	ENHANCED MONEY MARKET	-	100,000,000	100,000,000	100,000,000	-
*	AMALGAMATED BANK	ENHANCED MONEY MARKET	-	100,000,000	100,000,000	100,000,000	-
*	AMALGAMATED BANK	ENHANCED MONEY MARKET	-	100,000,000	100,000,000	100,000,000	-
*	AMALGAMATED BANK	ENHANCED MONEY MARKET	-	100,000,000	100,000,000	100,000,000	-
*	AMALGAMATED BANK	ENHANCED MONEY MARKET	-	100,000,000	100,000,000	100,000,000	-
*	AMALGAMATED BANK	ENHANCED MONEY MARKET	-	100,000,000	100,000,000	100,000,000	-
*	AMALGAMATED BANK	ENHANCED MONEY MARKET	-	100,000,000	100,000,000	100,000,000	-
	BNY MELLON	DREYFUS GOVERNMENT CASH MANAGEMEN	36,480,198	-	36,480,198	36,480,198	-
	Category (iii) - A Series of Transactions Aggregating in Excess of 5% of the Current Value of Plan Assets:						
*	AMALGAMATED BANK	ENHANCED MONEY MARKET	$ 1,160,941,285	$ -	$ 1,160,941,285	$ 1,160,941,285	$ -
*	AMALGAMATED BANK	ENHANCED MONEY MARKET	-	1,155,783,809	1,155,783,809	1,155,783,809	-
	BNY MELLON	DREYFUS GOVERNMENT CASH MANAGEMEN	120,377,918	-	120,377,918	120,377,918	-
	BNY MELLON	DREYFUS GOVERNMENT CASH MANAGEMEN	-	64,377,832	64,377,832	64,377,832	-
*	JP MORGAN	JPMCB CORE BOND FUND	24,214,247	-	24,214,247	24,214,247	-
*	JP MORGAN	JPMCB CORE BOND FUND	-	13,254,339	12,438,565	12,438,565	815,774
*	JP MORGAN	JPMCB EQUITY INDEX FUND	74,536,960	-	74,536,960	74,536,960	-
*	JP MORGAN	JPMCB GLOBAL SELL EQY FND-INV	-	41,507,125	16,351,960	16,351,960	25,155,165
*	JP MORGAN	JPMCB STRATEGIC PROPERTY FUND	38,688,840	-	38,688,840	38,688,840	-

* A party-in-interest as defined by ERISA

There were no category (i), (ii) and (iv) reportable 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
The Legacy Plan of the UNITE HERE Retirement Fund

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BOT of The Legacy Plan of the UNITE HERE Retirement Fund

D Employer Identification Number (EIN)
82-0994119

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

1a Enter the valuation date: Month 1 Day 1 Year 2025

b Assets		
(1) Current value of assets	1b(1)	598,151,519
(2) Actuarial value of assets for funding standard account	1b(2)	641,874,501
c (1) Accrued liability for plan using immediate gain methods	1c(1)	2,045,793,649
(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)	2,045,793,649
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)	2,911,064,040
(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)	136,619,462
(3) Expected plan disbursements for the plan year	1d(3)	150,269,321

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

Fiona E. Liston — Signature of actuary

Oct. 2, 2026 — Date

Fiona Liston — Type or print name of actuary

26-04267 — Most recent enrollment number

Cheiron, Inc. — Firm name

(703)893-1456 — Telephone number (including area code)

8300 Greensboro Drive, Suite 800
McLean VA 22102 — 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**	598,151,519
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		29,662	1,255,842,512
(2) For terminated vested participants		40,881	1,006,388,787
(3) For active participants:			
(a) Non-vested benefits			
(b) Vested benefits			648,832,741
(c) Total active		16,770	648,832,741
(4) Total		87,313	2,911,064,040
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	20.55 %

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	99,325,803				

	Totals ►	**3(b)**	99,325,803	**3(c)**	0
(d) Total withdrawal liability amounts included in line 3(b) total				**3(d)**	2,137,522

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	31.4 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	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**	2051

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**	7.00 %	7.00%
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	7.00%	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	5.2%	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	8.7%	
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)**	11,086,024	
(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	-20,847,055	-2,139,154

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**	11,850,210

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	**9a**	631,972,668
b Employer's normal cost for plan year as of valuation date	**9b**	11,086,024

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)**	1,336,552,464		191,297,406
(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**	58,404,927
e Total charges. Add lines 9a through 9d			**9e**	892,761,025
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	
g Employer contributions. Total from column (b) of line 3			**9g**	99,325,803
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	564,605,984		97,795,681
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	10,312,888
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	1,560,839,125		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	2,066,312,046		
(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**	207,434,372
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**	685,326,653
o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the current plan year			**9o(1)**	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
(a) Reconciliation outstanding balance as of valuation date			**9o(2)(a)**	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))			**9o(2)(b)**	0
(3) Total as of valuation date			**9o(3)**	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)			**10**	685,326,653
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions				[X] Yes [ ] No

Attachments to 2025 Schedule MB (Form 5500)
The Legacy Plan of the UNITE HERE Retirement Fund
EIN 82-0994119, Plan 001

Schedule MB, line 3 – Withdrawal Liability Amounts

Date	Withdrawal Liability Payments		
	Periodic Payments	Lump Sum Payments	
1/15/2025	$ 14,758	$ -	$ 14,758
1/30/2025	4,860	-	4,860
2/5/2025	9,971	-	9,971
2/26/2025	-	183,000	183,000
2/26/2025	109,024	-	109,024
3/10/2025	2,429	-	2,429
3/10/2025	2,331	-	2,331
3/31/2025	5,581	-	5,581
4/1/2025	2,617	-	2,617
4/17/2025	4,860	-	4,860
4/29/2025	14,758	-	14,758
5/9/2025	9,971	-	9,971
5/9/2025	-	775,000	775,000
6/27/2025	2,331	-	2,331
6/27/2025	2,429	-	2,429
6/30/2025	5,581	-	5,581
7/16/2025	-	125,627	125,627
7/23/2025	-	775,000	775,000
7/24/2025	4,860	-	4,860
8/4/2025	9,971	-	9,971
8/6/2025	14,758	-	14,758
9/19/2025	2,504	-	2,504
9/25/2025	2,429	-	2,429
9/25/2025	2,331	-	2,331
9/30/2025	5,581	-	5,581
10/9/2025	14,758	-	14,758
10/16/2025	4,860	-	4,860
10/29/2025	9,971	-	9,971
12/2/2025	2,504	-	2,504
12/23/2025	2,429	-	2,429
12/26/2025	4,860	-	4,860
12/31/2025	5,581	-	5,581

Attachments to 2025 Schedule MB (Form 5500)
The Legacy Plan of the UNITE HERE Retirement Fund
EIN 82-0994119, Plan 001

Schedule MB, line 4b – Illustration Supporting Actuarial Certification of Status

The Plan received Special Financial Assistance (SFA) on February 13, 2025. Pursuant to ERISA Section 432(b)(7) and PBGC Regulation 4262.17(c), the Plan is therefore deemed to be in Critical status within the meaning of section 305(b)(2) of ERISA.

Attachments to 2025 Schedule MB (Form 5500)
The Legacy Plan of the UNITE HERE Retirement Fund
EIN 82-0994119, Plan 001

Schedule MB, line 4c – Documentation Regarding Progress Under Funding Improvement or Rehabilitation Plan

The attached PPA Certification for the 2025 plan year shows that the Plan is making schedule progress in meeting the requirements of its adopted Rehabilitation Plan.

Attachments to 2025 Schedule MB (Form 5500)
The Legacy Plan of the UNITE HERE Retirement Fund
EIN 82-0994119, Plan 001

Schedule MB, line 8b(1) – Schedule of Projected Benefit Payments

Plan Year	Expected Annual Benefit Payments			
	Actives	Terminated Vesteds	Retirees	Total
2025	$ 7,721,707	$ 12,556,119	$ 116,341,637	$ 136,619,462
2026	13,026,304	19,791,443	112,756,151	145,573,897
2027	17,666,873	26,511,290	109,073,847	153,252,011
2028	21,675,481	32,626,870	104,734,237	159,036,587
2029	25,396,675	38,045,787	100,514,265	163,956,727
2030	28,516,670	43,012,343	96,335,817	167,864,830
2031	31,222,661	47,259,652	92,045,682	170,527,995
2032	33,675,362	51,122,718	87,667,942	172,466,022
2033	35,673,722	54,608,804	83,191,789	173,474,315
2034	37,329,163	57,375,685	78,729,786	173,434,633
2035	38,806,254	59,636,889	74,285,368	172,728,510
2036	39,989,968	61,491,619	69,829,211	171,310,799
2037	40,913,268	63,021,493	65,369,293	169,304,054
2038	41,618,542	64,215,003	60,922,450	166,755,994
2039	42,163,389	65,093,418	56,506,817	163,763,624
2040	42,459,254	65,645,257	52,142,273	160,246,784
2041	42,584,175	65,907,985	47,850,305	156,342,465
2042	42,528,704	65,912,273	43,653,560	152,094,537
2043	42,253,007	65,698,530	39,575,388	147,526,924
2044	41,795,599	65,131,047	35,639,394	142,566,041
2045	41,206,601	64,322,230	31,868,814	137,397,646
2046	40,424,139	63,225,317	28,285,843	131,935,299
2047	39,445,203	61,875,705	24,910,966	126,231,874
2048	38,302,431	60,314,061	21,762,205	120,378,697
2049	36,997,448	58,508,169	18,854,115	114,359,732
2050	35,579,390	56,498,474	16,196,937	108,274,800
2051	34,063,457	54,324,905	13,795,933	102,184,294
2052	32,414,336	52,005,967	11,651,055	96,071,358
2053	30,678,165	49,558,240	9,757,078	89,993,484
2054	28,877,668	47,004,655	8,103,944	83,986,267
2055	27,061,013	44,383,609	6,677,531	78,122,154
2056	25,218,367	41,721,607	5,460,689	72,400,662
2057	23,383,072	39,053,803	4,434,150	66,871,025
2058	21,576,721	36,414,963	3,577,498	61,569,182
2059	19,810,601	33,810,972	2,870,061	56,491,634
2060	18,100,902	31,273,425	2,291,561	51,665,887
2061	16,462,747	28,819,877	1,822,740	47,105,365
2062	14,904,730	26,454,456	1,445,859	42,805,046
2063	13,434,710	24,193,083	1,144,947	38,772,740
2064	12,054,445	22,036,838	906,011	34,997,294
2065	10,767,017	19,992,097	717,075	31,476,190
2066	9,572,958	18,064,301	568,086	28,205,345
2067	8,471,933	16,254,173	450,764	25,176,870
2068	7,460,993	14,562,520	358,397	22,381,909
2069	6,537,867	12,987,555	285,605	19,811,026
2070	5,699,150	11,526,715	228,133	17,453,998
2071	4,941,042	10,178,037	182,649	15,301,727
2072	4,259,407	8,938,111	146,557	13,344,075
2073	3,649,904	7,803,216	117,835	11,570,955
2074	3,108,047	6,769,709	94,916	9,972,672

Notes on the Expected Annual Benefit Payments:

- Based on the 2025 funding assumptions
- Amounts are payable mid-year
- Per the 5500 instructions they do not include additional accruals, new entrants, or expected expenses

Attachments to 2025 Schedule MB (Form 5500)
The Legacy Plan of the UNITE HERE Retirement Fund
EIN 82-0994119, Plan 001
Schedule MB, line 8b(2) – Schedule of Active Participant Data

Age/Service Distribution of Active Participants

Number of Active Participants by Age and Years of Total Pension Credit as of January 1, 2025

Service	Under 1		1-4		5-9		10-14		15-19		20-24		25-29		30-34		35-39		40 & UP	
Age	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.	No.	Average Accrued Mon. Ben.
Under 20	0		0		0		0		0		0		0		0		0		0	
20-24	0		0		0		0		1		0		0		0		0		0	
25-29	0		1		5		7		0		0		0		0		0		0	
30-34	7		50	$22	100	$39	159	$56	11		2		0		0		0		0	
35-39	7		60	$28	182	$46	366	$87	220	$206	16		0		0		0		0	
40-44	14		57	$31	181	$67	483	$104	449	$224	203	$435	23	$574	0		0		0	
45-49	26	$34	44	$33	194	$79	526	$103	586	$234	455	$457	200	$669	11		0		0	
50-54	18		102	$19	252	$46	817	$93	831	$218	633	$455	377	$667	142	$740	14		1	
55-59	29	$22	60	$15	192	$50	683	$81	872	$217	734	$415	447	$661	287	$761	156	$862	11	
60-64	37	$16	56	$21	166	$53	686	$95	824	$199	752	$387	456	$653	369	$751	255	$820	153	$944
65-69	22	$24	28	$23	83	$35	257	$67	375	$142	233	$341	110	$578	88	$677	54	$771	41	$910
70 & Up	5		18		35	$45	121	$45	125	$93	46	$268	27	$533	18		9		17	
Total	165		476		1,390		4,105		4,294		3,074		1,640		915		488		223	

Average Age = 54.9

Average Service = 10.8

Attachments to 2025 Schedule MB (Form 5500)
The Legacy Plan of the UNITE HERE Retirement Fund
EIN 82-0994119, Plan 001
Schedule MB, line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2025	$85,899,000	$2,006,000	$87,905,000
2026	$83,322,030	$1,118,504	$84,440,534
2027	$80,822,369	$1,943,392	$82,765,761
2028	$78,397,698	$2,743,533	$81,141,231
2029	$76,045,767	$3,519,671	$79,565,438
2030	$73,764,394	$4,272,524	$78,036,918
2031	$71,551,462	$5,002,791	$76,554,253
2032	$69,404,918	$5,711,151	$75,116,069
2033	$67,322,771	$6,398,259	$73,721,030
2034	$65,303,088	$7,064,755	$72,367,842

Attachments to 2025 Schedule MB (Form 5500)
The Legacy Plan of the UNITE HERE Retirement Fund
EIN 82-0994119, Plan 001
Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases

Schedule of Amortizations Required for Minimum Required Contribution as of January 1, 2025

Type of Base	Charges: Date Established	Charges: 1/1/2025 Outstanding Balance	Remaining Amortization Years*	Beg. of Yr. Amortization Amount
1. Greater NY Plan Amendment	*	$ 1,495,244	11.00	$ 186,356
2. Change in Actuarial Assumptions	*	4,666,481	11.00	581,596
3. Valley Laundry Combined Charges	*	907,096	1.00	907,096
4. Assumption Change	*	2,037,794	14.00	217,768
5. Plan Amendment - ILGWU	*	6,726,224	1.00	6,726,224
6. Plan Amendment - ILGWU	*	11,866,328	10.00	1,578,970
7. Assumption Change - ILGWU	*	7,925,221	10.00	1,054,554
8. Plan Amendment - ILGWU	*	10,566,387	11.00	1,316,917
9. Assumption Change - ILGWU	*	163,398	12.00	19,226
10. Plan Amendment - ILGWU	*	3,033,402	12.00	356,926
11. Plan Amendment - ILGWU	*	546,814	13.00	61,147
12. Assumption Change - ILGWU	*	8,682,700	13.00	970,927
13. Assumption Change	*	47,493,898	14.00	5,075,408
14. Local 108 Combined Bases	*	5,939,038	23.00	492,407
15. Local 150 Combined Bases	*	2,297,507	21.82	194,815
16. Assumption Change for new Locals	1/1/2006	1,042,020	16.00	103,090
17. Assumption Change - Local 218 and Local 4-69	*	1,428,322	17.00	136,725
18. Amendments	1/1/2007	206,619	17.00	19,778
19. HEREIU - 1992 Amendment - 274	*	65,256	2.00	33,731
20. HEREIU - Exp Loss	*	312,371	3.00	111,243
21. HEREIU - 1996 Amendment	*	13,691	6.00	2,684
22. HEREIU - 1997 Amendment	*	178,431	7.00	30,942
23. HEREIU - 1998 Amendment	*	150,751	8.00	23,594
24. HEREIU - 1998 Assumptions	*	4,439,410	8.00	694,821
25. HEREIU - 1999 Amendment	*	2,681,375	9.00	384,631
26. HEREIU - Method Change	*	5,790,485	9.00	830,618
27. HEREIU - 2000 Amendment	*	1,452,252	10.00	193,241
28. HEREIU - 2001 Assumptions	*	1,080,933	11.00	134,720
29. HEREIU - 2001 Amendment	*	11,028,874	11.00	1,374,557
30. HEREIU - 2002 Amendment	*	6,547,325	12.00	770,394
31. HEREIU - 2003 Assumptions	*	504,533	13.00	56,419
32. HEREIU - 2003 Amendment	*	10,780,813	13.00	1,205,545
33. HEREIU - 2004 Amendment	*	16,678,885	14.00	1,782,380
34. HEREIU - 2005 Amendment	*	5,379,357	15.00	551,985
35. HEREIU - 2006 Amendment	*	2,483,499	16.00	245,698
36. HEREIU - 2006 Loss	*	1,206,863	1.00	1,206,863
37. HEREIU - 2007 Loss	*	37,401	2.00	19,333
38. Local 54 Combined Bases	*	23,994,376	6.69	4,311,833
39. Local 10 Combined Bases	*	2,277,871	3.23	759,117
40. Local 102 Combined Bases	*	2,789,550	2.25	1,292,350
41. 2007 Experience Loss	*	6,536,461	3.00	2,327,784
42. Alaska Combined Bases	*	5,954,463	1.61	3,774,391
43. Change in Method Merged Plans	1/1/2009	1,390,279	4.00	383,598
44. ENIL (2008)	1/1/2009	308,587,795	13.00	34,507,282
45. ENIL (2008)	1/1/2010	37,504,452	13.00	4,193,869
46. Assumption Change Merged Plan	1/1/2010	513,082	5.00	116,949
47. ENIL (2008)	1/1/2011	40,109,383	13.00	4,485,160
48. ENIL (2008)	1/1/2012	42,500,792	13.00	4,752,576
49. 2011 Experience Loss	*	58,775,227	7.00	10,192,460

Attachments to 2025 Schedule MB (Form 5500)
The Legacy Plan of the UNITE HERE Retirement Fund
EIN 82-0994119, Plan 001
Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases

Schedule of Amortizations Required for Minimum Required Contribution as of January 1, 2025				
	Charges			
Type of Base	Date Established	1/1/2025 Outstanding Balance	Remaining Amortization Years*	Beg. of Yr. Amortization Amount
50. ENIL (2008)	1/1/2013	45,572,783	13.00	5,096,095
51. ENIL (2008)	1/1/2014	49,081,500	13.00	5,488,451
52. 2014 Experience Loss	1/1/2015	43,282,166	5.00	9,865,530
53. 2015 Experience Loss	1/1/2016	36,864,226	6.00	7,228,000
54. 2016 Experience Loss	1/1/2017	46,005,197	7.00	7,977,956
55. 2017 Experience Loss	1/1/2018	40,954,870	8.00	6,409,926
56. 2018 Assumption Change	1/1/2018	151,244,068	8.00	23,671,501
57. 2019 Experience Loss	1/1/2019	52,006,469	9.00	7,460,084
58. 2022 Assumption Change	1/1/2022	45,510,305	12.00	5,354,989
59. 2023 Experience Loss	1/1/2023	107,260,151	13.00	11,994,176
TOTAL CHARGES		**$ 1,336,552,464**		**$ 191,297,406**

Attachments to 2025 Schedule MB (Form 5500)
The Legacy Plan of the UNITE HERE Retirement Fund
EIN 82-0994119, Plan 001
Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases

Schedule of Amortizations Required for Minimum Required Contribution as of January 1, 2025				
		Credits		
Type of Base	Date Established	1/1/2025 Outstanding Balance	Remaining Amortization Years	Beg. of Yr. Amortization Amount
1. Change in Actuarial Assumptions	*	(10,307,061)	7.00	(1,787,391)
2. Plan Amendment	*	(1,214,199)	8.00	(190,037)
3. Plan Amendment - ILGWU	*	(514,014)	4.00	(141,824)
4. Assumption Change	1/1/2005	(37,602,078)	10.00	(5,003,449)
5. Local 108 Combined Bases	*	(1,190,810)	4.00	(328,561)
6. Experience Gain	*	(1,522,517)	1.00	(1,522,517)
7. 2010 Experience Gain Under PRA 10	*	(9,666,664)	1.00	(9,666,664)
8. 2012 Assumption Change	*	(497,876)	2.00	(257,356)
9. 2012 Experience Gain Under PRA 10	*	(30,755,691)	3.00	(10,952,811)
10. 2013 Experience Gain	1/1/2014	(2,704,028)	4.00	(746,080)
11. Assumption change	1/1/2014	(82,352,921)	4.00	(22,722,334)
12. 2020 Experience Gain	1/1/2020	(32,544,972)	10.00	(4,330,534)
13. 2020 Assumption Change	1/1/2020	(35,574,682)	10.00	(4,733,677)
14. 2021 Experience Gain	1/1/2021	(27,053,916)	11.00	(3,371,800)
15. 2022 Experience Gain	1/1/2022	(76,425,810)	12.00	(8,992,674)
16. 2023 Assumption Change	1/1/2023	(39,345,335)	13.00	(4,399,722)
17. 2024 Experience Gain	1/1/2024	(48,563,876)	14.00	(5,189,751)
18. 2024 Assumption Change	1/1/2024	(105,922,479)	14.00	(11,319,345)
19. 2025 Experience Gain	1/1/2025	(20,847,055)	15.00	(2,139,154)
TOTAL CREDITS		**$ (564,605,984)**		**$ (97,795,681)**
NET CHARGES		**$ 771,946,480**		**$ 93,501,725**

Attachments to 2025 Schedule MB (Form 5500)
The Legacy Plan of the UNITE HERE Retirement Fund
EIN 82-0994119, Plan 001

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods

A. Actuarial Assumptions

1. Interest Rates

7.00% per annum, compounded annually, net of investment expenses for determining costs and liabilities. This rate was chosen based on the Plan's asset allocation, past experience, discussion with the Plan's investment advisor.

High end of the legal range for determining Current Liability (4.01% per annum for the current valuation)

LDROM: The PBGC 4044 Yield Curve as of December 31, 2025 for a January 1, 2025 valuation date.

2. Retirement Age

Active Participants

Retirement/Probabilities	
Age	**Unisex**
55	5.0%
56-59	4.0%
60-61	5.0%
62	25.0%
63	10.0%
64	10.0%
65	60.0%
66	25.0%
67	25.0%
68-70	35.0%
71+	100.0%

Inactive Vested Participants

Retirement/Probabilities		
Age	**Unisex (Pre-2008)**	**Unisex (Post-2007)**
55-61	3.0%	5.0%
62	15.0%	15.0%
63	10.0%	10.0%
64	15.0%	15.0%
65	40.0%	45.0%
66	30.0%	35.0%
67	15.0%	25.0%
68	10.0%	20.0%
69	10.0%	25.0%
70	10.0%	15.0%
71	10.0%	25.0%
72	10.0%	20.0%
73	5.0%	15.0%
74	5.0%	10.0%
75+	100.0%	100.0%

In addition, pre-2008 inactive vested members who reach age 75 without retiring will receive 10% of their benefit.

3. Operating Expenses

Expected operating expenses are added to the normal cost. Expenses have two components, those related to PBGC expense and other. PBGC related expenses are assumed to be $39 per each of 87,313 participants and non-PBGC expenses are $7,680,817 (which is 1% lower than the assumed 2024 non-premium related expenses). These two components total $11,086,024 as of the beginning of the year, equivalent to $11,467,472 as of the middle of the year. Investment consultant fees are not included in assumed operating expenses.

For financial disclosure under FASB ASC 960, the present value of expected administrative expenses is assumed to be 10.0% of Accrued Liability.

Attachments to 2025 Schedule MB (Form 5500)
The Legacy Plan of the UNITE HERE Retirement Fund
EIN 82-0994119, Plan 001

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods

4. Annual Service Accruals

Future credited service accruals are assumed to be zero due to the freeze in benefit accruals effective 12/31/2014.

Future vesting service accruals are assumed to be 1.0 per year for each active participant.

5. Contribution Income

Employer contributions are assumed to equal projected Contribution Base Units (CBUs) multiplied by a $1.507 hourly rate.

6. Active Participants

Those participants reported with an active status code by the plan administrator, participants with multiple records with an active status code, and those participants reported with an inactive status code by the plan administrator with termination dates after the valuation date.

7. Terminated Vested Participants

Terminated Vested Participants are assumed to have a 0% probability of benefit receipt if over the age of 85 on the valuation date.

8. Non-Disabled Mortality

For Active and Terminated Vested Participants
PRI-2012 Blue Collar Employee Mortality Table fully generational reflecting mortality improvements with MP-2021

For Retired Participants
PRI-2012 Blue Collar Retiree Mortality Table fully generational reflecting mortality improvements with MP-2021

For Survivor and Beneficiary Participants
PRI-2012 Blue Collar Survivor Mortality Table fully generational reflecting mortality improvements with MP-2021

For determining the RPA '94 current liability, the generational mortality tables per Regulation 1.431(C)(6)-1(a) were used.

9. Disabled Mortality

PRI-2012 Total Disabled Dataset fully generational reflecting mortality improvements with MP-2021.

10. Rates of Disability

Representative Disability Probabilities					
Age	**Male**	**Female**	**Age**	**Male**	**Female**
20	0.05%	0.07%	48	0.24%	0.36%
28	0.05%	0.08%	49	0.27%	0.40%
31	0.06%	0.08%	50	0.30%	0.45%
32	0.06%	0.09%	51	0.34%	0.51%
34	0.07%	0.10%	52	0.38%	0.58%
36	0.08%	0.11%	53	0.44%	0.65%
37	0.08%	0.12%	54	0.49%	0.74%
38	0.09%	0.14%	55	0.56%	0.84%
39	0.10%	0.15%	56	0.64%	0.96%
40	0.11%	0.16%	57	0.72%	1.07%
41	0.12%	0.18%	58	0.80%	1.20%
42	0.13%	0.19%	59	0.89%	1.34%
43	0.14%	0.21%	60	0.97%	1.47%
44	0.16%	0.23%	61	1.07%	1.61%
45	0.17%	0.26%	62	1.17%	1.76%
46	0.19%	0.29%	63	1.27%	1.92%
47	0.22%	0.32%	64	1.38%	2.08%

Attachments to 2025 Schedule MB (Form 5500)
The Legacy Plan of the UNITE HERE Retirement Fund
EIN 82-0994119, Plan 001

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods

11. Withdrawal

Illustrations of the annual probabilities of withdrawal (for reasons other than mortality or disablement) are shown in the table below for selected ages.

Representative Withdrawal Probabilities						
	Service					
Age	0-1	1-2	2-3	3-4	4-5	5+
20	25%	24%	23%	22%	20%	18%
25	25%	20%	19%	17%	15%	12%
30	25%	20%	18%	15%	12%	10%
35	25%	19%	17%	14%	10%	8%
40	25%	18%	16%	12%	8%	6%
45	25%	17%	14%	10%	7%	5%
50	25%	15%	12%	8%	6%	3%
55	25%	15%	10%	6%	4%	2%
60	25%	15%	5%	0%	0%	0%

12. Re-employment

It is assumed that participants will not be reemployed following a break in service.

13. Form of Payment

70% Participants are assumed to elect a Single Life Annuity and 30% are assumed to elect a J&S 50% Annuity.

14. Marriage

For purposes of pre-retirement death benefits, 75% of non-retired female participants are assumed to be married. 85% of non-retired male participants are assumed to be married.

15. Spouse Age

Spouses of male participants are assumed to be three years younger than the participant. Spouses of female participants are assumed to be three years older than the participant.

16. Cost Method

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

17. Asset Valuation Method

The Actuarial Value of Assets is determined by adjusting the Market Value of Assets to reflect the investment gains and losses (the difference between the actual investment return and the expected investment return) during each of the last five years at the rate of 20% per year. Expected investment return is calculated using the net Market Value of Assets as of the beginning of the plan year, and the benefit payments, employer contributions, and operating expenses are weighted based on the timing of the transactions during the year. The actuarial value is subject to a restriction that it be not less than 80% or more than 120% of the market value.

Attachments to 2025 Schedule MB (Form 5500)
The Legacy Plan of the UNITE HERE Retirement Fund
EIN 82-0994119, Plan 001

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods

18. Participant Data

Data for the valuation was received from Amalgamated Employee Benefits Administrators, the Plan Administrator. Such data included each active participant's service as determined by Amalgamated Employee Benefits Administrators, where available. The fund office determined, based on reported dates of termination of employment and hours reported for the most recent reporting period, whether participants were active or inactive. In order to develop individual actuarial costs, data plugs were made for records with missing information. To the extent that information was missing, the following data plugs were performed:

For records with missing dates of birth, the assumed age was assigned based on the average entry age of participants reported. If a participant is missing a gender, the participant was assumed to be female for the valuation. Some active records are identified as being working retirees. The accrued benefit provided in these active records is valued as other actives, by applying decrements. When a companion retired record is provided for the same participant, the benefits in that record are valued as a retiree.

The liabilities for retired participants were determined from a file of such members as of January 1, 2025.

The liabilities for inactive vested participants were determined from a file of such members as of January 1, 2025.

19. Rationale for Actuarial Assumptions

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

20. Changes in Assumptions

As required, the Current Liability interest rate and mortality tables were updated. The interest rate went from 3.29% to 4.01% (per IRS Notice 2011-7), and the mortality table was updated to the 2025 Generational Mortality Table per Regulation §1.431(c)(6)-1(a).

Attachments to 2025 Schedule MB (Form 5500)
The Legacy Plan of the UNITE HERE Retirement Fund
EIN 82-0994119, Plan 001

Schedule MB, line 6 – Summary of Plan Provisions

Plan Name

The Legacy Plan of the UNITE HERE Retirement Fund

Plan Sponsor

Board of Trustees of the UNITE HERE Retirement Fund

Effective Date and Most Recent Amendment

The Legacy Plan of the National Retirement Fund was last restated effective January 1, 2015. The Legacy Plan of the UNITE HERE Retirement Fund was created through a spinoff from that plan effective January 1, 2018.

Plan Year

The 12-month period beginning January 1 and ending December 31.

Employers

A participating Employer is any person or entity that has been accepted for participation in the Plan and that is required to contribute to the Plan pursuant to a collective bargaining agreement or participation agreement.

Summaries of Individual Plan Provisions Used in this Valuation

The following schedules summarize the benefits that were formerly provided by the NRF Retirement Plan. The NRF Legacy Plan was frozen as of December 31, 2014. Benefits valued in the UNITE HERE portion of this Legacy Plan were calculated under some but not all of the provisions reported here.

Attachments to 2025 Schedule MB (Form 5500)
The Legacy Plan of the UNITE HERE Retirement Fund
EIN 82-0994119, Plan 001

Schedule MB, line 6 – Summary of Plan Provisions

	Service Credited Service	Vesting Service	Pension Benefits Normal Retirement	Early Retirement	Disability Retirement	Vested Retirement	Death Benefits Post-Retirement	Pre- Retirement
Base Plan* - Greater New York ILGWU NRF 2000, Textile** and HERE IU**	After 2004, 1/10 of one year for each 160 hours worked, maximum of 1 credit per year. At least 500 hours are required to earn a partial year.	After 2004, one year at least 1000 hours worked in one plan year. After 2007: <500 hours = 0, >500 and <800 = 0.5, >800 hours = 1.0	Eligibility: 65 yrs old and 5 yrs of svc. Monthly benefit is the following: Base Plan- Before 2003, $0.75 times svc + $0.30 times past svc. After 2002, $0.50 times svc + $0.20 times past svc. After 2010, $0.30 times svc + $0.12 times past svc. Former Clothing Fund - 1/1/2003 - 1/1/2007, $0.40 times svc. After 2006, $0.50 times svc. After 2010, $0.30 times svc. ILGWU NRF 2000 - 1/1/2000 - 1/1/2003, $0.48 times svc credit + $0.20 times past credit. 1/1/2003 – 1/1/2011, $0.50 times svc credit + $0.20 times past credit. After 2010: $0.30 times svc credit + $0.12 times past credit. Textile and HERE IU- see tables at back for special provisions.	Eligibility: 55 yrs old and 5 yrs of service Reduced by 1/2% for each month commencement precedes normal retirement	Eligibility 10 yrs of VS or 15 yrs CS (incl. 5 FS) or 50/15 (incl. 2 FS) Same as for the normal retirement benefits	Eligibility: 5 yrs of svc	If married, normal form is actuarially equivalent 50% joint and survivor annuity. 75% joint and survivor annuity also available	Free QPSA

* For participants of employers (under the NRF as of 1/1/2006) who make the additional 1% of pay contributions, an additional $1 of benefit accrual applies starting from the year in which such extra contribution is made. For participants of employers who make the additional 0.5% of pay contributions, an additional $0.50 of benefit accrual applies.

** See special provisions for benefits accrued prior to 1/1/2008 for the former Textile and HEREIU plans

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EIN 82-0994119, Plan 001

Schedule MB, line 6 – Summary of Plan Provisions

	Service Credited Service	Vesting Service	Pension Benefits				Death Benefits	
			Normal Retirement	Early Retirement	Disability Retirement	Vested Retirement	Post-Retirement	Pre- Retirement
Cotton	1 year of svc for at least 1000 hours, partial year of svc is not applicable	1 year of svc at least 1000 hours, partial year of svc is not applicable	Eligibility: 65 yrs old and 5 yrs of svc Monthly benefit is svc times the following rate: 1986- $7.00, 1987 - $7.25, 1988-1991-$7.50, 1992-1995-$7.75, 1996-1997-$9.25, 1998-2003-$12.00 after 2003-$8.00, after 2010 -$4.80. For Local 340A, $10.00 after 2003, $6.00 after 2010. *	Eligibility: 62 yrs old and 5 yrs of svc Reduced by 5/9% (5/6% for those entering without an hour of svc after 2004) for each month commencement precedes normal retirement	Same as Base Plan	Same as Base Plan	Same as Base Plan For those who retire prior to 1/1/2011, under the Normal, Disability or Early Retirement provisions, a $1,000 death benefit is payable	Same as Base Plan
Neckwear	1 year svc for at least 1000 hours worked during the plan year	1 year svc for at least 1000 hours worked during the plan year	Eligibility: 65 yrs old and 5 yrs of svc. Amount -- monthly benefit is svc times the following rates: prior 1999-$5.50, 1999-2003-$9.50, 2002-2010-$8.00, after 2010-$4.80	Eligibility: 62 yrs old and 5 yrs of svc Reduced by 5/9% for each month commencement precedes normal retirement	Same as Base Plan	Same as Base Plan	Same as Base Plan For those who retire prior to 1/1/2011, under the Normal, Disability or Early Retirement provisions, a $1,000 death benefit is payable	Same as Base Plan

* For participants of employers (under the NRF as of 1/1/2006) who make the additional 1% of pay contributions, an additional $1 of benefit accrual applies starting from the year in which such extra contribution is made. For participants of employers who make the additional 0.5% of pay contributions, an additional $0.50 of benefit accrual applies.

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Schedule MB, line 6 – Summary of Plan Provisions

	Service Credited Service	Vesting Service	Pension Benefits		Disability Retirement	Vested Retirement	Death Benefits	
			Normal Retirement	Early Retirement			Post-Retirement	Pre- Retirement
Cloth Hat and Cap	.25 of a year for every 250 hours, maximum of 1 year of svc	1 year svc for at least 1000 hours worked during the plan year	Eligibility: 65 yrs old and 5 yrs of svc $16 per year of svc before 2003; $8 per year of svc from 2003-2010; $4.80 per year of svc after 2010	Eligibility: 62 yrs old and 5 yrs of svc Reduced by 6% for each year commencement precedes normal retirement (6 2/3% if first participated after 2004)	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan
Consolidated Headwear	7/12 of a year for 380- 569 hours increasing at 1/12 of a year for every 190 hours up to a maximum of 1 year of service	1 year of svc for a year with at least 1,000 hours	Eligibility: 65 yrs old and 5 yrs of svc Amount: Prior to 2004, monthly benefit is $11.25 times svc. Svc from 2003 - 2010, $8.00 times svc. For svc after 2010, $4.80 times svc.	Eligibility: 62 yrs old and 5 yrs of svc Reduced by 5/9% for each month commencement precedes normal retirement	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan
Local 340A	1 year of svc for at least 1000 hours, partial year of svc is not applicable	1 year of svc for at least 1000 hours, partial year of svc is not applicable	Eligibility: 65 yrs old and 5 yrs of svc Amount --monthly benefit is svc times the following rates: prior 2001- $7.50, 2001-2003- $12.00, 2003-2010- $10.00, after 2010 - $6.00	Eligibility: 62 yrs old and 5 yrs of svc Reduced 5/9% for each month commencement precedes normal retirement	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan

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Schedule MB, line 6 – Summary of Plan Provisions

	Service		Pension Benefits				Death Benefits	
	Credited Service	Vesting Service	Normal Retirement	Early Retirement	Disability Retirement	Vested Retirement	Post-Retirement	Pre- Retirement
ACTWU Detroit Plan	1/12th of a credit for each 4 weeks contributions are made (up to 1 credit per year)	1 year of svc for at least 1000 hours worked during the plan year	Eligibility: 65 yrs old and 5 yrs of svc Benefit rate times credited svc. Refer to **Detroit table** for Benefit rates. Rates in table are reduced 40% for accruals after 2010	Eligibility: 62 yrs old and 5 yrs of svc (also at 60 and 10 if a participant pre-2005) Reduced 5/9% for each month payment commencement date precedes normal retirement	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan
New England Laundry (66L)	1 year of svc for at least 1,000 hours, partial year of svc is not applicable	1 year of svc for at least 1,000 hours, partial year of svc is not applicable	Eligibility: 65 yrs old and 5 yrs of svc. Monthly benefit is given by the following: Prior to 11/1/98, $307.50 after 30 yrs of svc [or] Prior to 11/1/98, $10.25 times svc up to a maximum of 30 yrs of svc proportionally reduced for svc less than 30 yrs. From 11/1/98-2003, $12.00 times svc. From 2010-2003, $8.00 times credited svc. After 2010, $4.80 times svc.*	Eligibility: 62 yrs old and 5 yrs of svc or 60 yrs old and 10 yrs of svc for participants who first became participants prior to 2005 Reduced at the rate of 5/9% for each month commencement precedes normal retirement (1/2% participants who first became participants prior to 2005)	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan

* For participants of employers (under the NRF as of 1/1/2006) who make the additional 1% of pay contributions, an additional $1 of benefit accrual applies starting from the year in which such extra contribution is made. For participants of employers who make the additional 0.5% of pay contributions, an additional $0.50 of benefit accrual applies.

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Schedule MB, line 6 – Summary of Plan Provisions

	Service		Pension Benefits				Death Benefits	
	Credited Service	Vesting Service	Normal Retirement	Early Retirement	Disability Retirement	Vested Retirement	Post-Retirement	Pre-Retirement
Valley Laundry & Dry Cleaning (Local 75)	1/12 of a year of svc is earned for each month in which contributions were made	1 year of svc for at least 1000 hours worked during the plan year	Eligibility: 65 yrs old and 5 yrs of svc Svc times 0.315 times monthly contribution rates, for svc from 1989-2010, and times 0.189 for svc after 2010	Eligibility: 60 yrs old with 10 yrs of svc (62 yrs old after 2004) Reduced 1/2% per month less than normal retirement for participants with dates of participation before 2005, or 5/9% for participants after 2005	Same as Base Plan	Same as Base Plan	Same as Base Plan 100% Joint and Survivor annuity is also available	Same as Base Plan
ILGWU National Retirement Fund (excluding ILG 2000)	1 yr of svc is accrued in a calendar year if 870 hours are worked	1 yr of svc is accrued in a calendar year if 870 hours are worked	Eligibility: 65 yrs old and 5 yrs of svc See **ILGWU Table**	Eligibility: 62 yrs old and 5 yrs of svc Reduced by 6.67% per year that commencement precedes normal retirement	Same as Base Plan	Same as Base Plan See **ILGWU Table**	Same as Base Plan	Same as Base Plan
Indianapolis Cleaners and Launderers Plan (Local 3017)	1/10 of a year for every 120 hours up to a maximum of 1 year	1 yr svc for a year with at least 1,000 hours	Eligibility: 65 yrs old and 5 yrs of svc Monthly benefit is credited for svc up to 30 yrs times the following rate: 8/1/85-4/20/87- $3.55, 5/1/87-4/30/91 - $4.80 5/1/91 - 12/31/10 - $5.75 After 12/31/10 - $3.45	Eligibility: 62 yrs old and 5 yrs of svc (55 yrs old for participants before 2006) Reduced by 0.6% for each of the first 60 months, and by 0.3% for each additional month commencement precedes normal retirement. For participants after 2004, 5/9% for each month.	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan

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Schedule MB, line 6 – Summary of Plan Provisions

	Service Credited Service	Vesting Service	Pension Benefits		Disability Retirement	Vested Retirement	Death Benefits	
			Normal Retirement	Early Retirement			Post-Retirement	Pre-Retirement
AFL-CIO Laundry and Dry Cleaning International (Local 39)	Total hours/ 1,980 hours with a minimum of 501 hours and up to 1 year svc credit	1 yr of svc for a year with at least 501 hours of svc	Eligibility: 65 yrs old and 5 yrs of svc Weekly contribution rate times credited svc times the sum of the following: Prior 1985-80%, 1985-1986-90%, 1987-2010-150%, after 2010-90%	Eligibility: 55 yrs old and 10 yrs of svc Reduced by 0.5% for each month commencement precedes normal retirement	Eligibility: 45 yrs old and 10 yrs svc Normal pension accrued	Same as Base Plan	Same as Base Plan	Same as Base Plan
Textile Processors, Svc Trades, Health Care, Professional and Technical Employees International Union (Local 108)	Total hours/1,500 up to a maximum of 1 year and 200 minimum total hours	Total hours/ 1,000 up to a maximum of 1 year and 200 minimum total hours	Eligibility: 63 yrs old (for participants after 2002 3 yrs of svc) Prior to 8/1/66 -$14.00 times credited svc; 8/1/66-12/31/75, $16.00 times credited svc; 1976 and later, based on the amount of contribution made. **Refer to the Local 108 table***	Eligibility: 62 yrs old Reduced by 5/9% for each month prior to normal retirement	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan
Minnesota Laundry and Health Care Workers (Local 150)	1 month for at least 1 hour of svc in any calendar month	1 year for at least 1,000 hours	Eligibility: 65 yrs old $18 times svc before 2011. $10.80 times credited svc after 2010*	Eligibility: 55 yrs old and 5 yrs of svc Reduced by 6 2/3% for each year commencement precedes normal retirement for the first 5 yrs and 3 1/3% for the next 5 yrs	Eligibility: 5 yrs of svc Normal pension accrued	Same as Base Plan	Same as Base Plan 100% Joint and Survivor annuity is also available	Same as Base Plan

* For participants of employers (under the NRF as of 1/1/2006) who make the additional 1% of pay contributions, an additional $1 of benefit accrual applies starting from the year in which such extra contribution is made. For participants of employers who make the additional 0.5% of pay contributions, an additional $0.50 of benefit accrual applies.

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Schedule MB, line 6 – Summary of Plan Provisions

	Service Credited Service	Vesting Service	Pension Benefits		Disability Retirement	Vested Retirement	Death Benefits	
			Normal Retirement	Early Retirement			Post-Retirement	Pre-Retirement
AFL-CIO Combination Dry Cleaners, Launderers, and Svc Stores (Local 168)	1 year for 1,800 hours worked, with proportional credit for fewer than 1,800 hours (minimum 1000 hours)	1 year for 1,000 hours of svc	Eligibility: 60 yrs old and 5 yrs svc or 30 yrs of svc Sum of weekly contribution rate times svc times the following: 1976-1984 - 47% (plus $2 times svc if terminated prior to 1981), 1983-2010 – 100%, After2010 – 60%*	Eligibility: 55 yrs old and 15 yrs of svc (25 yrs unreduced) Reduced by 0.5% for each month commencement precedes normal retirement	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan
Laundry and Allied Trades (Local 3008)	.25 yrs of svc for at least 350 hours but less than 750, .50 yrs of svc for at least 750 hours but less than 1125, .75 yrs of svc for at least 1125 hours but less than 1500, 1 year of svc for at least 1500 hours	One year for at least 870 hours	Eligibility: 65 and 5 yrs of svc From 11/1/2002-12/31/2010-$0.20 times svc, After 2010- $0.12 times svc. For historical rates, Please refer to the **Local 3008 table**	Eligibility: 55 yrs old and 5 yrs of svc Reduced by 0.5% for each month commencement precedes normal retirement Reduced by 0.5% for each month early retirement date precedes age 65	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan

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Schedule MB, line 6 – Summary of Plan Provisions

	Service		Pension Benefits				Death Benefits	
	Credited Service	Vesting Service	Normal Retirement	Early Retirement	Disability Retirement	Vested Retirement	Post-Retirement	Pre-Retirement
UNITE Washable Clothing Sportswear and Allied Industries Plan	One year of svc for at least 1,000 hours, partial year of svc is not applicable	One year for any year with at least 1,000 hours of svc	Eligibility: 65 yrs old and 5 yrs of svc Before 2011, monthly benefit is $13.00 times svc. For New School University, $25.00 times svc. After 2010, monthly accrual is $7.80 and $15.00 for Old School and New School, respectively*	Eligibility: 62 and 5 yrs of svc Reduced by 5/6 of 1% for each month commencement precedes normal retirement. For retirements after January 1, 1994, a $100 monthly supplement is added to the monthly pension, paid until age 65.	Eligibility: 20 yrs in Industry, 10 yrs in covered employment Same as for the normal retirement benefits	Same as Base Plan	Same as Base Plan For those who retire prior to 1/1/2011, under the Normal, Disability or Early Retirement provisions, a $1,000 death benefit is payable	Same as Base Plan

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Schedule MB, line 6 – Summary of Plan Provisions

	Service Credited Service	Vesting Service	Pension Benefits		Disability Retirement	Vested Retirement	Death Benefits	
			Normal Retirement	Early Retirement			Post-Retirement	Pre-Retirement
The Local 4-69 Pension Fund of Hotel & Restaurant Employees & Bartenders Union	1 year for 1,600 hours with proportional credit for fewer than 1,600 hours with a minimum 375 hours	Less than 375 hours = 0 yrs 375 - 750 = 0.5 yrs 750 hours or more = 1.0 yrs	Eligibility: 65 yrs old and 5 yrs of svc The monthly pension under the prior benefit structure was frozen as of January 1, 2005, with benefits for that period being a function of employer contribution and date of participation in the fund. No benefits were accrued between January 1, 2005 and June 1, 2006. Starting June 1, 2006, the monthly benefit is based on the Base Plan (and Base Plan ancillary provisions apply) but based on 1/3 of the contribution rate to the plan at June 1, 2006, plus any contribution increases after that point.	Eligibility: 60 yrs old and 15 yrs of svc Reduced by 6% for each year commencement precedes normal retirement	Eligibility: 10 yrs of svc Same as for the normal retirement benefits	Same as Base Plan	Same as Base Plan	Same as Base Plan
The Local 218 and Linen Svc and Industrial Laundry Employees Retirement Plan	1/12 of a year for each month of svc (minimum of 5 months)	One year for at least 5 months of svc	Eligibility: 65 yrs old and 5 yrs of svc terminations of employment after 2/1/2000, monthly benefit is svc up to 25 yrs times the following rate: Prior 9/1/98 - $4.00, 9/1/98 – 1/1/2011 - $10.00; 1/1/2011 and later - *	Eligibility: 60 yrs old and 15 yrs of svc Reduced by 6% for each year commencement precedes normal retirement	Eligibility: 10 yrs of svc Same as for the normal retirement benefits	Same as Base Plan	Same as Base Plan	Same as Base Plan

* For participants of employers (under the NRF as of 1/1/2006) who make the additional 1% of pay contributions, an additional $1 of benefit accrual applies starting from the year in which such extra contribution is made. For participants of employers who make the additional 0.5% of pay contributions, an additional $0.50 of benefit accrual applies.

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			Normal Retirement	Early Retirement			Post-Retirement	Pre-Retirement
Local 10 and the Textile Maintenance Industry of Philadelphia & Vicinity Pension Plan	.25 of a year for every 13 weeks of svc	1 year for at least 23 weeks of svc	Eligibility: 65 yrs old and 5 yrs of svc Prior 12/6/1999, monthly benefit is $17.25 times svc. Between 12/6/99 and 12/31/2010, $23.50 times svc (not subject to reductions until 2/1/2017)*	Eligibility: 60 yrs old and 15 yrs of svc Reduced by 7.2% for each year commencement date precedes normal retirement	Same as Base Plan	Same as Base Plan	For those who retire prior to 1/1/2011, under the Normal, Disability or Early Retirement provisions, a $1,000 death benefit is payable.	Same as Base Plan
Local 102 Pension Plan	870 hours	870 hours	Eligibility: 65 yrs old and 5 yrs of svc Refer to Local 102 table	Eligibility: 62 yrs old and 20 yrs of svc with a contributing job	Same as Base Plan	Same as Base Plan Monthly Benefit is 3% per year of svc times regular pension amount at age of retirement	Same as Base Plan	Same as Base Plan
Local 125 Pension Plan	1,000-1,015 hrs: 7/12. 1/12 for each additional 144 hrs	1 year for at least 1000 hours	Eligibility: 65 yrs old and 5 yrs of svc Effective 7/1/93, $11.25 per month times svc credit. Eff. 1/1/2008, $14.00 for yrs earned after 2007. Eff. 1/1/2011 $8.40	Eligibility: 62 yrs old and 17 yrs of svc Reduced by 5/9% for each month prior to normal retirement	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan

* For participants of employers (under the NRF as of 1/1/2006) who make the additional 1% of pay contributions, an additional $1 of benefit accrual applies starting from the year in which such extra contribution is made. For participants of employers who make the additional 0.5% of pay contributions, an additional $0.50 of benefit accrual applies.

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	Credited Service	Vesting Service	Normal Retirement	Early Retirement	Disability Retirement	Vested Retirement	Post-Retirement	Pre-Retirement
Local 52 Pension Plan	Refer to Local 52 table	1 year for at least 950 covered hours	Eligibility: 65 yrs old and 5 yrs of svc **Refer to Local 52 table***	Eligibility: 62 yrs old and 20 yrs of svc Unreduced Normal retirement benefit payable immediately	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan
Santa Monica HERE Retirement Fund	Before 2008: Hours/2000 (max. 1) After 2007: Base Plan	Before 2008: 1 year of Vesting svc for at least 1000 hours After 2007: Base Plan	Eligibility: 65 yrs old and 5 yrs svc, for benefits accrued before 2008 **Refer to Santa Monica table** Same as Base Plan for benefits accrued after 2007	Eligibility: 55 yrs old and 5 yrs of svc Same as Base Plan for benefits accrued after 2007.	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan
Masland Carpets Pension Plan	Before 2008: 0.25 for every 450 hours of svc up to a maximum of 1 year of svc After 2007: Same as Base Plan	Before 2008: 1 year for 12 consecutive months of svc After 2007: Same as Base Plan	Eligibility: 65 yrs old and 5 yrs of svc **See Masland table for benefits accrued before 2008** Same as Base Plan for benefits accrued after 2008	Same as Base Plan for benefits accrued after 2008	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan

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			Normal Retirement	Early Retirement			Post-Retirement	Pre-Retirement
Local 54, for participants hired prior to 10/1/07 (hired after 10/1/2007, Base Plan)	1 year of svc for at least 800 hours	1 year of svc for at least 800 hours	Eligibility: 65 yrs old and 5 yrs of svc Monthly benefit is total contribution dollar times 0.0388 before 1/1/2011; total contributions times 0.0233 between 1/1/2011 and 1/1/2016; total contributions time 0.0186 after 1/1/2016	Eligibility: age 55 and 5 yrs of vesting svc Reduced by 1/2% for each month commencement precedes age 65	Eligibility: 10 yrs of svc Normal retirement benefit	Same as Base Plan	Same as Base Plan	Same as Base Plan
HERE IU (pre- 1/1/2008 service) -- see HERE IU tables for further information	1 year svc at least 1800 hours. Partial year is credited for at least 400 hours but less than 1800 hours	1 year of vesting svc for at least 800 hours	Eligibility: 65 yrs old and 5 years of svc Annual Benefit Accrual = Benefit Svc x Unit Benefit Level. **Refer HEREIU tables**	Eligibility: 55 yrs old and 10 yrs of svc Reduced by 1/2% for each month commencement precedes normal retirement	Same as Base Plan	Same as Base Plan	Standard form is single life annuity, with five yrs certain. Actuarially equivalent options are available.	Same as Base Plan

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Textile Pension Plan (for service earned prior to 1/1/2008)*	For Svc Prior to 1/1/2008 Past Svc- full year for at least 8 months of svc and 1/2 year for at least 4-7 months. Maximum of 20 yrs. Future Svc- One- tenth of a year for each 170 hours up to maximum of 1 year for at least 1700 hours	For Svc before 2006: 1 year for 1,000 hours For Svc from 2005-2007: One-tenth of a year for each 100 hours up to maximum of 1 year for at least 1000 hours	Eligibility: 65 yrs old and 5 yrs of svc After 1/1/2003: $0.20 for each year of Past Credited Svc after 12/31/2002 plus $0.50 for each year of Future Svc credited after 12/31/2002. The sum is multiplied by the average cents per hour contributed by all employers on the participants' behalf from 1/1/2003. Before 1/1/2003: $0.30 times Past credited Svc plus $0.75 times Future Svc. The sum is multiplied by the average cents per hour contributed by serve all employers' on the participants' behalf from 12/31/2002.	Eligibility: 55 yrs old and 5 yrs of svc Reduced by 0.5% for each month commencement precedes normal retirement	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan

* Prior plan provisions apply with respect to mergers for pre-merger service – in particular, Miami HERE (1/1/2007), San Jose HERE (1/1/2007), Minneapolis On-Sale (1/1/2006), Minneapolis Greater Metropolitan Hotel Plan (1/1/2006) and Cranston Print Works (2001).

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			Normal Retirement	Early Retirement			Post-Retirement	Pre-Retirement
Alaska Hotel and Restaurant Employee Pension Plan	Before 5/1/2008: 1 year for at least 435 covered hours After 4/30/2008: 1 year for 500 hours	Before 5/1/2008: 1 year for at least 435 hours After 4/30/2008: 500 hours	Eligibility: 62 yrs old and 5 yrs of service **Refer to Alaska table**	Eligibility: at least age 55 and 5 more years of service Reduced by 6% for each year commencement precedes normal retirement (4% for accruals before 2011)	Same as Base Plan (5 yrs of svc or 15,000 total hours for accruals before 5/1/2008)	Same as Base Plan	Same as Base Plan	Same as Base Plan
Local 610	Before 2009: 1/12 svc credit for each month, or a full year of svc for 5 months. After 2008: Same as the Base Plan	Before 2009: at least 5 months After 2008: Same as the Base Plan	Eligibility: 65 yrs old and 5 yrs svc Before 8/1/2008: $7.50 per year of svc. After 7/31/2008: Same as Base Plan	Eligibility: For benefits accrued after 8/1/2008: 55 yrs old and 5 yrs of svc For Benefits accrued before 8/1/2008: age 62 and 10 yrs of svc Reduced by 6% for each year commencement precedes normal retirement	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan
Laundry and Dry Cleaning Pension Plan (Local 107)	Before 2009: 1/12 svc credit for each month, or a full year of svc for 5 months. After 2008: Same as the Base Plan	Before 2009: at least 5 months After 2008: Same as the Base Plan	Eligibility: 65 yrs old and 5 yrs of svc **Refer to Local 107 table**	Eligibility: Before2009: 62 yrs old and 10 yrs of svc. After 2009: 55 yrs old with 5 yrs of svc. Before 2009: reduced by 5/9% for each month commencement precedes normal retirement. After 2008: Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan

Attachments to 2025 Schedule MB (Form 5500)
The Legacy Plan of the UNITE HERE Retirement Fund
EIN 82-0994119, Plan 001

Schedule MB, line 6 – Summary of Plan Provisions

	Service Credited Service	Vesting Service	Pension Benefits Normal Retirement	Early Retirement	Disability Retirement	Vested Retirement	Death Benefits Post-Retirement	Pre-Retirement
SEIU	Before 2009: 1/10 svc credit for every 180 hours. 1,800 hours for one credit. After 2008: Same as Base Plan	Before 2009: 1 credit for at least 700 hours, 0.5 credit for at least 350 hours. After 2008: Same as Base Plan	Eligibility: 65 yrs old and 5 yrs of svc. Pre 1/1/2009: 2.5% of employer contributions. **Refer to SEIU table**	Eligibility: at least age 55 yrs old and 5 yrs of svc Reduced by 6% for each year commencement precedes normal retirement (3% for Rule of 80 and benefits accrued before 2009)	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan
Sidney Hillman Medical Center (SHMC)	Before 2009: 1,000 hours for one credit After 2008: Same as Base Plan	Before 2009: 1000 hours; For one credit After 2008: Same as Base Plan	Eligibility: 65 yrs old and 5 yrs svc **Refer to SHMC table** After 2009: Same as Base Plan	Eligibility for benefits accrued before 2009: 62 yrs old and 10 yrs of svc. For benefits accrued after 2008: 55 yrs old and 5 yrs of svc. For accruals before 2009: Reduced by 6.67% for each year commencement precedes normal retirement. For accruals after 2008: Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan

Attachments to 2025 Schedule MB (Form 5500)
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Schedule MB, line 6 – Summary of Plan Provisions

	Service Credited Service	Vesting Service	Pension Benefits		Disability Retirement	Vested Retirement	Death Benefits	
			Normal Retirement	Early Retirement			Post-Retirement	Pre-Retirement
Local 471	Before 2010: svc credit for every 450 hours. 1,800 hours for one credit After 2010: Same as Base Plan	Before 2010: 1000 hours for one credit After 2010: Same as Base Plan	Eligibility: 65 yrs old and 5 yrs svc **Refer to Local 471 table**	Eligibility: at least age 55 yrs old and 5 yrs of svc (15 yrs of svc for benefits accrued before 2010). Reduced by 6% for each year commencement precedes normal retirement	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan

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Schedule MB, line 6 – Summary of Plan Provisions

Detroit

Normal Retirement – For each full year of credited service ending on or after October 1, 1996, monthly accrued benefit per year of service depends on final five year average contribution rate as shown below:

Final 5- Year Average Contribution Rate	Factor Per Year of Credited Service (Max 25)	25-Year Accrued Benefit Maximum
Under $3.20	$0.00	$0.00
$3.20 to $3.88	$3.50	$87.50
$3.89 to $4.58	$4.25	$106.25
$4.59 to $5.28	$5.00	$125.00
$5.29 to $5.98	$5.75	$143.75
$5.99 to $6.68	$6.50	$162.50
$6.69 to $7.38	$7.25	$181.25
$7.39 to $8.08	$8.00	$200.00
$8.09 to $8.78	$8.75	$218.75
$8.79 to $9.48	$9.50	$237.50
$9.49 to $10.18	$10.25	$256.25
Each additional $.80	$0.75	$18.75

Attachments to 2025 Schedule MB (Form 5500)
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Schedule MB, line 6 – Summary of Plan Provisions

ILGWU

Normal Retirement Pension

Amounts in table are applicable if age 55 with 15 years of service as of 1/1/2011 or 20 years of service as of 1/1/2011. Otherwise, amounts in table are multiplied by 60%.

Average Earnings	Benefit*
Less than $15,000	$120 per month
$ 15,000--$ 15,999	$125 per month
$ 16,000--$ 16,999	$130 per month
$ 17,000--$ 17,999	$135 per month
$ 18,000--$ 18,999	$140 per month
$ 19,000--$ 19,999	$145 per month
$ 20,000 and over	$150 per month

* For participants of employers who make the additional 0.5% of pay contributions, an additional $0.50 of benefit accrual applies

ILGWU Vested Normal Retirement Pension

Amounts in table are applicable if age 55 with 15 years of service as of 1/1/2011 or 20 years of service as of 1/1/2011. Otherwise, amounts in table are multiplied by 60%.

Average Earnings	Monthly Accrual per Year of Credited Service	Maximum Monthly Benefit
Less than $15,000	$3.60	$120
$ 15,000--$ 15,999	$3.75	$125
$ 16,000--$ 16,999	$3.90	$130
$ 17,000--$ 17,999	$4.05	$135
$ 18,000--$ 18,999	$4.20	$140
$ 19,000--$ 19,999	$4.35	$145
$ 20,000 and over	$4.50	$150

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Schedule MB, line 6 – Summary of Plan Provisions

Local 108

Normal Retirement Pension

Plan Year Contribution	Monthly Benefit
$50	$3.60
$100	$6.90
$150	$8.80
$200	$10.60
$250	$12.40
$300	$14.70
$350	$16.40
$400	$18.60
$450	$20.50
$500	$22.70
$550	$24.40
$600	$26.60
$650	$28.30
$700	$30.10
$750	$32.00

Amounts not shown are determined by straight-line interpolation. In addition, for all participants who were participants in the plan at December 31, 2006, an additional $50 (non-service related) is paid each December while a pension is in effect.

For service after 2010, the above amounts are multiplied by 60%

Attachments to 2025 Schedule MB (Form 5500)
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Schedule MB, line 6 – Summary of Plan Provisions

Local 3008

Normal Retirement: A Participant's Basic Benefit shall be equal to the sum of the following:

(i) Years of Benefit Service prior to February 1, 1984: $1.20 multiplied by total years of Benefit service; plus
(ii) For Future Benefit Service ended during plan year beginning February 1, 1984:

Employer Contribution Rate	Basic Benefit per Year of Benefit Service during 2/1/84 – 1/31/85
$0.08 / Hour Contribution or less	$1.20
$0.10 / Hour Contribution	$2.00
$0.12 / Hour Contribution	$2.80
$0.14 / Hour Contribution	$3.60

(iii) For Future Benefit Service earned after January 31, 1985 by participants for whom a contribution was made for hours worked on and after February 1, 1991:

Employer Contribution Rate	Basic Benefit per Year of Benefit Service after 1/31/85 and before 2/1/1991
$0.08 / Hour Contribution or less	$1.60
$0.10 / Hour Contribution	$2.10
$0.12 / Hour Contribution	$2.60
$0.14 / Hour Contribution	$3.10
$0.17 / Hour Contribution	$3.85
$0.28 / Hour Contribution	$6.60

Schedule MB, line 6 – Summary of Plan Provisions

Employer Contribution Rate	Basic Benefit per Year of Benefit Service after 1/31/1991
$0.08 / Hour Contribution or less	$2.24
$0.09 / Hour Contribution	$2.57
$0.10 / Hour Contribution	$2.90
$0.12 / Hour Contribution	$3.56
$0.14 / Hour Contribution	$4.24
$0.17 / Hour Contribution	$5.21
$0.18 / Hour Contribution	$5.54
$0.20 / Hour Contribution	$6.20
$0.22 / Hour Contribution	$6.86
$0.24 / Hour Contribution	$7.52
$0.26 / Hour Contribution	$8.18
$0.28 / Hour Contribution	$8.84

(iv) For Future Benefit Service earned after January 31, 2000 by participants for whom a contribution was made for hours worked on and after February 1, 2000:

Years of Service	Monthly Benefit for First $0.08 Employer Contribution	Monthly Benefit for each additional $0.01 Employer Contribution
Prior to 2/1/84	$1.20	$0.00
2/1/84 – 1/31/85	$1.20	$0.40
2/1/85 – 1/31/91	$1.60	$0.25
2/1/91 – 1/31/2000	$2.24	$0.33
After 1/31/2000	$2.75	$0.41

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Schedule MB, line 6 – Summary of Plan Provisions

Local 4-69

Credited Service - Beginning January 1, 1984 and until January 1, 2005, credited service for each calendar year of covered employment is being determined in accordance with the following table.

Hours of Covered Employment in Calendar Year	Years of Credited Service
1,600 or more	1.0
1,293 – 1,599	0.8
987 – 1,292	0.6
750 – 986	0.5
681 – 749	0.4
375 – 680	0.2
Less than 375	0.0

Local 102

Normal Retirement Pension

Amounts in table are applicable if age 55 with 15 years of service as of 1/1/2011 or 20 years of service as of 1/1/2011. Otherwise, amounts in table are multiplied by 60%.

Age	At least 870 hours in 1994 or any subsequent year	At least 870 hours in 1986 but prior to 1994	Less than 870 hours in 1986 and all subsequent years
At age 65 or older	$425.00 per month	$354.17 per month	$318.75 per month
At age 64 but before age 65	$396.67 per month	$330.56 per month	$297.50 per month
At age 63 but before age 64	$368.33 per month	$306.94 per month	$276.25 per month
At age 62 but before age 63	$340.00 per month	$283.33 per month	$255.00 per month

Attachments to 2025 Schedule MB (Form 5500)
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Schedule MB, line 6 – Summary of Plan Provisions

Local 52

Credited Service - A participant is granted credit for the number of months during a plan year that contributions are made on his or her behalf.

Months of Contribution	Credited Service
Less than 6	0.00
6	0.81
7	0.95
8	1.03
9	1.06
10	1.09
11	1.12
12	1.15

Monthly Pension at Normal Retirement The monthly pension shall be the sum of:

a) $7.75 times Credited Service earned from January 1, 1967 to December 31,1973, plus
b) $2.35 times Credited Service earned from January 1, 1974 to December 31, 1990, plus
c) the greater of
   i. $2.35 times Credited Service earned from January 1,1991 to December 31, 1996 (adjusted for contributions not equal to $7/month)
   ii. 3.6% times Total contributions from January 1, 1991 to December 31, 1996, plus
d) 3.6% times contributions after December 31, 1996 and before January 1, 2002 (no pension earned if service for any year is less than 6 months), plus
e) 2.25% times contributions in 2002 and 2003 (3.0% if Credited Service is greater than 10 years), plus
f) 1.15% times contribution in 2004 through 2006, plus
g) 1.265% times 2007 contributions, plus $0.50 for each one cent of contributions above $35 per month, plus
h) 1.85% times contributions made from 2008-2010, plus $0.50 for each one cent of contributions above $35 per month (monthly contributions are divided by 173 to get equivalent cents per hour rate).

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Schedule MB, line 6 – Summary of Plan Provisions

i) 1.11% times contributions made after 2010, plus $0.30 for each one cent of contributions above $35 per month (monthly contributions are divided by 173 to get an equivalent cents per hour rate).

Attachments to 2025 Schedule MB (Form 5500)
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Schedule MB, line 6 – Summary of Plan Provisions

Santa Monica

a) For a participant who retires on after January 1, 1996, the monthly amount of the normal retirement benefit will be the sum of:

Dates of Service	Rate	Contribution
< 12/31/90	$9.60	
1/1/91-12/31/93	$9.60	≤0.15
1/1/91-12/31/93	$11.50	>0.15
1/1/94-12/31/95	$9.60	< 0.18
1/1/94-12/31/95	$11.50	≥0.18
1/1/96-12/31/96	$11.50	≥ 0.18 and < 0.21
1/1/96-12/31/96	$13.40	≥ 0.21
1/1/97-12/31/07	$15.30	≥0.24

b) An additional 8% increase to the December 31, 1998 accrued benefits for participants who were active as of December 31, 1998 that is, who worked at least 500 hours in 1998 or 60 hours in any calendar month during 1998.

c) An additional 7.5% increase to the December 31, 1999 accrued benefits for participants who were active as of December 31, 1999, that is who worked at least 500 hours in 1999 or 60 hours in any calendar month during 1999.

d) For service after 2007, see Base Plan formula (and ancillary provisions) - using 65% of contribution rate in effect at January 1, 2008 and all of any contribution increases effective after 2007.

e) For service after 2010, the benefit accrual is an actuarially equivalent benefit amount.

Schedule MB, line 6 – Summary of Plan Provisions

Masland Carpets

The normal retirement benefit, payable monthly for three years certain and life thereafter, is based on years of benefit service accrued prior to 1/1/2008 multiplied by the benefit level in effect at termination, transfer, or retirement as outlined by the following schedule:

Date of Termination Transfer, or Retirement	Benefit Level
Prior to 4/26/1980	$2.50 per month
Effective 4/26/1980	$3.00 per month
Effective 4/28/1984	$3.25 per month
Effective 4/27/1985	$3.50 per month
Effective 4/26/1986	$3.75 per month
Effective 5/02/1987	$4.50 per month
Effective 4/30/1988	$5.25 per month
Effective 4/29/1989	$6.00 per month
Effective 5/01/1990	$9.00 per month
Effective 6/28/1998	$10.00 per month for years of service earned before 6/28/1998 $15.00 per month for years of service earned after 6/28/1998

Attachments to 2025 Schedule MB (Form 5500)
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Schedule MB, line 6 – Summary of Plan Provisions

HEREIU

For service accrued after 1/1/2008, the Base Plan provisions apply with the following changes:

a) 50 multiplier times the contribution rate in effect 12/31/2004 (with certain exceptions on this date for certain New York hotels), less $3.00 for any Atlantic City employer; plus
b) 40 multiplier times the first four cents of Minimum Standards Required Contribution Rate increases that became effective on or after January 1, 2007; plus
c) 50 multiplier times any contribution rate increases after 2006 in excess of the Minimum Standards Required Contribution Rate increases

For service accrued prior to 1/1/2008, the Unit Benefit Level for every calendar year of service before 1994 corresponds to the average contribution rate that applied in 1993 or the calendar year a Participant last worked, if he or she stopped working for a contributing employer before that. (See Schedules A and B in the table below.) To be credited with a Unit Benefit for any calendar year of pre- '94 service, a Participant must have earned Vesting Service for participants who worked before 1994 are guaranteed the pension benefit they earned under the old percent of contributions method. Pension benefits at retirement will never be less than the benefit earned as of December 31, 1993. For service after 2010, the benefit accrual is an actuarial equivalent level benefit amount.

Employer's Hourly Contribution Rate	Calendar Year Unit Benefit Level for All Participants – other than New York Participants before 2001 (Schedule A)	Calendar Year Unit Benefit Level for New York Participants - from 1987 through 2000 (Schedule B)
below 5¢	$2	$1
5¢ - 9¢	$5	$2
10¢ - 14¢	$8	$3
15¢ - 19¢	$12	$4
20¢ - 24¢	$16	$5
25¢ - 29¢	$20	$6
30¢ - 34¢	$24	$7
35¢ - 39¢	$27	$8
40¢ - 44¢	$30	$9
45¢ - 49¢	$33	$10
50¢ & above	+ $3 for each 5¢ interval	+ $1 for each 5¢ interval

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Schedule MB, line 6 – Summary of Plan Provisions

- For certain New York employers comprising the Restaurant Group, Unit Benefit
  - Levels are frozen as of the expiration date of the collective bargaining agreement in effect on January 1, 2005. The frozen Unit Benefit Level is based on the contribution rate in effect on that expiration date.
- For collective bargaining agreements requiring contributions based on a percent of salary,
  - The frozen Unit Benefit Level for each Participant on December 31, 2004, is determined by dividing the annual contributions in 2004 made on their behalf by their Reported Hours for 2004, and
  - The frozen Unit Benefit Level for new Participants is determined by dividing the employer's total annual contribution for 2004 by the total Reported Hours for all participants in 2004.
- For certain Chicago employers under the Hotel Employers Labor Relations Association, the frozen Unit Benefit Level is based on the contribution rate in the collective bargaining agreement on December 31, 2004. However, effective January 1, 2006, the frozen Unit Benefit Level is re- established based on the contribution rate on that date.
- For new participating employers at a new location, on or after July 1, 2005, Unit Benefit Levels will be based on the New Employer Schedule shown below. Once the Unit Benefit Level is equal to the Unit Benefit Level produced under Schedule A (see above) and the employer's initial contribution rate, the Unit Benefit Level will be frozen.

Hourly Contribution Rate	New Employer Unit Benefit Level
10¢ - 14¢	$1.00
15¢ - 19¢	$2.00
20¢ - 24¢	$3.00
25¢ - 29¢	$5.00
30¢ - 34¢	$7.50
35¢ - 39¢	$10.00
40¢ - 44¢	$12.50
45¢ - 49¢	$15.00
50¢ - 54¢	$17.50
55¢ - 59¢	$20.00
60¢ & above	$20.00 +$2.50 per each $0.05 increment

On or after July 1, 2005, for new classifications added to an existing collective bargaining agreement at a lower rate than that in the existing collective bargaining agreement, the Unit Benefit Level will also be determined based on the New Employer Schedule. Once the Unit Benefit Level is the same as the frozen Unit Benefit Level earned under the existing collective bargaining agreement, the Unit Benefit Level for new classifications will be frozen.

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Schedule MB, line 6 – Summary of Plan Provisions

Special Provisions for HEREIU

Pre-'94 Service under the Atlantic City Master Casino Agreement

For Participants covered under the Atlantic City Master Casino Agreement, special rules increase the Unit Benefit Level for any year of Benefit Service earned before January 1, 1994. The increase depends on the Participant's tier of employment during 1993, or any earlier calendar year, if he or she didn't work in 1993. Your tier of employment is based on your length of service with your most recent employer. A Participant's tier of employment and the corresponding Unit Benefit applicable to each calendar year of pre-'94 service are shown below.

Tier of Employment	Length of Service	Unit Benefit
1st Tier	1-5 years	$7
2nd Tier	6-8 years	$8
3rd Tier	9 or more years	$9

Pre-'94 Service for Harrah's Marina Hotel and Casino Participants

For **Harrah's Marina Hotel and Casino** Participants, the Unit Benefit Level for any year of Benefit Service earned before January 1, 1994, depends on the Participant's tier of employment with Harrah's during 1993, or any earlier calendar year, if he or she didn't work in 1993.

Tier of Employment	Length of Service	Unit Benefit
1st Tier	1-5 years	$10
2nd Tier	6-8 years	$11
3rd Tier	9 or more years	$13

The same tier of employment rules apply to Benefit Service earned from January 1, 1994, to September 15, 1994.

Attachments to 2025 Schedule MB (Form 5500)
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Schedule MB, line 6 – Summary of Plan Provisions

Alaska

Prior to the merger, the employer contributed for Covered Hours and participants earned benefits as a percentage of the employer contributions made on participants' behalf as follows:

- 7.75% for service prior to May 1, 2000;
- 3.20% from May 1, 2000 to April 30, 2003;
- 1.60% from May 1, 2003 to April 30, 2004;
- 0.80% from May 1, 2004 to April 30, 2008;
- 2.50% from May 1, 2008 to December 31, 2010; and
- 1.50% on or after January 1, 2011

Post-merger benefits are as follows:

- 7.75% for service prior to May 1, 2008
- 2.50% for service from May 1, 2008 to December 31, 2010
- 1.50% on or after January 1, 2011

*Additional benefits described in Section 5.1(e) of the Base Plan that are in excess of the required amount will be credited at 2.5% of the employer contributions made on behalf of the participant.

Attachments to 2025 Schedule MB (Form 5500)
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Schedule MB, line 6 – Summary of Plan Provisions

Local 107

Benefit accruals prior to January 1, 2009 equal to the sum of I, II, III, IV, and V below:

I. $2.00 for each Past Service benefit unit earned prior to May 1, 1966
II. Benefit units earned between May 1, 1966 and April 30, 1981:

Monthly Contribution Rate	Benefit Rate
Less than $34.60	$13.41
At least $34.60	$17.89

III. Benefit units earned between May 1, 1981 and April 30, 1999:

Monthly Contribution Rate	Benefit Rate
$25.95	$13.77
$34.60	$18.49
$43.25	$23.06
$51.90	$27.55
$60.55	$32.26
$69.20	$36.83
$77.85	$41.44
$86.50	$46.02

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Schedule MB, line 6 – Summary of Plan Provisions

IV. Benefit units earned between May 1, 1999 and July 15, 2003:

Monthly Contribution Rate	Benefit Rate
$25.95	$7.20
$34.60	$9.65
$43.25	$12.05
$51.90	$14.40
$60.55	$16.85
$69.20	$19.25
$77.85	$21.65
$86.50	$24.05

V. Benefit units earned between July 16, 2003 and December 31, 2008:

Monthly Contribution Rate	Benefit Rate
$25.95	$3.60
$34.60	$4.83
$43.25	$6.03
$51.90	$7.20
$60.55	$8.43
$69.20	$9.63
$77.85	$10.83
$86.50	$12.05

After 1/1/2009, see Base Plan provisions

For service after 2010, the benefit accrual is an actuarial equivalent level benefit amount

Attachments to 2025 Schedule MB (Form 5500)
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Schedule MB, line 6 – Summary of Plan Provisions

SHMC

Prior to January 1, 2009, the benefit under the SHMC Plan was a Final Average Pay benefit. The participant's accrued benefit was determined based upon a retirement benefit formula equal to 1.5% of the average compensation multiplied by the years of service. The benefit could not exceed $300 per month. If the participant was hired prior to January 1, 2006 and has not reached the maximum benefit of $300 per month, he will continue to accrue benefits under the SHMC Plan formula until he reaches the maximum benefit; however, all of his benefit accruals after January 1, 2009 will be governed by the terms of the NRF Plan with the exception of the benefit formula. Beginning in the plan year following reaching the maximum benefit he will start accruing benefits under the NRF formula. If the participant reached the maximum benefit under the SHMC Plan as of December 31, 2008 he will begin accruing benefits in accordance with the terms of the NRF Plan as of January 1, 2009. If the participant was hired in 2006 or after, he accrued benefits in accordance with the SHMC Plan through December 31, 2008. Effective January 1, 2009 the participant will begin accruing benefits in accordance with the terms of the NRF Plan. The NRF benefits will be in addition to what the participant has already accrued under the SHMC Plan. Effective January 1, 2009 for service earned on and after that date, except as noted above, the benefit formula under the NRF will be $0.50 for each $0.01 of average employer contributions per hour.

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Schedule MB, line 6 – Summary of Plan Provisions

Local 471

Prior to January 1, 2010, the Prior Plan benefit provisions were as follows:

See chart directly below which applies from August 1, 2005 until December 31, 2009:

Employer Contribution Rate (cents per hour)	Benefit Accrual Rate (Full Year of Service)
$0.09- $0.24	$2.25
$0.25- $0.49	$4.50
$0.50- $0.74	$9.00
$0.75- $0.99	$13.50
$1.00 or more	$18.00

Effective January 1, 2010 for service earned on and after that date, the Base Plan provisions are:

$0.50 in monthly benefits for each one cent (per hour) of contributions required as of 1/1/2009 for each full year of service, counting only 25% of such contributions through December 31, 2022, plus $0.50 in monthly benefits for each one cent (per hour) of contributions in excess of Required Contributions. Required Contributions are 4.5% per annum increases for eight years beginning with the first collective bargaining agreement renewal after January 1, 2009.

Beginning January 1, 2023, all contributions will count towards benefit accruals.

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Schedule MB, line 11 – Justification for Change in Actuarial Assumptions

As required, the Current Liability interest rate and mortality tables were updated. The interest rate went from 3.29% to 4.01% (per IRS Notice 2011-7), and the mortality table was updated to the 2025 Static Mortality Tables for annuitants and non-annuitants (per IRS Notice 2023-73) and Regulation §1.431(c)(6)-1(a).

Legacy Plan of the UNITE HERE Retirement Fund

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

as of December 31, 2025

(a)	(b)	(c)				(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	**Principal Amount**	**Shares**	**Interest Rate**	**Maturity Date**	**Cost**	**Current Value**
	U.S. GOVERNMENT AND AGENCY SECURITIES						
	FN AN3764	$23,990,270	-	2.48 %	01/01/2027	$23,463,161	$23,631,662
	FN BS2103	24,757,667	-	1.47	06/01/2028	23,102,051	23,404,404
	FN BZ0131	13,170,500	-	5.02	02/01/2029	13,398,869	13,549,447
	FN BZ3782	12,000,000	-	4.71	05/01/2030	12,199,600	12,277,705
	FN BZ3806	3,850,000	-	4.89	05/01/2030	3,903,411	3,956,038
	FN BZ3971	5,790,000	-	4.04	06/01/2030	5,692,631	5,780,961
	FN POOL BZ0100	17,000,000	-	5.30	12/01/2028	17,421,621	17,606,939
	FNMA PASSTHRU AN9120	6,365,124	-	3.70	05/25/2030	6,115,124	6,276,264
	FNMA PASSTHRU AN9484	5,000,000	-	3.69	06/25/2030	4,790,271	4,928,820
	FNMA PASSTHRU BZ2336	13,165,000	-	4.48	11/25/2029	13,046,366	13,363,244
	FNMA PASSTHRU BZ3183	13,107,000	-	4.80	02/25/2030	13,108,385	13,451,055
	FR WA4467	14,397,352	-	4.00	04/01/2030	14,144,512	14,364,866
	FR WN5052	6,462,300	-	3.75	08/01/2029	6,332,721	6,419,713
	UNITED STATES TREAS	12,000,000	-	2.38	05/15/2029	11,566,904	7,178,267
	UNITED STATES TREAS	11,870,000	-	1.63	05/15/2026	11,756,554	11,537,813
	UNITED STATES TREAS	11,900,000	-	1.38	08/31/2026	11,680,591	11,786,502
	UNITED STATES TREAS	7,790,000	-	1.63	09/30/2026	7,642,545	11,732,191
	UNITED STATES TREAS	8,620,000	-	1.63	10/31/2026	8,438,085	7,679,378
	UNITED STATES TREAS	9,251,400	-	0.50	06/30/2027	8,754,291	8,483,280
	UNITED STATES TREAS	4,560,900	-	0.63	08/15/2030	3,859,044	8,852,072
	UNITED STATES TREAS	9,090,000	-	0.38	09/30/2027	8,504,348	3,968,696
	UNITED STATES TREAS	9,720,000	-	0.63	12/31/2027	9,050,186	8,615,616
	UNITED STATES TREAS	5,507,800	-	0.38	01/31/2026	5,490,602	9,188,437
	UNITED STATES TREAS	9,020,000	-	1.13	02/29/2028	8,442,113	5,493,490
	UNITED STATES TREAS	11,870,000	-	0.50	02/28/2026	11,799,385	8,578,866
	UNITED STATES TREAS	8,380,000	-	0.75	03/31/2026	8,309,220	11,808,210
	UNITED STATES TREAS	6,458,800	-	0.88	06/30/2026	6,352,198	8,324,830
	UNITED STATES TREAS	11,670,000	-	0.63	07/31/2026	11,429,822	6,374,742
	UNITED STATES TREAS	13,430,000	-	1.38	10/31/2028	12,397,619	11,474,236
	UNITED STATES TREAS	11,970,000	-	1.25	11/30/2026	11,652,027	12,652,529
	UNITED STATES TREAS	8,417,500	-	2.38	03/31/2029	7,931,134	11,724,522
	UNITED STATES TREAS	9,170,000	-	2.75	04/30/2027	8,994,036	8,109,735
	UNITED STATES TREAS	10,964,700	-	3.25	06/30/2029	10,591,200	9,081,166
	UNITED STATES TREAS	9,626,200	-	2.63	07/31/2029	9,093,983	10,839,634
	UNITED STATES TREAS	10,450,000	-	3.88	09/30/2029	10,292,804	9,309,588
	UNITED STATES TREAS	10,790,000	-	4.00	10/31/2029	10,671,217	10,538,988
	UNITED STATES TREAS	10,075,400	-	4.13	10/31/2027	10,054,306	10,931,197
	UNITED STATES TREAS	8,875,000	-	3.88	12/31/2029	8,730,597	10,187,174
	UNITED STATES TREAS	9,610,000	-	3.50	01/31/2028	9,466,164	8,950,576
	UNITED STATES TREAS	5,933,000	-	4.00	02/28/2030	5,860,638	9,611,502
	UNITED STATES TREAS	7,590,000	-	3.63	03/31/2030	7,384,794	6,008,553
	UNITED STATES TREAS	9,420,000	-	3.63	03/31/2028	9,293,616	7,575,769
	UNITED STATES TREAS	8,380,000	-	3.75	04/15/2026	8,368,009	9,445,022
	UNITED STATES TREAS	9,880,000	-	3.50	04/30/2028	9,713,495	8,383,952
	UNITED STATES TREAS	13,370,000	-	3.63	05/31/2028	13,173,536	9,878,456
	UNITED STATES TREAS	12,970,000	-	4.63	09/30/2028	13,083,239	13,404,992
	UNITED STATES TREAS	10,320,000	-	4.38	11/30/2028	10,343,854	13,336,808
	UNITED STATES TREAS	9,100,000	-	4.38	12/15/2026	9,109,913	10,553,812
	UNITED STATES TREAS	2,005,000	-	3.75	12/31/2028	2,014,426	9,171,382
	UNITED STATES TREAS	7,175,400	-	4.25	01/31/2026	7,175,511	2,016,356
	UNITED STATES TREAS	5,717,900	-	4.63	04/30/2029	5,774,796	5,902,615
	UNITED STATES TREAS	8,480,000	-	4.50	05/15/2027	8,507,348	8,591,963
	UNITED STATES TREAS	6,050,000	-	4.38	07/15/2027	6,061,363	6,130,352
	UNITED STATES TREAS	9,210,000	-	3.75	08/15/2027	9,138,035	9,248,135
	UNITED STATES TREAS	14,800,000	-	3.63	10/31/2030	14,813,672	14,737,562
	UNITED STATES TREASURY	2,170,000	-	4.13	01/31/2027	2,182,927	2,183,478
	US TREASURY N/B	10,988,000	-	6.13	11/15/2027	11,363,002	11,508,213
	US TREASURY N/B	1,729,500	-	5.50	08/15/2028	1,787,825	1,814,894
	US TREASURY N/B	4,062,000	-	6.13	08/15/2029	4,310,122	4,396,480
	USA TREASURY NTS	14,460,000	-	4.63	09/30/2030	14,633,072	15,025,973
						573,762,891	581,339,122

Legacy Plan of the UNITE HERE Retirement Fund

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

as of December 31, 2025

(a)	(b)	(c)				(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Principal Amount	Shares	Interest Rate	Maturity Date	Cost	Current Value
	CORPORATE BONDS AND DEBENTURES						
	AMD 4.212% 24 SEP 2026	4,000,000	-	4.21	09/24/2026	4,000,000	4,013,642
	AMERICAN ELEC PWR CO	1,295,000	-	5.20	01/15/2029	1,303,416	1,334,753
	AMERICAN HONDA FIN C	3,300,000	-	4.40	09/05/2029	3,244,649	3,333,320
	AON CORP	2,810,000	-	3.75	05/02/2029	2,713,183	2,778,952
	AON NORTH AMERICA IN	2,409,000	-	5.15	03/01/2029	2,429,953	2,477,961
	BANCO SANTANDER SA	3,400,000	-	4.38	04/12/2028	3,357,038	3,415,804
	BANCO SANTANDER SA	2,800,000	-	5.29	08/18/2027	2,814,759	2,851,361
	BANK NOVA SCOTIA B C	3,300,000	-	5.45	08/01/2029	3,355,821	3,435,412
	BARCLAYS PLC	2,712,000	-	4.38	01/12/2026	2,711,774	2,712,186
	BARCLAYS PLC	3,300,000	-	4.34	01/10/2028	3,269,712	3,307,855
	BHP BILLITON FIN USA	3,000,000	-	5.00	02/21/2030	2,998,556	3,095,302
	BRITISH TELECOMMUNIC	3,300,000	-	5.13	12/04/2028	3,314,919	3,386,395
	CANADIAN IMPERIAL BA	617,000	-	5.26	04/08/2029	623,767	638,936
	CARRIER GLOBAL CORPO	533,000	-	2.49	02/15/2027	520,465	524,303
	CENTERPOINT ENERGY I	154,000	-	5.40	06/01/2029	155,913	159,491
	CHENIERE CORPUS CHRI	282,000	-	3.70	11/15/2029	268,393	275,396
	CHEVRON USA INC	3,000,000	-	4.69	04/15/2030	3,000,000	3,069,128
	COREBRIDGE FINL INC	3,300,000	-	3.65	04/05/2027	3,254,366	3,279,114
	COREBRIDGE FINL INC	2,870,000	-	3.85	04/05/2029	2,770,592	2,823,312
	CP 4.8% 30 MAR 2030	3,300,000	-	4.80	03/30/2030	3,295,866	3,373,084
	CROWN CASTLE INC	3,300,000	-	3.65	09/01/2027	3,237,415	3,273,741
	CROWN CASTLE INC	3,018,000	-	3.10	11/15/2029	2,809,567	2,875,582
	CVS HEALTH CORP	2,898,000	-	3.75	04/01/2030	2,736,042	2,828,394
	CVS HEALTH CORP	591,000	-	1.30	08/21/2027	557,746	565,347
	CVS HEALTH CORP	3,300,000	-	1.75	08/21/2030	2,830,854	2,932,466
	DIAGEO INVESTMENT CORP	915,000	-	5.13	08/15/2030	914,643	947,945
	DTE 4.25% 14 MAY 2027	680,000	-	4.25	05/14/2027	679,613	684,652
	EMERA US FINANCE LP	3,300,000	-	3.55	06/15/2026	3,279,872	3,289,333
	ENBRIDGE INC	605,000	-	6.00	11/15/2028	621,790	635,780
	ENERGY TRANSFER L P	3,300,000	-	5.25	04/15/2029	3,322,081	3,390,713
	ENERGY TRANSFER L P	109,000	-	5.50	06/01/2027	109,841	110,760
	ENERGY TRANSFER L P	2,585,000	-	4.00	10/01/2027	2,548,372	2,580,840
	ENERSIS AMERICAS S.A	3,300,000	-	4.00	10/25/2026	3,282,557	3,286,965
	GOLDMAN SACHS GROUP	1,651,000	-	3.85	01/26/2027	1,638,001	1,649,550
	GOLDMAN SACHS GROUP	3,300,000	-	3.80	03/15/2030	3,154,753	3,247,678
	HCA INC.	2,081,000	-	5.25	06/15/2026	2,081,000	2,082,620
	HCA INC.	539,000	-	5.88	02/01/2029	549,222	561,533
	HCA INC.	3,300,000	-	5.20	06/01/2028	3,318,361	3,381,106
	HNDA 4.55% 09 JUL 2027	3,000,000	-	4.55	07/09/2027	2,999,858	3,027,920
	HUMANA INC	2,767,000	-	1.35	02/03/2027	2,664,472	2,685,727
	HUMANA INC	3,300,000	-	5.75	12/01/2028	3,360,463	3,431,599
	L3HARRIS TECHNOLOGIE	469,000	-	3.85	12/15/2026	465,214	468,424
	L3HARRIS TECHNOLOGIE	326,000	-	5.05	06/01/2029	327,397	334,827
	LLOYDS BANKING GROUP	3,300,000	-	4.38	03/22/2028	3,261,315	3,320,156
	LLOYDS BANKING GROUP	2,761,000	-	4.55	08/16/2028	2,736,266	2,795,367
	MICROCHIP TECHNOLOGY	2,683,000	-	5.05	03/15/2029	2,681,816	2,735,479
	MICROCHIP TECHNOLOGY	3,300,000	-	5.05	02/15/2030	3,290,275	3,367,284
	MITSUBISHI UFJ FINAN	3,300,000	-	3.20	07/18/2029	3,120,174	3,189,966
	MPLX LP	761,000	-	4.13	03/01/2027	755,220	761,339
	NATWEST GROUP PLC	3,300,000	-	4.80	04/05/2026	3,301,278	3,308,197
	NEXTERA ENERGY CAP H	3,300,000	-	4.95	01/29/2026	3,300,842	3,302,029
	NISOURCE INC	904,000	-	5.20	07/01/2029	912,972	931,999
	NISOURCE INC	3,300,000	-	3.49	05/15/2027	3,246,398	3,279,456
	NOMURA HLDGS INC	1,209,000	-	2.68	07/16/2030	1,086,289	1,117,612
	NOMURA HLDGS INC	1,649,000	-	2.33	01/22/2027	1,605,531	1,619,892
	NOMURA HLDGS INC	3,300,000	-	5.39	07/06/2027	3,319,626	3,360,182
	NXP B V / NXP FDG LL	2,396,000	-	4.30	06/18/2029	2,346,596	2,400,545
	NXP B V / NXP FDG LL	387,000	-	3.40	05/01/2030	362,516	372,952
	NXP B V / NXP FDG LL	3,300,000	-	4.40	06/01/2027	3,285,994	3,314,883
	ONEOK INC NEW	2,695,000	-	5.65	11/01/2028	2,745,177	2,798,981
	ONEOK INC NEW	3,300,000	-	4.40	10/15/2029	3,227,971	3,311,047
	PACKAGING CORP AMER	3,300,000	-	3.40	12/15/2027	3,217,739	3,266,920
	PACKAGING CORP AMER	3,041,000	-	3.00	12/15/2029	2,828,664	2,907,577

Legacy Plan of the UNITE HERE Retirement Fund

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

as of December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Principal Amount	Shares	Interest Rate	Maturity Date	(d) Cost	(e) Current Value
	PUGET ENERGY INC	3,300,000	-	4.10	06/15/2030	3,138,745	3,231,595
	ROYAL BK CDA	1,732,000	-	6.00	11/01/2027	1,771,510	1,798,161
	RSG 4.75% 15 JUL 2030	1,000,000	-	4.75	07/15/2030	996,775	1,022,919
	STATE STR CORP	4,000,000	-	4.54	02/28/2028	4,000,000	4,061,346
	SUMITOMO MITSUI FIN	3,300,000	-	5.71	01/13/2030	3,382,908	3,476,314
	SUMITOMO MITSUI FIN	2,091,000	-	5.85	07/13/2030	2,158,773	2,222,254
	SUMITOMO MITSUI FIN	402,000	-	5.24	04/15/2030	405,479	416,913
	TAKE-TWO INTERACTIVE	3,300,000	-	5.00	03/28/2026	3,303,717	3,307,215
	TORONTO DOMINION BK	2,430,000	-	2.80	03/10/2027	2,376,924	2,398,811
	TORONTO DOMINION BK	3,300,000	-	5.52	07/17/2028	3,353,320	3,418,988
	TORONTO DOMINION BK	259,000	-	4.78	12/17/2029	257,386	265,081
	XCEL ENERGY INC	2,831,000	-	3.35	12/01/2026	2,795,087	2,813,294
	XCEL ENERGY INC	3,300,000	-	4.00	06/15/2028	3,228,792	3,300,136
						178,694,351	181,754,099
	HEDGE FUND OF FUNDS						
	ANACAP CREDIT OPPORTUNITES III	-	1	-	-	0	640,850
	CARVAL CVI CREDIT VALUE FUND B3	-	1	-	-	0	54,882
	ENTRUST CAPITAL DIVERSIFIED FUND CLASS X	-	16,556	-	-	381,367	177,025
	ENTRUST CAPITAL SPECIAL OPP FD TRANCHE D	-	6,800,000	-	-	1,166,401	133,678
	ENTRUST PARTNERS OFFSHORE LLC	-	5,160,873	-	-	2,407,676	242,025
	ENTRUST SPECIAL OPPORTUNITIES FUND III	-	20,488,764	-	-	8,172,741	4,130,938
	RS FEEDER FUND II	-	1	-	-	0	1,737,981
	TCI REAL ESTATE PARNTERS 2	-	1	-	-	0	110,325
	TCI REAL ESTATE PARNTERS FUND 1	-	1	-	-	0	92,168
	VARDE SCRATCH & DENT FEEDER LP	-	1	-	-	0	31,717
						12,128,185	7,351,589
	COMMON COLLECTIVE TRUSTS						
*	JP MORGAN & CO INTER EQ FD INVEST CLASS	-	540,891	-	-	17,868,923	28,899,809
*	JPMCB CORE BOND FUND	-	1,988,342	-	-	41,877,540	45,473,386
*	JPMCB CORP HIGH YIELD FUND	-	1,350,923	-	-	76,241,281	94,118,796
*	JPMCB EAFE EQUITY INDEX FUND		298,722			16,807,724	18,900,144
*	JPMCB EMERG MARKETS	-	1,686,226	-	-	28,987,523	35,866,029
*	JPMCB EMERG MKTS EQ FUND	-	38,824	-	-	924,795	1,575,878
*	JPMCB EQUITY COMPLETION FUND		43,997			618,597	989,931
*	JPMCB EQUITY INDEX FUND	-	628,320	-	-	74,756,668	81,976,931
*	JPMCB EUROPE DYNAMIC HEDGED EQUITY FUND	-	3,516	-	-	60,823	82,411
*	JPMCB GLOB EMERG MKT OPP FND	-	1,027,353	-	-	23,066,498	32,844,468
*	JPMCB GLOBAL SEL EQY FND-INV C		2,459,736			59,038,851	101,956,043
*	JPMCB HIGH YIELD FUND		1,082,273			31,365,862	35,271,283
*	JPMCB INCOME FUND	-	2,618,301	-	-	28,882,187	31,759,986
*	JPMCB MAS FLEX ALLOC SEC FI		15,954			160,819	178,368
*	JPMCB MID CAP CORE FD	-	15,297	-	-	517,206	1,180,807
*	JPMCB STRATEGIC PROPERTY FUND	-	6,006,657	-	-	65,604,598	69,629,165
*	JPMCB US ALL CAP GROWTH FUND		403,406			15,720,500	28,238,419
*	JPMCB US ALL CAP VALUE FUND	-	240,864	-	-	22,961,491	29,378,173
*	JPMCB US SMALL CAP EQ BLEND	-	2,067	-	-	141,374	161,192
						505,603,260	638,481,219
	COMMON STOCKS						
	BOYD CORP	-	429	-	-	0	0
	INFOGIX HOLDINGS, INC CS	-	129,777	-	-	12,140	0
	MACHINE ZONE, INC PS	-	9,053	-	-	285,221	0
	OMADA HEALTH INC		547	-		0	8,632
	ULLICO INC COMMON STK	-	102,655	-	-	1,520,316	3,621,771
	WORLDSTRIDES	-	49,050	-	-	99,826	0
						1,917,503	3,630,403

* Indicates party-in-interest

Legacy Plan of the UNITE HERE Retirement Fund

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

as of December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Principal Amount	Shares	Interest Rate	Maturity Date	(d) Cost	(e) Current Value
	LIMITED PARTNERSHIPS						
	ACCEL GROWTH FUND III, LP	-	-	-	-	65,850	532,303
	ACCEL GROWTH FUND IV, LP	-	-	-	-	0	237,133
	ACCEL LEADERS 1	-	-	-	-	0	229,942
	ACCEL LONDON V	-	-	-	-	12,000	1,423,608
	ACCEL PARTNERS XII, LP	-	-	-	-	0	776,300
	ACCEL PARTNERS XIII	-	-	-	-	81,283	200,792
	AGILITAS 2015 PRIVATE EQUITY FUND	-	-	-	-	181,038	547,375
	AH PARALLEL FUND IV, L.P.	-	-	-	-	0	431,547
	AH PARALLEL FUND V	-	-	-	-	130,507	1,282,923
	ANDREESSEN HOROWITZ IV LP	-	-	-	-	0	805,994
	ANDREESSEN HOROWITZ V LP	-	-	-	-	332,482	1,277,708
	BLACKSTONE REAL ESTATE PARTNERS VIII	-	-	-	-	72,218	1,329,565
	BVIP FUND VIII	-	-	-	-	34,203	257,250
	CMDB 1 SECONDARY	-	-	-	-	241	743
	DECHENG CAPITAL CHINA LIFE SCIENCES II	-	-	-	-	126,996	552,900
	DOUGHTY HANSON V	-	-	-	-	155	0
	ECI 10	-	-	-	-	5,273	85,045
	ELEVATION CAPITAL V LIMITED	-	-	-	-	88,026	2,638,416
	ESCALATE CAPITAL PARTNERS SBIC III	-	-	-	-	17,635	56,934
	GENSTAR CAPITAL PARTNERS VII	-	-	-	-	30,430	372,512
	GOODE PARTNERS CONSUMER FUND III	-	-	-	-	639,911	535,601
	GREYCROFT PARTNERS IV	-	-	-	-	438,363	1,228,653
	GTCR FUND XI	-	-	-	-	7,891	998,496
*	HC SPECIAL OPP SPC CLOSED END PORT 2	-	-	-	-	37,924	0
*	HC SPECIAL OPP SPC CLOSED END PORT 3	-	-	-	-	66,489	0
*	HIRTLE CALLAGHAN PRIV EQTY OS FD X	-	-	-	-	0	1,189,673
	IDG CHINA VENTURE CAPITAL FUND IV	-	-	-	-	410,715	3,751,701
	INTERSOUTH PARTNERS VI	-	-	-	-	230	79,395
	JZI FUND 3	-	-	-	-	393,770	325,535
	KINDERHOOK CAPITAL FUND IV	-	-	-	-	1,329	0
	KINDERHOOK CAPITAL FUND V	-	-	-	-	693	0
	M/C PARTNERS VII	-	-	-	-	210,049	1,116,961
	METALMARK CAPITAL PARTNERS II	-	-	-	-	74,525	631,938
	NEW ENTERPRISE ASSOCIATES 15	-	-	-	-	111,562	471,900
	NORTH BRIDGE VENTURE PARTNERS V	-	-	-	-	27,971	31,315
	NORTH BRIDGE VENTURE PARTNERS VI	-	-	-	-	13,407	17,377
	NORTH BRIDGE VENTURE PARTNERS VII	-	-	-	-	136,596	154,209
	ORBITMED PRIVATE INVESTMENTS VI	-	-	-	-	19,601	415,206
	ORCHID ASIA VI	-	-	-	-	731,057	780,996
	PHAROS CAPITAL PARTNERS II LP	-	-	-	-	5,189,784	4,164,710
	PHAROS CAPITAL PARTNERS III LP	-	-	-	-	0	1,533,225
	SCP PRIVATE EQUITYPARTNERS II LP	-	-	-	-	590,153	0
	TA SUBORDINATED DEBT FUND IV	-	-	-	-	96,499	3,570,756
	THE FOURTH ALCUIN FUND	-	-	-	-	178,330	954,361
	THOMA BRAVO UND XI LP	-	-	-	-	52,693	2,557,532
	THOMAS BRAVO DISCOVER FUND 1	-	-	-	-	1,467	115,414
	THOMAS BRAVO FUND XII	-	-	-	-	39,979	378,220
	WPEF VI FEEDER FUND	-	-	-	-	36,715	277,300
	WPEF VI OVERFLOW FEEDER	-	-	-	-	20	0
	Z CAPITAL PARNTERS	-	-	-	-	8,374,999	6,885,302
						19,061,059	45,204,766
	SHORT-TERM INVESTMENTS						
	DREYFUS GOVERNMENT CASH MANAGEMENT	-	1,028,893	-	-	1,028,893	1,028,893
	DREYFUS GOVERNMENT CASH MANAGEMENT	-	46,825,888	-	-	46,825,888	46,825,888
	DREYFUS GOVERNMENT CASH MANAGEMENT	-	18,648,108	-	-	18,648,107	18,648,107
	DREYFUS GOVERNMENT CASH MANAGEMENT	-	4,018,949	-	-	4,018,949	4,018,949
*	ENHANCED MONEY MARKET	-	13,957,509	-	-	13,957,509	13,957,509
*	ENHANCED MONEY MARKET	-	5,491,892	-	-	5,491,892	5,491,892
	GOLDMAN FINANCIAL SQUARE FUND	-	12,738	-	-	12,738	12,738
						89,983,976	89,983,976

EIN #82-0994119
Plan 001

Legacy Plan of the UNITE HERE Retirement Fund

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

as of December 31, 2025

(a)	(b)	(c)				(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	**Principal Amount**	**Shares**	**Interest Rate**	**Maturity Date**	**Cost**	**Current Value**
						$1,381,151,225	$1,547,745,174

* Indicates party-in-interest

See accompanying independent auditors' report

LEGACY PLAN OF THE UNITE HERE RETIREMENT FUND

Schedule H (Form 5500), Line 4j - Schedule Of Reportable Transactions

for the Year Ended December 31, 2025

	(a)	(b)	(c)	(d)	(e)	(h)	(i)
	Identity of Party Involved	**Description**	**Purchase Price**	**Selling Price**	**Cost of Assets**	**Current Value of Asset on Transaction Date**	**Net Gain or (Loss)**
	Category (i) - A Single Transaction in Excess of 5% of the Current Value of Plan Assets:						
*	AMALGAMATED BANK	ENHANCED MONEY MARKET	$ 8,868,788,842	$ -	$ 8,868,788,842	$ 8,868,788,842	$ -
*	AMALGAMATED BANK	ENHANCED MONEY MARKET	-	47,000,000	47,000,000	47,000,000	-
*	AMALGAMATED BANK	ENHANCED MONEY MARKET	-	100,000,000	100,000,000	100,000,000	-
*	AMALGAMATED BANK	ENHANCED MONEY MARKET	-	100,000,000	100,000,000	100,000,000	-
*	AMALGAMATED BANK	ENHANCED MONEY MARKET	-	100,000,000	100,000,000	100,000,000	-
*	AMALGAMATED BANK	ENHANCED MONEY MARKET	-	100,000,000	100,000,000	100,000,000	-
*	AMALGAMATED BANK	ENHANCED MONEY MARKET	-	100,000,000	100,000,000	100,000,000	-
*	AMALGAMATED BANK	ENHANCED MONEY MARKET	-	100,000,000	100,000,000	100,000,000	-
*	AMALGAMATED BANK	ENHANCED MONEY MARKET	-	100,000,000	100,000,000	100,000,000	-
*	AMALGAMATED BANK	ENHANCED MONEY MARKET	-	100,000,000	100,000,000	100,000,000	-
	BNY MELLON	DREYFUS GOVERNMENT CASH MANAGEMEN´	36,480,198	-	36,480,198	36,480,198	-
	Category (iii) - A Series of Transactions Aggregating in Excess of 5% of the Current Value of Plan Assets:						
*	AMALGAMATED BANK	ENHANCED MONEY MARKET	$ 1,160,941,285	$ -	$ 1,160,941,285	$ 1,160,941,285	$ -
*	AMALGAMATED BANK	ENHANCED MONEY MARKET	-	1,155,783,809	1,155,783,809	1,155,783,809	-
	BNY MELLON	DREYFUS GOVERNMENT CASH MANAGEMEN´	120,377,918	-	120,377,918	120,377,918	-
	BNY MELLON	DREYFUS GOVERNMENT CASH MANAGEMEN´	-	64,377,832	64,377,832	64,377,832	-
*	JP MORGAN	JPMCB CORE BOND FUND	24,214,247	-	24,214,247	24,214,247	-
*	JP MORGAN	JPMCB CORE BOND FUND	-	13,254,339	12,438,565	12,438,565	815,774
*	JP MORGAN	JPMCB EQUITY INDEX FUND	74,536,960	-	74,536,960	74,536,960	-
*	JP MORGAN	JPMCB GLOBAL SELL EQY FND-INV	-	41,507,125	16,351,960	16,351,960	25,155,165
*	JP MORGAN	JPMCB STRATEGIC PROPERTY FUND	38,688,840	-	38,688,840	38,688,840	-

* A party-in-interest as defined by ERISA

There were no category (i), (ii) and (iv) reportable transactions.

Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	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
THE LEGACY PLAN OF THE UNITE HERE RETIREMENT FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2018

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BOARD OF TRUSTEES - LEGACY PLAN
OF THE UNITE HERE RETIREMENT FUND

333 WESTCHESTER AVENUE

WHITE PLAINS NY 10604-2910

2b Employer Identification Number (EIN) 82-0994119

2c Plan Sponsor's telephone number (914) 367-5000

2d Business code (see instructions) 524290

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	Signature of plan administrator	Date 10/13/26	Enter name of individual signing as plan administrator VICTORIA SARTOR
SIGN HERE	Signature of employer/plan sponsor	Date 10/13/26	Enter name of individual signing as employer or plan sponsor CHARLES R. MCDEVITT JR.
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

AMALGAMATED EMPLOYEE BENEFITS
ADMINISTRATORS

333 WESTCHESTER AVENUE

WHITE PLAINS NY 10604-2910

3b Administrator's EIN
13-3432221

3c Administrator's telephone number
(914)367-5000

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**	87,313
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)**	16,770
a(2) Total number of active participants at the end of the plan year	**6a(2)**	14,953
b Retired or separated participants receiving benefits	**6b**	27,708
c Other retired or separated participants entitled to future benefits	**6c**	40,909
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	83,570
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2,405
f Total. Add lines **6d** and **6e**.	**6f**	85,975
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**	359

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

1A 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) ☒ Trust
(4) ☐ General assets of the sponsor

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

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

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

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