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
ADJUSTABLE PLAN OF THE NATIONAL RETIREMENT FUND

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2015

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)
BD OF TRUSTEES-ADJUSTABLE PLAN OF THE NATIONAL RETIREMENT FUND

333 WESTCHESTER AVENUE
WHITE PLAINS, NY 10604-2910

333 WESTCHESTER AVENUE
WHITE PLAINS, NY 10604-2910

2b Employer Identification Number (EIN)
13-6130178

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.	10/15/2026	LYNNE FOX
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2026	VICTORIA SARTOR
	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**	45017
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)**	28031
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	25963
b	Retired or separated participants receiving benefits	**6b**	3705
c	Other retired or separated participants entitled to future benefits	**6c**	14834
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	44502
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	27
f	Total. Add lines **6d** and **6e**.	**6f**	44529
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**	308

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

1A 1E

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
ADJUSTABLE PLAN OF THE NATIONAL RETIREMENT FUND

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BD OF TRUSTEES-ADJUSTABLE PLAN OF THE NATIONAL RETIREMENT FUND

D Employer Identification Number (EIN)
13-6130178

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)**	161514322
(2)	Actuarial value of assets for funding standard account	**1b(2)**	154801877
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	155926228
(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)**	155926228
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)**	209947717
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	18905028
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	8963262
(3)	Expected plan disbursements for the plan year	**1d(3)**	8586345

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary	Date: 10/13/2026
JONATHAN M. FELDMAN	23-06980
Type or print name of actuary	Most recent enrollment number
HORIZON ACTUARIAL SERVICES, LLC	240-247-4600
Firm name	Telephone number (including area code)
8601 GEORGIA AVENUE, SUITE 905 SILVER SPRING, MD 20910	
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**	161514322
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		3190	28407413
(2) For terminated vested participants		13796	66723508
(3) For active participants:			
(a) Non-vested benefits			8101509
(b) Vested benefits			106715287
(c) Total active		28031	114816796
(4) Total		45017	209947717
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	%

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
	14977386	0			

	Totals ►	**3(b)**	14977386	**3(c)**	0
(d) Total withdrawal liability amounts included in line 3(b) total				**3(d)**	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	99.3 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

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

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

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

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

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

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

i ☐ Other (specify):

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

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	**6a**	4.01 %	
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	A	A
(2) Females	**6c(2)**	A	A
d Valuation liability interest rate	**6d**	6.00 %	6.00 %
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)**	6.00 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	4.1 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	10.5 %	
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)**	5048663	
(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	4351488	422680

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	**9a**	0
b Employer's normal cost for plan year as of valuation date	**9b**	15373496

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)**	20810216		2242939
(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**	1056986
e Total charges. Add lines 9a through 9d			**9e**	18673421
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	3299293
g Employer contributions. Total from column (b) of line 3			**9g**	14977386
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	16386572		2268544
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	783392
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	20984969		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	51171366		
(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**	21328615
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	2655194
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			**9n**	
o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the current plan year			**9o(1)**	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
(a) Reconciliation outstanding balance as of valuation date			**9o(2)(a)**	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))			**9o(2)(b)**	0
(3) Total as of valuation date			**9o(3)**	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)			**10**	

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ..... [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
ADJUSTABLE PLAN OF THE NATIONAL RETIREMENT FUND

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BD OF TRUSTEES-ADJUSTABLE PLAN OF THE NATIONAL RETIREMENT FUND

D Employer Identification Number (EIN)
13-6130178

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

VARDE PRIVATE DEBT OPPORTUNITIES FU

83-1552697

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

OAKTREE GLOBAL CREDIT FUND, L.P.

98-1341434

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

PIMCO TACTICAL OPPORTUNITIES OFFSHO

33-0629048

(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

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	RELATED PARTY	2653000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HORIZON ACTUARIAL SERVICES, LLC

26-1370698

(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	220001	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALIGRAPHICS, A DIVISON 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	RELATED PARTY	121294	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)

MCDERMOTT WILL & SCHULTE

36-1453176

(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	116684	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEGACY PLAN OF THE NATIONAL RETIREM

13-6130178

(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	RELATED PARTY	94932	Yes ☐ No ☒	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?
19 51	NONE	74153	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

HARDMAN JOHNSTON GLOBAL ADVISORS

13-3257590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51	NONE	67540	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JPMORGAN CHASE BANK, NATIONAL ASSOC

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51	NONE	57196	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NOVAK FRANCELLA, LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	52000	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)

VIRTUAL BENEFITS ADMINISTRATORS

20-3293066

(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]	50995	Yes [ ] No [X]

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

MARINER INSTITUTIONAL, LLC

59-3676225

(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	50000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	RELATED PARTY	19717	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?
19 28 49 51	RELATED PARTY	15296	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SOUTHERN REGIONAL JOINT BOARD

58-1086875

(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?
14 50	RELATED PARTY	0	Yes [X] No [ ]	Yes [ ] No [X]	6011	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 [ ]

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
VIRTUAL BENEFITS ADMINISTRATORS	49 50	50995
(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.	
LEGACY PLAN OF THE NATIONAL 13-6130178	MEMBERS PORTAL IMPLEMENTATION	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SOUTHERN REGIONAL JOINT BOARD	14 50	6011
(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.	
LEGACY PLAN OF THE NATIONAL 13-6130178	PLAN ADMINISTRATOR	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMALGAMATED LIFE INSURANCE COMPANY	49 50	2148
(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.	
ZELIS PAYMENT HOLDINGS, LLC 45-2579291	PENSION CHECKS PROCESSING, PRINTING AND MAILING	

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
ADJUSTABLE PLAN OF THE NATIONAL RETIREMENT FUND

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BD OF TRUSTEES-ADJUSTABLE PLAN OF THE NATIONAL RETIREMENT FUND

D Employer Identification Number (EIN)
13-6130178

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 GLOBAL ALLOCATION INVESTMENT

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)
82-3618774-001	C	14754271

a Name of MTIA, CCT, PSA, or 103-12 IE: JOHNSTON I.E. GROUP MASTER TRUST MF

b Name of sponsor of entity listed in (a): HARDMAN JOHNSTON GLOBAL ADVISORS LLC

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)
26-6493485-001	E	13845611

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-4920330-004	C	9296674

a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW LARGECAP 500

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-4920330-009	C	31723075

a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW MIDCAP 400

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
13-4920330-011	C	9011142

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

a Plan name

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

a Plan name

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

a Plan name

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

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
ADJUSTABLE PLAN OF THE NATIONAL RETIREMENT FUND

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BD OF TRUSTEES-ADJUSTABLE PLAN OF THE NATIONAL RETIREMENT FUND

D Employer Identification Number (EIN)
13-6130178

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	-40824	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1183155	1185621
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	9145827	9459180
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2861516	1088390
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	58847906	63724524
(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)	53925529	64785162
(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)	9908262	13845611
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	25274582	32739791
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	701926	

		(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	161807879	186828279
Liabilities			
1g Benefit claims payable	1g	219545	310519
1h Operating payables	1h	293557	173933
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		98834
1k Total liabilities (add all amounts in lines 1g through1j)	1k	513102	583286
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	161294777	186244993

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)	14977386	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		14977386
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	52530	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	999023	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1051553
(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)	1739810	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1739810
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	24810053	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	23789091	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		1020962
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1602657	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1602657

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	**2b(6)**		8109850
(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)**		4132583
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	**2b(10)**		1230400
c Other income	**2c**		
d Total income. Add all **income** amounts in column (b) and enter total	**2d**		33865201
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	**2e(1)**	3660462	
(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)**		3660462
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)**	2666342	
(3) Recordkeeping fees	**2i(3)**		
(4) IQPA audit fees	**2i(4)**	52000	
(5) Investment advisory and investment management fees	**2i(5)**	254652	
(6) Bank or trust company trustee/custodial fees	**2i(6)**	10163	
(7) Actuarial fees	**2i(7)**	220802	
(8) Legal fees	**2i(8)**	116684	
(9) Valuation/appraisal fees	**2i(9)**		
(10) Other trustee fees and expenses	**2i(10)**		
(11) Other expenses	**2i(11)**	1933880	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	**2i(12)**		5254523
j Total expenses. Add all **expense** amounts in column (b) and enter total	**2j**		8914985
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	**2k**		24950216
l Transfers of assets:			
(1) To this plan	**2l(1)**		
(2) From this plan	**2l(2)**		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

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

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 587667.

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
ADJUSTABLE PLAN OF THE NATIONAL RETIREMENT FUND

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BD OF TRUSTEES-ADJUSTABLE PLAN OF THE NATIONAL RETIREMENT FUND

D Employer Identification Number (EIN)
13-6130178

Part I Distributions

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

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

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

EIN(s): 13-6130178

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** | 611

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 TJX CONTROLLED GROUP

b EIN 04-2906444 **c** Dollar amount contributed by employer 4559477

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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 MANHATTAN BEER CONTROLLED GROUP

b EIN 13-3992843 **c** Dollar amount contributed by employer 2356308

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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 VESTIS CONTROLLED GROUP

b EIN 95-3082883 **c** Dollar amount contributed by employer 1089156

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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 ALSCO CONTROLLED GROUP

b EIN 87-0252999 **c** Dollar amount contributed by employer 950464

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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 LEVI CONTROLLED GROUP

b EIN 94-0905160 **c** Dollar amount contributed by employer 495067

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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 MISSION CONTROLLED GROUP

b EIN 95-1942549 **c** Dollar amount contributed by employer 457864

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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): _____

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 ARAMARK CONTROLLED GROUP

b EIN 23-1354443 **c** Dollar amount contributed by employer 406063

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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 COMPASS CONTROLLED GROUP

b EIN 56-1874931 **c** Dollar amount contributed by employer 388066

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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 COMMUNITY LABOR ADMINISTRATIVE SERV

b EIN 11-3520187 **c** Dollar amount contributed by employer 328279

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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 AMERICAN GREETINGS CORPORATION

b EIN 34-1233452 **c** Dollar amount contributed by employer 324831

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* [X] *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* [X] *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**	5886
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**	5966
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**	5738

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**	1.07
b The corresponding number for the second preceding plan year	**15b**	0.97

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**	2
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**	0

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: 55.6 % Private Equity: 7.4 % Investment-Grade Debt and Interest Rate Hedging Assets: 7.9 %

High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.6 % Other: 28.5 %

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_____.

ADJUSTABLE PLAN OF THE NATIONAL RETIREMENT FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2025

ADJUSTABLE PLAN OF THE NATIONAL RETIREMENT FUND

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

DECEMBER 31, 2025 AND 2024

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Novak | Francella
LLC | CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Adjustable Plan of the National Retirement Fund

Opinion

We have audited the financial statements of the Adjustable Plan of the National Retirement Fund (the 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 accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Adjustable Plan of the National 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 (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Adjustable Plan of the National 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 Adjustable Plan of the National 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 Fund amendments, administering the Fund, and determining that the Fund's transactions that are presented and disclosed in the financial statements are in conformity with the Fund's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Adjustable Plan of the National 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 Adjustable Plan of the National 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.

Report on Supplemental Information

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

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

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

Novak Francella LLC

New York, New York
October 12, 2026

Adjustable Plan of the National Retirement Fund

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets		
Investments - at fair value		
Short-term investments	$ 1,088,390	$ 2,861,516
Limited partnerships	63,724,524	58,847,906
Common collective trust	64,785,162	53,925,529
103-12 investment entity	13,845,611	9,908,262
Mutual funds and exchange traded funds	32,739,791	25,274,582
Hedge fund of funds	-	701,926
Total investments	176,183,478	151,519,721
Receivables		
Employer contributions	1,185,621	1,183,155
Due from related parties	8,997,549	8,643,367
Securities sold and not settled	393,553	438,809
Total receivables	10,576,723	10,265,331
Other assets	68,078	76,750
Total assets	186,828,279	161,861,802
Liabilities and Net Assets		
Liabilities		
Accounts payable and accrued expenses	173,933	293,557
Cash overdraft	73,407	40,824
Due to related parties	25,427	13,099
Total liabilities	272,767	347,480
Net assets available for benefits	$ 186,555,512	$ 161,514,322

See accompanying notes to financial statements.

Adjustable Plan of the National 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	$ 16,096,452	$ 13,644,112
Interest and dividends	2,791,363	1,675,706
	18,887,815	15,319,818
Less investment expenses	(264,815)	(264,150)
Total investment income - net	18,623,000	15,055,668
Employer contributions	14,977,386	14,537,456
Total additions	33,600,386	29,593,124
Deductions		
Benefits paid to participants	3,569,488	2,593,613
Administrative expenses	4,989,708	4,722,895
Total deductions	8,559,196	7,316,508
Net increase	25,041,190	22,276,616
Net assets available for benefits		
Beginning of year	161,514,322	139,237,706
End of year	$ 186,555,512	$ 161,514,322

See accompanying notes to financial statements.

ADJUSTABLE PLAN OF THE NATIONAL RETIREMENT FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2025 AND 2024

NOTE 1. DESCRIPTION OF THE FUND

The following brief description of the Adjustable Plan of the National 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.

General - The Fund was established with an effective date of January 1, 2015 pursuant to which the participants will accrue pension benefits under the Fund. The Fund is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Fund's Settlor Committee allocates certain contributions to the Fund and the Legacy Plan of the National Retirement Fund.

Pension Benefits - Under the Fund, qualified participants are entitled to either a normal, reduced or a disability pension. The details of the vesting and benefit provisions are contained in the Fund document and may be obtained from the Fund administrator, who also 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 in mutual funds and exchange traded funds 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. The investments in limited partnerships are carried at estimated fair value as determined by the partnership. The 103-12 investment entity and hedge funds of funds are carried at estimated fair value as determined by the investment managers. The investment in the common collective trust is carried at estimated fair value as established by the trust. The short-term investment is carried at cost which approximates fair value.

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.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Hedge funds of funds, 103-12 investments entity and limited partnerships: Valued at net asset value (NAV) of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. These funds are subject to a third-party annual audit which provide NAV in their audited financial statements. These financial statements, and NAV, are confirmed during the plan's outside audit process. Some of these funds have various lock up periods and they are not immediately liquid investments.

Employer Contributions Receivable - Contributions to the Fund for benefits are made by employers, based on various methods, pursuant to collective bargaining and other agreements. Employer contributions are used to cover benefit 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 believes that the receivables are fully collectible; therefore, no allowance for credit losses is recorded.

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 Fund'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 statement of net assets available for benefits.

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.

NOTE 3. FUNDING

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

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 fund 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 August 5, 2016 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 and was, therefore, exempt from Federal income taxes under the provisions of Section 501(a). The Fund has been amended since receiving the determination letter. 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.

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

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 Fund has the ability to access.

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

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

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

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

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

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

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	$ 1,088,390	$ 1,088,390	$ -	$ -
Mutual funds and exchange traded funds	32,739,791	32,739,791	-	-
* Total assets in the fair value hierarchy	33,828,181	$ 33,828,181	$ -	$ -
** Investments measured at net asset value	142,355,297			
Total investments at fair value	$ 176,183,478			

* One mutual fund accounts for 17.5% of net assets available for benefits at December 31, 2025.
** One common collective trust accounts for 17.0% of net assets available for benefits at December 31, 2025. One limited partnership accounts for 17.3% of net assets available for benefits at December 31, 2025.

	December 31, 2024			
	Total	Level 1	Level 2	Level 3
Short-term investments	$ 2,861,516	$ 2,861,516	$ -	$ -
Mutual funds and exchange traded funds	25,274,582	25,274,582	-	-
Total assets in the fair value hierarchy	28,136,098	$ 28,136,098	$ -	$ -
Investments measured at net asset value	123,383,623			
Total investments at fair value	$ 151,519,721			

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

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

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
Limited partnerships -				
Equity	$ 12,404,073	$ 622,726	(a)	(a)
Fixed income	43,220,429	518,967	(b)	(b)
Infrastructure	8,100,022	-	(c)	(c)
Common collective trust	64,785,162	-	Daily	Daily
103-12 investment entity	13,845,611	-	Monthly	10 days
	$ 142,355,297	$ 1,141,693		

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Limited partnerships -				
Equity	$ 13,559,120	$ 794,115	(a)	(a)
Fixed income	37,867,592	518,967	(b)	(b)
Infrastructure	7,421,194	-	(c)	(c)
Common collective trust	53,925,529	-	Daily	Daily
103-12 investment entity	9,908,262	-	Monthly	10 days
Hedge fund of funds	701,926	-	(d)	(d)
	$ 123,383,623	$ 1,313,082		

(a) The Hirtle Callaghan Private Equity Offshore Fund XII's objective is to realize long-term total returns by investing in a broad range of private equity funds, including venture capital, growth capital, buyouts, debt and real estate. The Hirtle Callaghan Private Equity Offshore Fund XII's interest cannot be redeemed until the private equity investment terminates.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

(b) The investments in the fixed income limited partnerships include of the Hirtle Callaghan Alternative Credit Opportunities Offshore Fund, the Oaktree Global Credit Fund, LP, the PIMCO Tactical Opportunities Offshore Fund LP and the Värde Private Debt Opportunities Fund LP. The Hirtle Callaghan Alternative Credit Opportunities Offshore Fund's interest may be redeemed upon expiration of a four year lock-up period, and upon each annual anniversary of the lock-up date. The Hirtle Callaghan Alternative Credit Opportunities Offshore Fund's objective is to capitalize on opportunities in the private credit market to maximize risk-adjusted returns and achieve low correlation to the overall-fixed income markets. The Oaktree Global Credit Fund, LP's objective is to add value through allocation to credit strategies not easily accessed and requiring specialization, security selection through bottom-up, fundamental credit research and rotation among strategies based on the manager's assessment of relative value. This investment can be redeemed monthly with a 30 day notice. The PIMCO Tactical Opportunities Offshore Fund LP's investment objective is to seek returns by investing principally in securities and loans of any type with any sector across the global fixed income markets. This investment can be redeemed semi-annually with a 90 day notice. Effective December 28, 2024, withdrawals from the PIMCO Tactical Opportunities Offshore Fund LP were suspended. The objective of the Värde Private Debt Opportunities Fund LP is to focus on investing in private lending opportunities that is secured by collateral primarily located in North America, Europe and Asia Pacific. This investment is non-redeemable.

(c) The Brookfield Super-Core Infrastructure Partners (TE) LP's objective is to generate return by acquiring core infrastructure assets with predominately long-term contracted or regulated revenues. The partnership interest may be redeemed upon expiration of a three-year lock-up period. Upon expiration of the lock-up period, the partnership interest can be redeemed quarterly with 90-days' notice.

(d) The fund seeks to maximize risk-adjusted returns and achieve low correlation to the equity markets by investing in diversified group of pooled investment vehicles both within and outside the United States. The fund is in the process of being fully liquidated and all investors are receiving distributions as liquidity becomes available.

NOTE 7. RELATED PARTY TRANSACTIONS

Retirement benefits are administered for the Fund by Amalgamated Employee Benefits Administrators, Inc., (AEBA). Fund service expenses of $2,653,000 and $2,438,000 represent amounts charged by AEBA, for administrative services conducted for the Fund for 2025 and 2024, respectively pursuant to approval by a committee of Fund trustees. Certain other funds serviced by AEBA, and Amalgamated Life Insurance Company, as well, are referred to as "related parties" in the accompanying financial statements. Included in due from related parties is $8,628,732 and $8,472,227 from the Legacy Plan of the National Retirement Fund at December 31, 2025 and 2024, respectively.

NOTE 7. RELATED PARTY TRANSACTIONS (continued)

The Fund receives administrative services from entities affiliated with Workers United, an SEIU affiliate. The Fund paid $9,272 and $9,024 to entities affiliated with Workers United 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 and certain members of the Board of Directors of the Bank serve as union trustees of the Fund. Decisions governing the business between the Bank and the Fund are made by an oversight committee of non-conflicted trustees of the Fund.

Hirtle, Callaghan & Co. provides investment management services to the Fund and is a party-in-interest to the Fund. The Fund invests in various products sponsored by Hirtle, Callaghan & Co.

These transactions qualifying 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	$ 24,684,448
Other vested benefits	125,339,656
	150,024,104
Nonvested benefits	5,902,124
Total actuarial present value of accumulated plan benefits	$155,926,228

NOTE 8. ACTUARIAL INFORMATION (continued)

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

Actuarial present value of accumulated plan benefits at beginning of year	$ 138,256,997
Increase (decrease) during the year attributable:	
Benefits accumulated, net experience gain or loss, changes in data	11,456,382
Interest	8,806,462
Benefits paid	(2,593,613)
Net increase	17,669,231
Actuarial present value of accumulated plan benefits at end of year	$ 155,926,228

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

- Mortality rates:

  85% of the rates of the Sex Distinct PRI-2012 mortality tables with Blue Collar adjustment, with fully generational projection using projection Scale MP-2021

  Rate based upon Social Security experience with no assumed future mortality improvement (Disabled)

- Retirement - A varying rate from 10.00% to 100.00% ranging from age 55 to 75

- Employee turnover - A varying rate from 0.00% to 50.00% from age 20 to 60 against years of service ranging from under a year to over 5 years of service

- Disability - A varying rate from .025% to 0.69% ranging from age 20 to 64

- Net investment rate of return - 6.00%

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

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.

NOTE 8. ACTUARIAL INFORMATION (continued)

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. The complete financial status is presented as of December 31, 2024.

The Fund is not subject to the Pension Protection Act of 2006 zone status certification rules for the 2025 and 2024 Fund years due to Fund's inception date subsequent to 2010.

NOTE 9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits as reported on the financial statements to the Form 5500:

	December 31, 2025	December 31, 2024
Net assets available for benefits per the financial statements	$ 186,555,512	$ 161,514,322
Accrued retirement benefits	(310,519)	(219,545)
Net assets available for benefits per the Form 5500	$ 186,244,993	$ 161,294,777

The following is a reconciliation of total additions and benefits paid during the year ended December 31, 2025 per the financial statements to the Form 5500:

Total additions per the financial statements	$ 33,600,386
Reclassified investment expenses for Form 5500	264,815
Total additions per Form 5500	$ 33,865,201
Benefits paid per the financial statements	$ 3,569,488
Less accrued retirement benefits at beginning of year	(219,545)
Add accrued retirement benefits at end of year	310,519
Benefits paid to participants per Form 5500	$ 3,660,462

NOTE 10. COMMITMENTS AND CONTINGENCIES

The Fund is involved in various legal actions to collect delinquent contributions and other matters arising out of the normal course of its operations, the final outcome of which cannot presently be determined. Fund management is of the opinion that the ultimate liability, if any, with respect to these matters will not have a material adverse effect on the Fund's statements of net assets available for benefits.

NOTE 11. 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 12. SUBSEQUENT EVENTS

The Fund has evaluated subsequent events through October 12, 2026, the date the financial statements were available to be issued, in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

Adjustable Plan of the National Retirement Fund

Schedules of Administrative Expenses

Years Ended December 31, 2025 and 2024

	2025	2024
Administrative expenses	$ 2,666,342	$ 2,448,335
Professional services		
Accounting and auditing	52,000	51,162
Actuary	220,802	185,600
Legal	116,684	277,112
Other		
PBGC premiums	1,755,663	1,593,812
Insurance	30,000	30,000
Other expenses	148,217	136,874
Total administrative expenses	$ 4,989,708	$ 4,722,895

ADJUSTABLE PLAN OF THE NATIONAL RETIREMENT FUND

SCHEDULE OF ASSETS HELD AT END OF YEAR

DECEMBER 31, 2025

Form 5500, Schedule H, Line 4i

E.I.N. 13-6130178
Plan No. 002

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				(d)	(e)
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par / Maturity Value or Shares	Cost	Current Value
	Item 1c(1) Short-term investments:						
*	Amalgamated Bank Money Market	MMA	Demand	Var %	1,088,390	$ 1,088,390	$ 1,088,390
	Item 1c(5) Partnerships/joint ventures:						
	Brookfield Super-Core Infra Partners					6,952,279	8,100,022
*	Hirtle Callaghan Alt Credit Opp Offshore Port Ltd					270	1,423,516
*	Hirtle Callaghan Private Equity Offshore Fund XII Ltd					7,392,784	12,404,073
	Oaktree Global Credit Fund, LP					26,070,000	32,186,507
	PIMCO Tactical Opp Offshore Fund LP					7,000,000	8,986,751
	Varde Private Debt Opportunities Fund LP					-	623,655
						47,415,333	63,724,524
	Item 1c(9) Common collective trusts:						
	JPMCB Global Allocation Fund				568,346	11,339,546	14,754,271
*	LongView LargeCap 500 Index Fund				12,101	17,999,612	31,723,075
*	LongView MidCap 400 Index Fund				2,401	6,813,111	9,011,142
*	LongView SmallCap 600 Index Fund				4,191	7,723,293	9,296,674
						43,875,562	64,785,162
	Item 1c(12) 103-12 Investment entities:						
	Hardman Johnston Int'l Equity Group Trust				229,301	10,098,478	13,845,611
	Item 1c(13) Mutual funds and exchange traded funds:						
	PIMCO Income Inst				2,979,053	33,190,725	32,739,791
	Total investments					$ 135,668,488	$ 176,183,478

* A party-in-interest as defined by ERISA.

Adjustable Plan of the National Retirement Fund

Schedule of Reportable Transactions

Year Ended December 31, 2025

Form 5500 Schedule H, Item 4j

E.I.N. 13-6130178
Plan No. 002

(a)	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset	(i) Net Gain or (Loss)
Category (iii) - A Series of Transactions Aggregating in Excess of 5% of the Current Value of Plan Assets:						
*	Amalgamated Bank Money Market	$ 20,221,771	N/A	$ 20,221,771	$ 20,221,771	N/A
*	Amalgamated Bank Money Market	N/A	$ 21,994,897	21,994,897	21,994,897	$ -

* A party-in-interest as defined by ERISA.

Schedule MB, Line 6 - Summary of Plan Provisions

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

Plan Name	**Adjustable Plan of the National Retirement Fund**
Plan Sponsor	Board of Trustees – Adjustable Plan of the National Retirement Fund
EIN / PN	13-6130178 / 002
Effective Date and Most Recent Amendment	The original effective date of the Plan is January 1, 2015 and the Plan was most recently amended, effective January 1, 2023.
Plan Year	The twelve-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.
Participants	All employees who completed 800 Hours of Service or 750 Hours of Service if Straight-Time Hours.
Future Credited Service Accrual	1/10 of one year for each 160 hours worked, with a maximum of one credit per year. At least 500 hours are required to earn a partial year of credited service.
Vesting Service Accrual	Participants who work at least 800 hours (750 straight-time hours) in a plan year receive 1.0 years of vesting service credit. Participants who work at least 500 hours in a plan year receive 0.5 years of vesting service credit. A participant must work at least 500 hours to receive vesting service credit.
Reciprocity	Vesting service credit shall be given for years of service accrued under the Legacy Plan of the National Retirement Fund for years prior to the January 1, 2015 effective date.

Schedule MB, Line 6 - Summary of Plan Provisions

Past Credited Service	2 years of past credited service for each year of future credited service, not to exceed 20 years. Participants who were accruing Past Credited Service under the Legacy Plan of the National Retirement Fund as of January 1, 2015 are eligible to earn Past Credited Service.
Normal Retirement Age	A participant attains Normal Retirement Age at the later of attaining age 65 and 5 years of vesting service, or the fifth anniversary of an active Participant's Plan participation.
Normal Pension Eligibility	Age 65 and either 5 years of Vesting Service or 5th anniversary of participation.
Normal Pension Amount of Benefit	The monthly amount of the Regular Pension is equal to the following: *Future accruals:* 2023: 46.25 x Hourly Contribution Rate x Future Credited Service All other Plan Years: 37.00 x Hourly Contribution Rate x Future Credited Service *Past accruals:* 2023: 18.50 x Hourly Contribution Rate x Past Credited Service All other Plan Years: 14.80 x Hourly Contribution Rate x Past Credited Service The multipliers adjust up or down based on the 3-year average investment return, as follows:

3-Year Average Investment Return	Future Service Multiplier	Past Service Multiplier
Less than 10.5%	37.00	14.80
10.5% to 15%	46.25	18.50
Over 15%	55.50	22.20

Safety Mechanism: If the Funded Percentage (determined using the Actuarial Value of Assets) falls below 90% in the prior year, the following multipliers are used:

Funded Percentage	Future Service Multiplier	Past Service Multiplier
85.00% to 89.99%	18.50	7.40
75.00% to 84.99%	9.25	3.70
Under 75.00%	0.00	0.00

Any future adjustment to the multipliers is subject to Trustee discretion.

Schedule MB, Line 6 - Summary of Plan Provisions

Early Retirement Pension	*Eligibility:* Age 55 with 5 years of Vesting Service. *Benefit:* 1/2 of 1% reduction for each month that the Early Retirement Date precedes the Normal Retirement Date.
Disability Pension	*Eligibility:* 10 Years of Vesting Service and awarded a benefit by the Social Security Administration with an onset date within 4 months of last day worked in Covered Employment. *Benefit:* Greater of Early Retirement Benefit or 70% of the Normal Retirement Benefit.
Vested Benefit	*Eligibility:* 5 years of Vesting Service. *Benefit:* Equal to the Normal Retirement Benefit, reduced for early commencement, if applicable.
Late Retirement	*Eligibility:* Annuity starting date after Normal Retirement Date. *Benefit:* Normal Retirement Benefit Actuarially increased, plus benefit earned after Normal Retirement Date.
Pre-Retirement Death Benefits	*Eligibility:* 5 Years of Vesting Service. *Benefit:* *No Spouse Survivor:* No death benefit. *Spouse Survivor Benefit:* 50% of the benefit the participant would have received had he stopped working at the time of his death and retired under the joint and 50% survivor option on his earliest retirement date. A spouse may begin to receive payment no earlier than the Participant's earliest retirement age.
Forms of Payment	*Normal Forms are:* *Single:* Life annuity. *Married:* *Actuarially equivalent 50% J&S.* Actuarially equivalent 75% J&S option is also available.
Changes in Plan Provisions	None.

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

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

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

Measurement Date: January 1, 2025 [Form 5500 Sch. MB, Line 8b(2)]

Years of Credited Service

Age	Stat	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	Total
Under 25	Count	500	984	28	-	-	-	-	-	-	-	1,512
	Avg Ben	*$4*	*$17*	*$40*								*$13*
25 - 29	Count	383	1,041	301	5	-	-	-	-	-	-	1,730
	Avg Ben	*$4*	*$22*	*$51*								*$23*
30 - 34	Count	411	959	424	46	-	-	-	-	-	-	1,840
	Avg Ben	*$5*	*$22*	*$71*	*$113*							*$31*
35 - 39	Count	1,490	1,425	620	133	-	-	-	-	-	-	3,668
	Avg Ben	*$4*	*$17*	*$64*	*$106*							*$23*
40 - 44	Count	390	2,487	833	293	-	-	-	-	-	-	4,003
	Avg Ben	*$5*	*$17*	*$70*	*$102*							*$33*
45 - 49	Count	226	1,217	997	455	-	-	-	-	-	-	2,895
	Avg Ben	*$4*	*$22*	*$65*	*$96*							*$47*
50 - 54	Count	216	1,057	1,362	715	-	-	-	-	-	-	3,350
	Avg Ben	*$4*	*$21*	*$62*	*$91*							*$52*
55 - 59	Count	157	776	1,477	1,026	4	-	-	-	-	-	3,440
	Avg Ben	*$4*	*$21*	*$67*	*$82*							*$58*
60 - 64	Count	103	631	1,434	1,097	12	-	-	-	-	-	3,277
	Avg Ben	*$5*	*$22*	*$71*	*$81*							*$63*
65 - 69	Count	47	259	760	514	10	-	-	-	-	-	1,590
	Avg Ben	*$3*	*$21*	*$71*	*$77*							*$63*
70 +	Count	26	133	367	195	4	1	-	-	-	-	726
	Avg Ben	*$4*	*$20*	*$67*	*$69*							*$57*
Total	Count	3,949	10,969	8,603	4,479	30	1	-	-	-	-	28,031
	Avg Ben	*$4*	*$20*	*$66*	*$86*	*$121*						*$43*

Stat Description:
- Count: Number of active participants as of the valuation date
- Avg Ben: The average accrued monthly benefit for active participants as of the valuation date

Notes

- As of January 1, 2025, there were 3,921 active participants with unknown dates of birth in the data. For active participants reported without dates of birth that were included in the prior year valuation, the date of birth assumed in the prior valuation was used. For participants who were not included in the prior year valuation, the average entry age of active participants was used to determine the participant's date of birth.
- Credited Service includes Past Credited Service and Future Credited Service. Participants who were accruing Past Credited Service under the Legacy Plan of the National Retirement Fund as of January 1, 2015 are eligible to earn years of Past Credited Service under the Adjustable Plan at a rate of 2 years for each year of Future Credited Service, not to exceed 20 years of Past Credited Service.

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

Charges

Type	Date Established	Initial Period	Initial Balance	*Outstanding at 1/1/2025* Period	*Outstanding at 1/1/2025* Balance	Annual Payment
Exper Loss	1/1/2019	15.00	$ 1,696,459	9.00	$ 1,188,066	$ 164,785
Exper Loss	1/1/2020	15.00	3,262,728	10.00	2,472,544	316,924
Exper Loss	1/1/2023	15.00	3,519,897	13.00	3,208,375	341,904
Assumption	1/1/2023	15.00	5,048,292	13.00	4,601,502	490,364
Exper Loss	1/1/2024	15.00	5,212,170	14.00	4,988,241	506,282
Exper Loss	1/1/2025	15.00	4,351,488	15.00	4,351,488	422,680
Total Charges					$ 20,810,216	$ 2,242,939

Credits

Type	Date Established	Initial Period	Initial Balance	*Outstanding at 1/1/2025* Period	*Outstanding at 1/1/2025* Balance	Annual Payment
Other	1/1/2018	15.00	$ 14,967,424	8.00	$ 9,569,835	$ 1,453,856
Assumption	1/1/2018	15.00	1,300,502	8.00	831,512	126,324
Exper Gain	1/1/2021	15.00	2,583,163	11.00	2,097,669	250,915
Exper Gain	1/1/2022	15.00	4,503,532	12.00	3,887,556	437,449
Total Credits					$ 16,386,572	$ 2,268,544
Net Total					$ 4,423,644	$ (25,605)

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

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

Schedule MB, Line 11 - Justification for Change in Actuarial Assumptions

The change in the operating expense assumption was made to better reflect anticipated Plan experience.

The change in the age at which inactive vested participants are excluded from the valuation was made to better reflect anticipated plan experience.

The interest rate and mortality assumptions used to determine the RPA '94 current liability were updated in accordance with the changes in the IRS prescribed assumptions.

Schedule MB, Line 6
Statement of Actuarial Assumptions/Methods

Plan Name	**Adjustable Plan of the National Retirement Fund**
Plan Sponsor	Board of Trustees – Adjustable Plan of the National Retirement Fund
EIN / PN	13-6130178 / 002
Interest Rates	6.00% per annum, compounded annually, net of investment expenses for determining costs and liabilities. The valuation interest rate was chosen in consideration of the purpose of the measurement (long-term contribution budgeting), current and historical investment data, and the Plan's asset allocation as set by the Plan Sponsor. As a part of the analysis, we considered the results of the current and prior editions of our Survey of Capital Market Assumptions and the expectations of the Plan's investment advisor. The ultimate selection of the interest rate is our best estimate and reflects professional judgment. 4.01% per annum for determining Current Liability for the plan year beginning January 1, 2025. The interest rate assumption used to measure Current Liability represents the maximum rate permitted under the Internal Revenue Code.

Schedule MB, Line 6
Statement of Actuarial Assumptions/Methods

Retirement Age

Retirement/Probabilities

Age	Active	Inactive Vested
55	10.00%	0.00%
56	10.00%	0.00%
57	10.00%	0.00%
58	10.00%	0.00%
59	10.00%	0.00%
60	10.00%	0.00%
61	15.00%	4.00%
62	20.00%	10.00%
63	15.00%	7.00%
64	20.00%	7.00%
65	40.00%	16.00%
66	40.00%	10.00%
67	30.00%	7.00%
68	30.00%	4.00%
69	25.00%	4.00%
70	25.00%	4.00%
71	25.00%	6.00%
72	25.00%	4.00%
73	30.00%	4.00%
74	30.00%	4.00%
75	100.00%	100.00%

Inactive vested participants age 76 or older as of January 1, 2025 are assumed to never retire and are excluded from the valuation.

The probabilities of retirement are the same for males and females and based on historical and current demographic data, adjusted to reflect anticipated future experience and professional judgement. As part of the analysis, a comparison was made between the actual and assumed number of retirements over the past several years under the Adjustable Plan for active participants, and under the Legacy Plan of the National Retirement Fund (Legacy Plan) for inactive vested participants.

The weighted average retirement age for active participants is 64, based on the active population as of the valuation date.

Operating Expenses

Operating expenses are added to the normal cost and assumed to equal the portion of expected operating expenses allocated to the Adjustable Plan, plus anticipated PBGC premiums ($5,048,663 as of the beginning the year, equivalent to $5,200,123 as of the middle of the year). Investment counseling fees are not included in assumed operating expenses.

Schedule MB, Line 6
Statement of Actuarial Assumptions/Methods

Expected Hours	For the purpose of projecting future benefit accruals, hours worked per active participant are assumed to be equal to the hours worked in the prior year.
Annual Service Accruals	Future credited service accruals are assumed to be equal the service accruals earned in the prior year for each active participant. Future vesting service accruals are assumed to be 1.0 per year for each active participant.
Non-Disabled Mortality	*Participants and Beneficiaries:* 85% of the rates of the Sex Distinct PRI-2012 mortality tables with Blue Collar adjustment, with fully generational projection using projection scale MP-2021. The non-disabled mortality assumption is based on a review of standard mortality tables, historical and current demographic data, adjusted to reflect anticipated future experience and professional judgment. As part of the analysis, a comparison was made between the actual and assumed number of deaths over the past several years, including historical deaths under the Legacy Plan. For determining the RPA '94 current liability, the generational mortality tables prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(b).
Disabled Mortality	Mortality among disabled lives is assumed to be in accordance with disability experience under Social Security, with no assumed future mortality improvement. The disabled mortality assumption is based on a review of standard mortality tables, historical and current demographic data, adjusted to reflect anticipated future experience and professional judgment. As part of the analysis, a comparison was made between the actual and assumed number of deaths over the past several years, including historical deaths under the Legacy Plan. For determining the RPA '94 current liability, the generational mortality tables prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(b).

Schedule MB, Line 6
Statement of Actuarial Assumptions/Methods

Disability

Illustrations of the annual probabilities of disablement are shown in the table below for selected ages:

Representative Disability Probabilities

Age	Unisex	Age	Unisex
20-30	0.025%	50	0.150%
31-33	0.030%	51	0.170%
34-35	0.035%	52	0.190%
36-37	0.040%	53	0.220%
38	0.045%	54	0.245%
39	0.050%	55	0.280%
40	0.055%	56	0.320%
41	0.060%	57	0.360%
42	0.065%	58	0.400%
43	0.070%	59	0.445%
44	0.080%	60	0.485%
45	0.085%	61	0.535%
46	0.095%	62	0.585%
47	0.110%	63	0.635%
48	0.120%	64	0.690%
49	0.135%		

The disability probabilities were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual and assumed number of disabled retirements over the past several years, including historical disabled retirements under the Legacy Plan.

Schedule MB, Line 6
Statement of Actuarial Assumptions/Methods

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	2-4	4-5	5+
20	50.0%	35.0%	30.0%	30.0%	20.0%
25	50.0%	35.0%	30.0%	30.0%	25.0%
30	45.0%	35.0%	30.0%	25.0%	20.0%
35	45.0%	35.0%	25.0%	20.0%	15.0%
40	45.0%	35.0%	25.0%	20.0%	10.0%
45	45.0%	35.0%	20.0%	15.0%	10.0%
50	35.0%	25.0%	20.0%	15.0%	10.0%
55	35.0%	25.0%	20.0%	15.0%	0.0%
60	35.0%	25.0%	20.0%	15.0%	0.0%

The withdrawal probabilities are based on historical and current demographic data, adjusted to reflect anticipated future experience and professional judgement. As part of the analysis, a comparison was made between the actual and assumed number of non-disabled terminations over the past several years.

Reemployment

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

Form of Payment

70% of all non-retired participants are assumed to elect a Single Life Annuity, and 30% are assumed to elect a 50% Joint and Survivor Annuity.

Marriage

75% of non-retired female participants are assumed to be married. 85% of non-retired male participants are assumed to be married.

Spouse Ages

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.

Schedule MB, Line 6
Statement of Actuarial Assumptions/Methods

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.
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 three years at the rate of 33-⅓% 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.
Participant Data	Data for the valuation was received from the Plan's administrator, Amalgamated Employee Benefits Administrators (AEBA). Such data included each participant's service as determined by AEBA, where available. AEBA determined, based on reported dates of termination of employment and hours reported for the most recent reporting period, whether participants were active or inactive. To develop individual actuarial costs, data assumptions were made for records with missing information. To the extent that information was missing, the following data values were assumed: • For records reported without dates of birth that were reported in the prior year valuation, the date of birth assumed in the prior year valuation was used. For participants who were not reported in the prior year valuation, the average age of participants (entry age for active participants) with the same status was assumed. • For records with missing gender, the assumed gender was based on the gender assumed in the prior year valuation. For participants who were not reported in the prior year valuation, the participant was assumed to be female. The liabilities were determined from participant data files as of the valuation date. Inactive vested participants over age 76 as of January 1, 2025 were excluded.

Schedule MB, Line 6
Statement of Actuarial Assumptions/Methods

Working Retirees	Retirees who earned benefit credit during the prior plan year have been assumed to earn benefit credit during the current plan year. It is assumed that they will work the same number of hours as the prior year. Working retirees are counted as Active participants, their liabilities for benefits earned in the past are included in the Retiree liability and the present value of additional benefits earned during the current plan year has been added to the normal cost.
Financial Information	Financial information was obtained from the audited financial statements for the plan year ending December 31, 2024, as prepared by Novak Francella, LLC, and provided by AEBA.
Nature of Actuarial Calculations	The valuation results presented in this report are estimates. The results are based on data that may be imperfect and on assumptions made about future events. Certain plan provisions may be approximated or deemed immaterial for the purposes of the valuation. Assumptions may be made about missing or incomplete participant census data or other factors. Reasonable efforts were made to ensure that significant items and factors are included in the valuation and treated appropriately. A range of results different from those presented in this report could also be considered reasonable. The actuarial assumptions selected for this valuation – including the valuation interest rate – generally reflect average expectations over the long term. If overall future demographic or investment experience is less favorable than assumed, the relative level of plan costs determined in this valuation will likely increase in future valuations. Investment returns and demographic factors may fluctuate significantly from year to year. The deterministic actuarial models used in this valuation do not take into consideration the possibility of such volatility.
Changes in Assumptions and Methods	Since the prior valuation, the following assumptions methods have been changed: • The beginning of year operating expense assumption was changed from $4,664,812 to $5,048,663, which is consistent with the budgeted amount provided by Amalgamated Employee Benefits Administrators. • For RPA '94 current liability, the interest rate and mortality assumptions were updated in accordance with the changes in the IRS prescribed assumptions. The interest rate is at the high end of the legal range. • The age at which inactive vested participants are excluded from the valuation has changed from those age 76 or older as of the valuation date to those age 76 or older as of January 1, 2025.

Schedule R, Line 14 – Information on Inactive Participants Whose Contributing Employer is No Longer Making Contributions to the Plan

Reasonable Approximation Method

The counts of inactive participants for 2025, 2024, and 2023 were determined based on the most recent employer for those participants for whom the most recent employer was available. Participants for whom the most recent employer was not available were assumed to have worked for employers who no longer contribute to the Plan.

Schedule MB – Statement by the Enrolled Actuary

Plan Sponsor:	Board of Trustees – Adjustable Plan of the National Retirement Fund
EIN / PN:	13-613078
Plan Number:	002
Plan Name:	Adjustable Plan of the National Retirement Fund
Valuation Date:	January 1, 2025
Enrolled Actuary:	Jonathan M. Feldman
Enrollment Number:	26-06980

Actuarial assumptions: The actuarial assumptions and methods are individually reasonable and, in combination, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

Census data and financial information: The actuarial valuation, on which the information in this Schedule MB is based, has been prepared in reliance upon the employee and financial data furnished by the Plan's administrator. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable for the purposes for which it was used.

Contributions: The amount of contributions shown in Line 3 of Schedule MB was listed in reliance on financial statements reported by the Plan's auditor. Contributions were made throughout the year and there were no withdrawal liability payments during the year.

This represents the eleventh Schedule MB filing for the Plan, which was established effective January 1, 2015. Please note the following regarding the enclosed Schedule MB:

- The Plan's status in Line 4b is left blank because the status certification is only required for multiemployer plans in effect on July 16, 2006.

Attached as separate exhibits are:

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

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

Measurement Date: January 1, 2025

Plan Year Beginning January 1	Expected Benefit Payments			
	Active Participants	Inactive Vested Participants	Retired Participants and Beneficiaries	Total
2025	1,155,103	227,929	2,257,689	3,640,721
2026	1,998,410	438,314	2,227,688	4,664,412
2027	2,748,761	632,859	2,195,609	5,577,229
2028	3,418,007	871,931	2,161,282	6,451,220
2029	4,007,994	1,126,487	2,124,526	7,259,007
2030	4,517,368	1,409,368	2,085,156	8,011,892
2031	4,959,057	1,725,164	2,042,975	8,727,196
2032	5,329,572	2,074,572	1,997,791	9,401,935
2033	5,638,941	2,445,772	1,949,407	10,034,120
2034	5,890,489	2,772,103	1,897,640	10,560,232
2035	6,093,228	3,112,236	1,842,317	11,047,781
2036	6,286,311	3,421,728	1,783,290	11,491,329
2037	6,466,858	3,708,764	1,720,441	11,896,063
2038	6,634,368	3,956,504	1,653,690	12,244,562
2039	6,791,522	4,162,666	1,583,009	12,537,197
2040	6,942,660	4,358,183	1,508,449	12,809,292
2041	7,055,323	4,519,597	1,430,157	13,005,077
2042	7,152,024	4,678,068	1,348,404	13,178,496
2043	7,204,722	4,825,711	1,263,580	13,294,013
2044	7,251,213	4,922,202	1,176,225	13,349,640
2045	7,294,652	5,022,584	1,087,012	13,404,248
2046	7,314,946	5,072,507	996,757	13,384,210
2047	7,308,112	5,111,702	906,399	13,326,213
2048	7,315,250	5,131,633	816,974	13,263,857
2049	7,292,025	5,119,147	729,564	13,140,736

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

Measurement Date: January 1, 2025

Plan Year Beginning January 1	Expected Benefit Payments			
	Active Participants	Inactive Vested Participants	Retired Participants and Beneficiaries	Total
2050	7,222,414	5,075,978	645,247	12,943,639
2051	7,102,641	5,023,994	565,023	12,691,658
2052	6,977,378	4,966,880	489,753	12,434,011
2053	6,821,778	4,885,660	420,121	12,127,559
2054	6,651,056	4,803,842	356,612	11,811,510
2055	6,461,905	4,703,396	299,494	11,464,795
2056	6,271,510	4,593,504	248,851	11,113,865
2057	6,069,400	4,478,987	204,575	10,752,962
2058	5,858,512	4,345,926	166,414	10,370,852
2059	5,631,351	4,212,114	133,998	9,977,463
2060	5,404,955	4,090,441	106,854	9,602,250
2061	5,180,376	3,967,047	84,454	9,231,877
2062	4,954,311	3,839,560	66,224	8,860,095
2063	4,721,660	3,685,104	51,584	8,458,348
2064	4,489,129	3,548,957	39,971	8,078,057
2065	4,259,619	3,402,393	30,859	7,692,871
2066	4,025,642	3,244,822	23,773	7,294,237
2067	3,791,917	3,085,768	18,304	6,895,989
2068	3,561,313	2,927,583	14,101	6,502,997
2069	3,333,008	2,764,314	10,881	6,108,203
2070	3,109,866	2,609,649	8,412	5,727,927
2071	2,892,446	2,456,518	6,516	5,355,480
2072	2,683,634	2,300,828	5,052	4,989,514
2073	2,483,840	2,140,949	3,921	4,628,710
2074	2,292,926	1,979,504	3,039	4,275,469

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

Measurement Date: January 1, 2025

Plan Year Beginning January 1	Employer Contributions	Withdrawal Liability Payments	Total
2025	15,829,154	0	15,829,154
2026	16,271,471	0	16,271,471
2027	16,434,471	0	16,434,471
2028	16,597,471	0	16,597,471
2029	16,666,138	0	16,666,138
2030	16,666,138	0	16,666,138
2031	16,666,138	0	16,666,138
2032	16,666,138	0	16,666,138
2033	16,666,138	0	16,666,138
2034	16,666,138	0	16,666,138

Notes

- The plan is not required to file an annual certification of status.
- The projection of employer contributions is based on a projection of industry activity (in other words, covered employment levels) for current and succeeding plan years, reflecting the expectations of the Plan Sponsor. Specifically, the active population is assumed to remain level each year.
- The projection of employer contributions assumes that the current terms of the collective bargaining agreement(s) under which contributions are made to the Plan will continue in effect for succeeding plan years.
- The Plan is not assumed to receive future withdrawal liability payments.

PLAN NAME: Adjustable Plan of the National Retirement Fund **EIN #: 13-6130178**
PLAN SPONSOR: Board of Trustees - Adjustable Plan of the National Retirement Fund **PLAN NUMBER: 002**

2025 Form 5500, Schedule R
Line 13 Details: Employers Contributing More than 5% of Plan's Total Contributions or Who Were One of the Top-ten Highest Contributors

Name of Contributing Employer	Shop #	EIN	MOST RECENT 2025		
			CBA EXP DATE	CONTRIB RATE	BASE UNIT
TJX Controlled Group (dollar amount contributed: 4,559,477)					
Nbc Merchants, Inc. - Evansville, In	1001510	04-2906444	5/31/2017	0.31	Hours
Hg Merchants. Inc. - Brown	1001651	04-3550298	1/31/2021	0.16	Hours
N B C Nevada Merchants Inc	1007444	04-2207613	12/31/2025	0.23	Hours
N B C Charlotte Merchants, Inc	1011883	04-3187200	12/31/2020	0.27	Hours
N B C Philadelphia Merchants	1011901	04-3523668	1/31/2026	0.21	Hours
N B C Pittston Merchants Inc	1011903	04-3523668	1/31/2025	0.21	Hours
N B C Merchants - Manteca	1011936	04-3061360	12/31/2020	0.17	Hours
Marshall Of Ma - Bridgewater Virginia	1012161	04-3438665	2/28/2021	0.28	Hours
Marshalls Of Ma, Inc., Decatur Ga	1012165	04-3438661	5/20/2021	0.29	Hours
Manhattan Beer Controlled Group (dollar amount contributed: 2,356,308)					
Manhattan Beer - Drivers	1001602	13-3992843	4/18/2028	2.51	Hours
Manhattan Beer - Forklift Driv	1001603	13-3992843	4/18/2028	1.69	Hours
Manhattan Beer Distributors Llc	1001604	13-3992843	4/18/2028	1.48	Hours
Manhattan Beer - Helpers	1002049	13-3992843	4/18/2028	1.64	Hours
Vestis Controlled Group (dollar amount contributed: 1,089,156)					
Vestis Services, Llc - Chicago Laundry	1001528	95-3082883	10/2/2026	11.83	Weeks
Vestis Services, Llc (Mc 532)	1001541	23-2151418	3/25/2022	0.13	Hours
Vestis Services, Llc- Bowling Green	1001619	95-3082883	2/28/2022	30.49	Months
Vestis Services, Llc - Wixom Plan	1001667	95-3082883	6/2/2017	10.84	Weeks
Vestis Services, Llc - Savannah, Ga	1001709	95-3082883	3/27/2026	0.41	Hours
Vestis Services, Llc - Mc 322 Dayton, Oh	1001732	95-3082883	7/30/2014	49.70	Months
Vestis Services, Llc- St Louis, Mo	1001735	95-3082883	3/1/2019	0.18	Hours
Vestis Services, Llc - Mc543 Oh	1001736	95-3082883	3/3/2017	48.75	Months
Vestis Services, Llc - Syracuse, Ny	1001935	61-1437731	3/31/2023	5.30	Weeks
Vestis Services, Llc - Rochester	1001936	75-3102371	9/23/2017	3.98	Weeks
Vestis Services, Llc - Phoenix	1002054	95-3082883	3/31/2016	0.03	Hours
Vestis Services, Llc- Caspian	1002136	95-3082883	10/18/2015	3.98	Weeks
Vestis Services, Llc- Stafford, Texas	1002163	95-3082883	3/4/2022	3.31	Weeks
Vestis Services, Llc - Sikeston Mo	1002164	95-3082883	2/11/2022	3.98	Weeks
Vestis Services, Llc- Granite	1002165	95-3082883	3/15/2019	3.98	Weeks
Vestis Services, Llc Pine Bluff	1002166	95-3082883	1/4/2016	3.98	Weeks
Vestis Services, Llc @ Bayamon Pr Cleanroom	1002176	23-2062167	2/16/2019	2.65	Weeks
Vestis Services, Llc - Dallas, Tx	1002305	95-3082883	8/1/2025	2.65	Weeks
Vestis Oklahoma City, Ok	1002306	95-3082883	7/15/2016	2.65	Weeks
Vestis Services, Llc- Tyler, Tx	1002307	95-3082883	8/5/2016	2.65	Weeks
Vestis Services, Llc - Fulton Mo	1002308	95-3082883	5/10/2019	2.65	Weeks
Vestis Services, Llc - Springfield Mo	1002310	95-3082883	2/1/2019	2.65	Weeks
Vestis Services, Llc - Eugene, Or	1002380	95-3082883	4/7/2028	30.43	Months
Vestis Services, Llc - Nw 23Rd Ave, Portland	1002382	95-3082883	4/7/2028	45.33	Months
Vestis Services, Llc - Salem, Or	1002384	95-3082883	4/7/2028	40.30	Months
Vestis Services, Llc - Corvallis, Or	1002385	23-2062167	4/7/2028	24.75	Months
Vestis Services, Llc - Madison, Wi	1002388	95-3082883	5/30/2014	4.10	Weeks
Vestis Services, Llc - Mc544 Toledo	1012438	95-3082883	4/1/2022	41.46	Months
Vestis Services, Llc- Cleanroom 513 Los Angeles	1013109	95-3082883	12/31/2020	23.28	Months
Vestis Services, Llc -586 Paramount	1013134	95-3082883	12/31/2020	23.28	Months
Vestis Services, Llc- #650 - Riverside	1013174	95-3082883	12/31/2020	23.28	Months
Vestis Services, Llc - 501 Los Angeles	1013175	95-3082883	12/31/2020	23.28	Months
Vestis Services, Llc - 502 Sylmar	1013176	95-3082883	12/31/2020	23.28	Months
Vestis Services, Llc-#589 - Santa Ana	1013178	95-3082883	12/31/2020	23.28	Months
Vestis Services, Llc - Mc 511 - San Jose, Ca	1013205	95-3082883	1/14/2028	24.48	Months
Vestis Services, Llc - Mc 518 - Hayward, Ca	1013206	95-3082883	1/14/2028	24.48	Months
Vestis Services, Llc - Mc 516 - Oakland, Ca	1013207	95-3082883	1/14/2028	24.48	Months
Vestis Services, Llc - #502C -Oxnard	1013210	95-3082883	12/31/2020	23.28	Months
Vestis Services, Llc- Cherry Hill Nj	1013412	95-3082883	12/31/2020	9.44	Weeks
Vestis Services, Llc - #506 Sacramento	1015998	95-3082883	4/9/2027	50.85	Months
Vestis Services, Llc - #505 Redding	1016004	95-3082883	4/9/2027	50.85	Months
Vestis Services, Llc 504 - Modesto	1016028	95-3082883	10/3/2025	50.11	Months
Vestis Services, Llc- #503 - Fresno	1016036	95-3082883	10/3/2025	50.11	Months
Vestis Services, Llc- #522 - San Diego	1016050	95-3082883	12/31/2020	44.46	Months
Vestis Services, Llc- Market #517	1016055	95-3082883	5/7/2021	56.37	Months
Vestis Services, Llc-#508 - Novato, Ca	1016068	95-3082883	6/23/2028	43.84	Months
Vestis Services, Llc- #515 - So Sf	1016069	95-3082883	6/27/2025	43.84	Months
Vestis Services, Llc- #502B Lompoc	1016073	95-3082883	12/31/2020	43.84	Months
Vestis Services, Llc - Scranton, Pa	1017283	23-2062167	5/7/2021	0.01	Wages
Vestis Services, Llc - Birmingham, Al	1028250	95-3082883	3/12/2027	41.39	Months
Vestis Services, Llc - Jacksonville, Fl	1028274	95-3082883	1/15/2027	41.39	Months
Vestis Services, Llc - Orlando, Fl	1028275	95-3082883	3/12/2027	41.39	Months
Vestis Services, Llc - Pompano, Fl	1028289	95-3082883	2/12/2027	41.39	Months
Vestis Services, Llc - Memphis, Tn	1028292	95-3082883	3/12/2027	41.39	Months

PLAN NAME: Adjustable Plan of the National Retirement Fund **EIN #: 13-6130178**
PLAN SPONSOR: Board of Trustees - Adjustable Plan of the National Retirement Fund **PLAN NUMBER: 002**

2025 Form 5500, Schedule R
Line 13 Details: Employers Contributing More than 5% of Plan's Total Contributions or Who Were One of the Top-ten Highest Contributors

Name of Contributing Employer	Shop #	EIN	MOST RECENT 2025		
			CBA EXP DATE	CONTRIB RATE	BASE UNIT
Vestis Services, Llc - Durham, Nc Cr	1028296	23-2062167	11/12/2027	22.99	Months
Vestis Services, Llc- Atlanta, Ga - Mc 567	1028300	95-3082883	1/15/2027	41.39	Months
Vestis Services, Llc - Mc 307 - Charlotte, Nc	1028384	95-3082883	2/12/2027	41.39	Months
Vestis Services, Llc. - Newark/Union, Nj	1039774	95-3082883	2/20/2026	48.00	Weeks
Alsco Controlled Group (dollar amount contributed: 950,464)					
Alsco - Chicago	1001527	87-0252999	9/4/2023	8.52	Weeks
Alsco - Sarasota	1001704	87-0252999	5/2/2026	34.24	Months
Alsco - St. Petersburg Plant	1001708	87-0252999	5/2/2026	34.24	Months
Alsco - Tallahassee	1001710	87-0252999	5/2/2026	34.24	Months
Alsco - Naples (Production)	1001714	87-0252999	5/2/2026	34.24	Months
Alsco - Naples (Drivers)	1001715	87-0252999	5/2/2026	42.86	Months
Alsco - Jacksonville	1001716	87-0252999	5/2/2026	34.24	Months
Alsco - Pensacola	1001717	87-0252999	5/2/2026	34.24	Months
Alsco - Orlando	1001726	87-0252999	5/2/2026	34.24	Months
Alsco - Tampa	1001727	87-0252999	5/2/2026	34.24	Months
Alsco - Atlanta, Ga	1001862	87-0252999	5/2/2026	34.24	Months
Alsco - Nashville, Tn	1001877	87-0252999	5/2/2026	34.24	Months
Alsco - Charleston, Sc	1001878	87-0252999	5/2/2026	34.24	Months
Alsco - Shreveport, La	1001879	87-0252999	5/2/2026	34.24	Months
Alsco - Roanoke, Va	1001880	87-0252999	5/2/2026	34.24	Months
Alsco - Memphis, Tn	1001881	87-0252999	5/2/2026	34.24	Months
Alsco - Charlotte, Nc (South)	1001883	87-0252999	5/2/2026	34.24	Months
Alsco - Knoxville, Tn	1001884	87-0252999	5/2/2026	34.24	Months
Alsco Inc. - Alexandria, Va	1001886	87-0252999	5/2/2026	34.24	Months
Alsco - Columbia, Sc	1001887	87-0252999	5/2/2026	34.24	Months
Alsco - Lubbock, Tx	1001889	87-0252999	5/2/2026	34.24	Months
Alsco Inc. - Denver Linen	1002014	87-0252999	1/15/2028	15.81	Months
Alsco - Charlotte, Nc (North)	1002134	87-0252999	5/2/2026	34.24	Months
Alsco Inc. - Salt Lake City, Utah	1002138	87-0252999	9/8/2025	0.09	Hours
Alsco Industrial - Portland, Or	1002270	87-0252999	1/31/2027	19.82	Months
Alsco Inc. - Medford, Oregon	1002318	87-0252999	5/31/2027	34.66	Months
Alsco Inc. - Portland Linen	1002383	87-0252999	5/31/2027	19.82	Months
Alsco Inc. - Washington	1002618		12/31/2021	5.30	Weeks
Alsco Inc. - Wilmington	1002619		2/28/2019	5.30	Weeks
Alsco North American Linen Supply Division - Miami	1002620		7/17/2022	5.30	Weeks
Alsco - Richmond	1002621		1/31/2019	3.31	Weeks
American Linen Sply Co. - La	1013104	87-0252999	12/31/2020	25.99	Months
Alsco Anaheim	1013185	87-0252999	6/6/2021	25.99	Months
Alsco, Inc. American Industrial Serv. Division	1015620	87-0252999	5/22/2022	0.12	Hours
Alsco Inc. - San Jose	1015986	87-0252999	7/31/2022	46.14	Months
Alsco Inc. - Sacramento California	1015996	87-0252999	12/31/2020	44.46	Months
Alsco Inc. - San Diego	1016047	87-0252999	12/31/2020	44.46	Months
Alsco Inc. - San Francisco Ca.	1016151	87-0252999	12/31/2022	44.47	Months
Alsco - St. Louis, Mo	1016374	87-0252999	5/2/2026	31.63	Months
Alsco Inc. - Rochester	1019117	87-0252999	2/28/2023	20.76	Weeks
Alsco Inc. - Durham Servitex	1028278	87-0252999	12/31/2020	31.31	Months
Alsco, Inc. - Raleigh, Nc	1028293	87-0252999	1/16/2028	22.95	Months
Alsco Uniforms - Bethlehem Plant	1040506			10.54	Weeks
Levi Controlled Group (dollar amount contributed: 495,067)					
Levi Strauss & Co	1011938	94-0905160	5/31/2022	0.40	Hours
Mission Controlled Group (dollar amount contributed: 457,864)					
Mission Linen Sply Plnts # 200, 900, 8300-Phx, Az	1001690	95-1942549	8/20/2014	0.26	Hours
Mission Linen Supply/Flagstaff	1001909	95-1942549	8/20/2017	0.13	Hours
Mission Linen Supply #0400	1013149		12/31/2020	25.48	Months
Mission Linen Supply #1400	1013151	95-1942549	12/31/2020	25.48	Months
Mission Linen Supply #2600	1013153	95-1942549	12/31/2020	25.48	Months
Mission Linen Supply #2400	1013154	95-1942549	12/31/2020	25.48	Months
Mission Linen Supply #0100	1013156	95-1942549	12/31/2020	25.48	Months
Mission Linen Supply - 3400 Chino	1013191	95-1942549	12/31/2020	25.48	Months
Mission Linen Supply - 105 Chino	1013192		12/31/2020	25.48	Months
Mission Linen Supply - Plant #4800 - Sacramento	1015991	95-1942549	6/30/2024	43.84	Months
Mission Linen Supply - Plant #4700 - Sacramento	1015993	95-1942549	6/30/2024	43.84	Months
Mission Linen Supply - Plant #2500 - Chico	1016007	95-1942549	6/30/2024	43.84	Months
Mission Linen Supply - Plant #2300 - Fresno	1016035	95-1942549	6/30/2024	43.84	Months
Mission Linen Supply - Plant #700 - Bakersfield	1016041	95-1942549	6/30/2024	43.84	Months
Mission Linen Supply - Plant #800 - Santa Maria	1016071	95-1942549	6/30/2024	43.84	Months
Mission Linen Supply - Plant #300 - Salinas	1016075	95-1942549	6/30/2024	43.84	Months
Mission Linen Supply - Plant #2100 - Salinas	1016077	95-1942549	6/30/2024	43.84	Months
Mission Linen Supply & Unif Svcs - Cmf Plant #8400	1016157	95-1942549	6/30/2024	54.55	Months

PLAN NAME: Adjustable Plan of the National Retirement Fund **EIN #: 13-6130178**
PLAN SPONSOR: Board of Trustees - Adjustable Plan of the National Retirement Fund **PLAN NUMBER: 002**

2025 Form 5500, Schedule R
Line 13 Details: Employers Contributing More than 5% of Plan's Total Contributions or Who Were One of the Top-ten Highest Contributors

Name of Contributing Employer	Shop #	EIN	MOST RECENT 2025		
			CBA EXP DATE	CONTRIB RATE	BASE UNIT
Aramark Controlled Group (dollar amount contributed: 406,063)					
Aramark Ed Svcs Llc @ Indiana Univ Of Penn	190196	23-1354443	10/31/2022	0.95	Hours
Aramark Business Svcs. Llc - Huntington Ingalls	540002	95-2051630	3/31/2025	0.51	Hours
Aramark S & E Svcs Llc Univ. Of Penn Steinberg Ctr	560024	95-2051630	9/30/2021	0.61	Hours
Aramark Educational Svcs St. Joseph'S University	560077	23-2573585	6/30/2018	0.43	Hours
Aramark Education Svcs Llc @ Lock Haven Univ.	560104	95-2051630	2/28/2017	0.48	Hours
Aramark Healthcare Services Llp @ Tewksbury Hosp	1002419	95-3082883	4/17/2014	0.11	Hours
Aramark Healthcare Services @ Tewksbury Hospital	1002420	95-3082883	4/17/2014	0.11	Hours
Aramark Education Svcs Llc @ West Chester Univ.	1002587	95-3082883	11/23/2015	0.14	Hours
Aramark Education Svcs Llc @ Oglethorpe University	1002606	95-2051630	7/31/2027	0.05	Hours
Aramark S & E Svcs Llc - Penn. Convention Ctr	1019042	23-2693517	12/31/2020	0.17	Hours
Aramark Bus. And Ind., Llc @ Volvo - Dublin, Va	1038624	95-3082883	12/31/2024	0.11	Hours
Aramark Educational Svcs. Llc @ Temple University	1038705	95-3082883	5/31/2024	0.38	Hours
Aramark Education Svcs Llc @ Univ. Of Scranton	1039600	95-2051630	5/22/2022	0.10	Hours
Aes, Llc @ Towson University	1039998		9/30/2027	0.12	Hours
Aramark @ Hollywood Presbyterian Medical Center	1040417		12/31/2026	0.10	Hours
Aramark @ Sap America - Newtown Square, Pa	1040464			0.12	Hours
Aramark Business & Industry, Llc @ Volvo - Pulaski	1040540			0.11	Hours
Compass Controlled Group (dollar amount contributed: 388,066)					
Eurest Dining Svcs Cat Morton Bldg C	324089	56-1874931	10/31/2014	0.79	Hours
Eurest Dining Svcs Caterpillar #28548	324350	56-1874931	10/31/2014	0.79	Hours
Eurest Dining Svcs Caterpillar E.Peoria Bldg. Ad	324351	56-1874931	10/31/2014	0.79	Hours
Eurest Dining Svcs Cat.#28316 Mossville Hose Plant	324354	56-1874931	10/31/2014	0.79	Hours
Eurest Dining Svcs Cat #28308 Mossville Proving	324355	56-1874931	10/31/2014	0.79	Hours
Eurest Dining Svcs Cat #2834 Mossville Technical C	324367	56-1874931	10/31/2014	0.79	Hours
Eurest Dining Svcs Caterpillar Mossville Bldg G	324376	56-1874931	10/31/2014	0.79	Hours
Eurest Dining Svcs Cat #20784 Mossville Technical	324377	56-1874931	10/31/2014	0.79	Hours
Eurest Dining Svcs Caterpillar Bldg Lc	324551	56-1874931	10/31/2017	0.79	Hours
Eurest Dining Svcs Caterpillar Admin. Bldg.	324554	56-1874931	11/30/2014	0.79	Hours
Eurest Dining Svcs Caterpillar E. Peoria Bldg Kk	324556	56-1874931	10/31/2014	0.79	Hours
Eurest Dining Svcs Cat #27334 East Peoria Bldg. Ll	324557	56-1874931	10/31/2014	0.79	Hours
Eurest Dining Svcs - Caterpillar Inc, Pontiac, Il	324612	56-1874931	5/31/2018	0.71	Hours
Eurest Dining Svcs - Caterpillar Inc. Decatur Il	324618	56-1874931	10/31/2017	0.81	Hours
Eurest Dining Services Caterpillar Edlc	324667	56-1874931	11/30/2014	0.79	Hours
Eds, Inc. @ Constellation Braidwood Nuclear Plant	1001868	56-2256673	9/14/2025	0.11	Hours
Chartwells Sch Dng Svcs @ Muskegon Sch District	1001869	56-1874931	10/31/2015	0.16	Hours
Morrison Mgmt. Specialist @ Hogan Regional Center	1001942	56-1874931	6/7/2017	0.11	Hours
Morrison Mgt Svc @ Arizona State Hospital	1001988	63-1053451	9/30/2026	0.10	Hours
Morrison Mgmt @ Columbus Twin Valley	1001993	63-1155966	11/30/2018	0.10	Hours
Compass- Northcoast Behavioral Health	1001995	63-1155966	11/30/2018	0.10	Hours
Morrison Mgmt @ Cambridge Dev Ctr	1001996	63-1155966	11/30/2018	0.10	Hours
Morrison-Arizona State Hospital	1001999	63-1155966	9/30/2026	0.10	Hours
Morrison Mgmt @ Northcoast Behavioral - Toledo	1002016	63-1155966	11/30/2018	0.12	Hours
Morrison Mgmt @ Massillon Heartland Behavioral	1002020	63-1155966	11/30/2018	0.11	Hours
Morrison Mgmt Specialist @ Wrentham Dev Center	1002033	63-1155966	6/7/2017	0.11	Hours
Eurest Dining Svcs @ Thrivent Fin Svcs - Minn, Mn	1002122	56-2256673	6/30/2023	0.13	Hours
Chartwells @ Louisburg College	1002126	56-1874931	4/30/2028	0.12	Hours
Chartwells Sch. Din. Svcs. @ Biloxi, Ms Sch. Dist.	1002135	56-1874931	10/31/2027	0.10	Hours
Compass Census Bureau	1002143			0.09	Hours
Compass University Of Arizona	1002147	56-1874931	10/5/2011	0.12	Hours
Eds - Navy Federal Credit Union	1002196	56-1874931	3/9/2025	0.09	Hours
Compass-Stroudsburg School District	1002200	56-1874931	9/30/2025	0.17	Hours
Chartwell Campus Dining Svcs @ Suny Plattsburgh Ny	1002214	56-1874931	5/31/2020	0.13	Hours
Bon Appetit Management Co. @ St. Mary'S College	1002243	94-3039662	1/31/2027	0.14	Hours
Chartwells Higher Education @ Umbc	1002249	56-1874931	1/31/2026	0.13	Hours
Chartwells Dining Svcs @ Lower Dauphin Sch. Dist.	1002251	56-1874931	6/30/2026	0.11	Hours
Morrison Mgmt @ Summit Behavioral	1002257	63-1155966	11/30/2018	0.10	Hours
Compass Western State Hospital	1002258	63-1155966	1/27/2017	0.12	Hours
Chartwell Sch Dining Svcs @ Hancock Place Sch Dist	1002296	56-1874931	7/31/2017	0.13	Hours
Eurest Dining Services @ Trustage - Madison, Wi	1002370	56-1874931	8/31/2015	0.15	Hours
Morrison Mgmt @ Appalachian Behavioral - Athens	1002377	63-1155966	11/30/2018	0.10	Hours
Bon Appetit Mgmt Company @ Stanford University	1002397	94-3039667	8/31/2019	0.26	Hours
Morrison Mgmt Svcs @ Livingston County Home	1002398	63-1155966	3/31/2027	0.08	Hours
Compass @ Detroit Edi Nuclear, Newport & Monroe Mi	1002402	38-1792419	7/31/2017	0.13	Hours
Core Linen Services - Clermont, Fl	1002414		12/31/2024	0.10	Hours
Compass Midland School Dist	1002498		4/17/2016	0.17	Hours
Chartwells School Dining Svcs @ Hitchcock Sch Dist	1002499		4/5/2024	0.05	Hours
Bon Appetit A Div Of Comp Grp, Inc @ Trine Univ	1002505	94-3039662	8/20/2024	0.09	Hours
Canten Dining Services @ Carrier Collierville Tx	1002514	56-1874931	6/30/2022	0.11	Hours
Crothall Laundry Services @ La Mirada Laundry	1013112		7/5/2022	25.48	Months

PLAN NAME: Adjustable Plan of the National Retirement Fund **EIN #: 13-6130178**
PLAN SPONSOR: Board of Trustees - Adjustable Plan of the National Retirement Fund **PLAN NUMBER: 002**

2025 Form 5500, Schedule R
Line 13 Details: Employers Contributing More than 5% of Plan's Total Contributions or Who Were One of the Top-ten Highest Contributors

Name of Contributing Employer	Shop #	EIN	MOST RECENT 2025		
			CBA EXP DATE	CONTRIB RATE	BASE UNIT
Crothall Services @ Ontario Laundry Â€“ Cedar Sinai	1013202		12/31/2020	25.48	Months
Chartwells @ Nor Sd - Kipp Coghill #29248	1037980		7/31/2024	0.07	Hours
Chartwells Sch. Dining @ Orange Sch. District	1038047		9/30/2025	0.10	Hours
Compass - Colgate University	1038289		6/30/2017	0.19	Hours
Culinart @ Point Park University	1038436		7/31/2026	0.70	Hours
Compass Group Morrison @ Tenet Drs Of Modesto	1039212		12/14/2018	0.22	Hours
Chartwells @ Suffolk University	1039520	56-1874931	10/31/2021	0.13	Hours
Edd @ General Electric - Evendale Plant 90 & 100	1040051		4/30/2026	0.11	Hours
Chartwells @ No Recovery Sd - No Sci & Math Hs	1040493			0.22	Hours
Chartwells @ No Recovery Sd - Elan Academy	1040494			0.22	Hours
Community Labor Administrative Services, Inc. (dollar amount contributed: 328,279)	1040212			1.00	Hours
American Greetings Corporation (dollar amount contributed: 324,831)	1001165	34-1233452	10/19/2020	0.43	Hours

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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
ADJUSTABLE PLAN OF THE NATIONAL RETIREMENT FUND

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2015

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)
BD OF TRUSTEES-ADJUSTABLE PLAN OF THE NATIONAL RET

333 WESTCHESTER AVENUE

WHITE PLAINS NY 10604-2910

2b Employer Identification Number (EIN) 13-6130178

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	DocuSigned by: X Lynne Fox Signature of plan administrator	10/15/2026 Date	LYNNE FOX Enter name of individual signing as plan administrator
SIGN HERE	X Signature of employer/plan sponsor	Date	VICTORIA SARTOR Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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2025

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B This return/report is: [ ] a single-employer plan [ ] a DFE (specify) _____
[ ] 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
ADJUSTABLE PLAN OF THE NATIONAL RETIREMENT FUND

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2015

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)
BD OF TRUSTEES-ADJUSTABLE PLAN OF THE NATIONAL RET

333 WESTCHESTER AVENUE

WHITE PLAINS NY 10604-2910

2b Employer Identification Number (EIN) 13-6130178

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	X **Signature of plan administrator**	Date	LYNNE FOX Enter name of individual signing as plan administrator
SIGN HERE	X **Signature of employer/plan sponsor**	Date 10/8/26	VICTORIA SARTOR 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**	45,017
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)**	28,031
a (2)	Total number of active participants at the end of the plan year	**6a(2)**	25,963
b	Retired or separated participants receiving benefits	**6b**	3,705
c	Other retired or separated participants entitled to future benefits	**6c**	14,834
d	Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	44,502
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	27
f	Total. Add lines **6d** and **6e**	**6f**	44,529
g (1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	308

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

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 _____

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
Adjustable Plan of the National Retirement Fund

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Bd of Trustees-Adjustable Plan of the National Retirement Fund

D Employer Identification Number (EIN)
13-6130178

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)**	161,514,322
(2)	Actuarial value of assets for funding standard account	**1b(2)**	154,801,877
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	155,926,228
(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)**	155,926,228
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)**	209,947,717
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	18,905,028
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	8,963,262
(3)	Expected plan disbursements for the plan year	**1d(3)**	8,586,345

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

Jonathan Feldman
Signature of actuary

October 13, 2026
Date

Jonathan M. Feldman
Type or print name of actuary

2306980
Most recent enrollment number

Horizon Actuarial Services, LLC
Firm name

240-247-4600
Telephone number (including area code)

8601 Georgia Avenue Suite 905
Silver Spring MD 20910
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**	161,514,322
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		3,190	28,407,413
(2) For terminated vested participants		13,796	66,723,508
(3) For active participants:			
(a) Non-vested benefits			8,101,509
(b) Vested benefits			106,715,287
(c) Total active		28,031	114,816,796
(4) Total		45,017	209,947,717
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	%

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
	14,977,386	0			

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

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

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

6 Checklist of certain actuarial assumptions:

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

		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	A	A
(2) Females	**6c(2)**	A	A
d Valuation liability interest rate	**6d**	6.00 %	6.00 %
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)**	6.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	4.1 %
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	10.5 %
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)**	5,048,663
(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	4,351,488	422,680

8 Miscellaneous information:

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

b Demographic, benefit, and contribution information

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

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

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

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

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

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

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

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

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

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

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

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).		**8e**	
9 Funding standard account statement for this plan year:			
Charges to funding standard account:			
a Prior year funding deficiency, if any		**9a**	0
b Employer's normal cost for plan year as of valuation date		**9b**	15,373,496
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)**	20,810,216	2,242,939
(2) Funding waivers	**9c(2)**	0	0
(3) Certain bases for which the amortization period has been extended	**9c(3)**	0	0
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	1,056,986
e Total charges. Add lines 9a through 9d		**9e**	18,673,421
Credits to funding standard account:			
f Prior year credit balance, if any		**9f**	3,299,293
g Employer contributions. Total from column (b) of line 3		**9g**	14,977,386
		Outstanding balance	
h Amortization credits as of valuation date	**9h**	16,386,572	2,268,544
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	783,392
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	20,984,969	
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	51,171,366	
(3) FFL credit		**9j(3)**	0
k (1) Waived funding deficiency		**9k(1)**	0
(2) Other credits		**9k(2)**	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**	21,328,615
m Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	2,655,194
n Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**	
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year		**9o(1)**	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date		**9o(2)(a)**	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))		**9o(2)(b)**	0
(3) Total as of valuation date		**9o(3)**	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)		**10**	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			☒ Yes ☐ No