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
LEGACY PLAN OF THE NATIONAL RETIREMENT FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/26/1950

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-LEGACY 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.	10/08/2026	VICTORIA SARTOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	LYNNE FOX
	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**	184550
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)**	8379
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	7241
b	Retired or separated participants receiving benefits	**6b**	83205
c	Other retired or separated participants entitled to future benefits	**6c**	82875
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	173321
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2862
f	Total. Add lines **6d** and **6e**.	**6f**	176183
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**	364

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 1I

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
LEGACY PLAN OF THE NATIONAL RETIREMENT FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BD OF TRUSTEES-LEGACY 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)**	1814300419
(2)	Actuarial value of assets for funding standard account	**1b(2)**	1815730242
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	1829380389
(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)**	1829380389
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)**	2255645152
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	23922450
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	156475312
(3)	Expected plan disbursements for the plan year	**1d(3)**	149294745

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: 10/13/2006
JONATHAN M. FELDMAN	26-06980
Type or print name of actuary	Most recent enrollment number
HORIZON ACTUARIAL SERV	240-247-4600
Firm name	Telephone number (including area code)
8601 GEORGIA AVENUE, SUITE 700 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**	1814300419
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		89237	1102978269
(2) For terminated vested participants		86934	998220523
(3) For active participants:			
(a) Non-vested benefits			1342226
(b) Vested benefits			153104134
(c) Total active		8379	154446360
(4) Total		184550	2255645152
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
	46054621	0			

	Totals ►	**3(b)**	46054621	**3(c)**	0
(d) Total withdrawal liability amounts included in line 3(b) total				**3(d)**	9086225

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**	C

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**	2031

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**	6.25 %	6.25 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☐ Single rate ☒ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	%	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	6.4 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	9.8 %	
i Expense load included in normal cost reported in line 9b	**6i**	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	23922450	
(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	-38185922	-3859628
3	-2317503	-228263

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	**8a**	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.		☒ Yes ☐ No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).		☒ Yes ☐ No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.		☒ Yes ☐ No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		☒ Yes ☐ No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?		☒ Yes ☐ No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	**8d(2)**	5
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		☐ Yes ☒ No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	**8d(4)**	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	**8d(5)**	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		☐ Yes ☐ No
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	**8e**	101036821

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**	23922450

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)**	451717203		117300657
(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**	8826444
e Total charges. Add lines 9a through 9d			**9e**	150049551
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	54513880
g Employer contributions. Total from column (b) of line 3			**9g**	46054621
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	384553176		52453721
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	8124682
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	99361068		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	222464940		
(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**	161146904
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	11097353
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
LEGACY PLAN OF THE NATIONAL RETIREMENT FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BD OF TRUSTEES-LEGACY 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

BLACKROCK INVESTMENT MANAGEMENT LLC

20-5319476

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

CROW HOLDINGS CAPITAL

27-4077052

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

CABOT PROPERTIES, L.P.

34-3583499

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

CERBERUS OPERATIONS AND ADVISORY

20-5804477

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

PROVIDENCE EQUITY PARTNERS, LLC

20-8146702

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

CABOT PROPERTIES, INC.

04-3583497

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

CERBERBUS EUROPEAN INVESTMENTS LLC

20-0831785

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

KPS SPECIAL SITUATIONS FUND V (A)

98-1509288

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

HARVEST PARTNERS VII, L.P.

20-4440435

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

OAKTREE REAL ESTATE OPPORTUNITIES F

98-1179790

(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

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

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

ENTRUST GLOBAL PARTNERS OFFSHORE LP

90-0644478

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

ARES CORPORATE OPPORTUNITIES FUND V

47-5234503

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

KPS SPECIAL SITUATIONS FUND VI (A)

98-1714811

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

AUDAX MANAGEMENT COMPANY, LLC

04-3477377

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

CERBERUS CAPITAL MANAGEMENT II, L.P

13-4146255

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

GOLDMAN, SACHS & CO.

13-3501777

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

VISTA EQUITY PARTNERS VI, GP, LP

CO MAPLES CORP SERVICE PO BOX 309
GEORGE TOWN KY

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

PIMCO

33-0629048

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

JP MORGAN HEDGE FUND SERVICES

1 BEACON STREET, 20TH FLOOR
BOSTON, MA 02108

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

CERBERUS GLOBAL INVESTMENTS B.V.

32 OUDE UTRECHTSEWEG
BAARN NL

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

KPS SPECIAL SITUATIONS MID-CAP FUND

98-1509541

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

CERBERUS INSTITUTIONAL MANAGEMENT

13-4196316

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

ARES PE EXTENDED VALUE FUND LP

84-2951954

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

BAIN CAPITAL PRIVATE EQUITY LP

04-3511291

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

OAKTREE SPECIAL SITUATIONS FUND II

98-1390317

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

PLATINUM EQUITY PARTNERS V, LLC

83-3315161

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

CVS CAPITAL PARTNERS IX LIMITED

1FC5
ST HELIER JERSEY JE

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

OAKTREE GLOVAL CREDIT PLUS FUND L.P

98-1643767

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

HAYA REAL ESTATE, S.L.U.

VIA DE LOS POBLADOS, 3
MADRID ES

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

CVS CAPITAL PARTNERS VIII

27 ESPLANADE
ST HELIER JERSEY JE

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

PLATINUM EQUITY VI, LLC

87-3315632

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

HGGC, LLC

41-2258172

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

LORD ABBETT & CO. LLC

13-5620131

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

GREAT GRAY TRUST COMPANY, LLC

92-1941236

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

CERBERUS TECHNOLOGY SOLUTIONS, LLC

83-0958985

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

MASS RESIDENTIAL

CALLE PRINCIPE DE VERGARA, 112
MADRID ES

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

CERBERUS UK MANAGEMENT LTD.

84 GROSVERNOR, 2ND FLOOR
LONDON GB

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

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

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

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	11195000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	3105152	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AMALGAMATED BANK

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 19 28 51 52	RELATED PARTY	1049252	Yes [X] No [ ]	Yes [X] No [ ]	3864	Yes [ ] No [X]

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

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

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	798020	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HAMILTON LANE ADVISORS, LLC

23-2962336

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	453921	Yes [X] No [ ]	Yes [ ] No [X]	245800	Yes [ ] No [X]

(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	487285	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)

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	475590	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LAZARD ASSET MANAGEMENT, LLC

05-0530199

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 52	NONE	438432	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	350000	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)

SKYHARBOR CAPITAL MANAGEMENT, LLC

45-3058471

(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	291429	Yes ☐ No ☒	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	244841	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	240302	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)

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	161000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DIMENSIONAL FUND ADVISORS, LP

30-0447847

(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	143859	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SOUTHERN REGIONAL JOINT BOARD, WORK

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	127102	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)

CHICAGO AND MIDWEST REGIONAL JOINT

36-2938055

(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	103633	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALLIANT INSURANCE SERVICES, INC.

33-0785439

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	102583	Yes [ ] No [X]

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

PARAMETRIC PORTFOLIO ASSOCIATES, LL

20-0292745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	64529	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)

LANDMARK EQUITY ADVISORS, LLC

06-1519082

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52 72	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	50056	Yes [ ] No [X]

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

HIRTLE, CALLAGHAN & CO., LLC

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	46616	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GENSTAR CAPITAL PARTNERS, LLC

36-4810731

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	43489	Yes [ ] No [X]

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

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

ETHAN E KRA ACTUARIAL SERVICES, LLC

35-2422603

(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?
34 50	NONE	29445	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STOUT RISIUS ROSS, LLC

38-3003685

(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?
34 50	NONE	29000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AMERICAN ARBITRATION ASSOCIATION

13-0429745

(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	28870	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)

PENNSYLVANIA JOINT BOARD, WORKERS U

23-2929642

(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	25018	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PHILADELPHIA JOINT BOARD, WORKERS U

23-0971735

(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	20496	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KELSO & COMPANY, L.P.

94-2680741

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [ ]	15863	Yes [ ] No [X]

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

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

NEW YORK NEW JERSEY REGIONAL JOINT

13-4908365

(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	12874	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WILLIAM BLAIR INVESTMENT MANAGEMENT

47-2614791

(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	7915	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VERITEXT

20-3132569

(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	6949	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)

KOTZ SANGSTER WYSOCKI PC

38-2208205

(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 16 50	NONE	5280	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ALLIANT INSURANCE SERVICES, INC.	22 53	22408

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ARCH INSURANCE COMPANY 43-0990710	INSURANCE BROKERAGE COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ALLIANT INSURANCE SERVICES, INC.	22 53	49462

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AIG CHARTIS 25-1118791	INSURANCE BROKERAGE COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ALLIANT INSURANCE SERVICES, INC.	22 53	29753

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
XL SPECIALTY INSURANCE COMPA 85-0277191	INSURANCE BROKERAGE COMMISSIONS

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
LANDMARK EQUITY ADVISORS, LLC	51 52	50056
(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.	
LANDMARK EQUITY PARTNERS XV, 46-1153167	INVESTMENT MANAGEMENT FEES	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMALGAMATED BANK	18 19 28 51 52	3864
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
J.P. MORGAN FUNDS 13-3736024	INVESTMENT MANAGEMENT FEES	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
KELSO & COMPANY, L.P.	28 52	6292
(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.	
ARCTIC HOLDCO LLC 85-4282962	INVESTMENT MANAGEMENT FEES	

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
GENSTAR CAPITAL PARTNERS, LLC	28 52	48489

(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.
GENSTAR CAPITAL PARTNERS, LL 36-4810731	INVESTMENT MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
HAMILTON LANE ADVISORS, LLC	28 52	100000

(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.
HAMILTON LANE SECONDARY FUND 87-4101429	INVESTMENT MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
HAMILTON LANE ADVISORS, LLC	28 52	145800

(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.
HAMILTON LANE SECONDARY FUND 83-1798760	INVESTMENT MANAGEMENT FEES

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ALLIANT INSURANCE SERVICES, INC.	22 53	960

(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.
GREAT AMERICAN INSURANCE GRO 31-1544320	INSURANCE BROKERAGE COMMISSIONS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
KELSO & COMPANY, L.P.	28 52	1431

(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.
BREATHE CONSUMER HEALTHCARE 85-2581470	INVESTMENT MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
KELSO & COMPANY, L.P.	28 52	4365

(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.
RISK STRATEGIES COMPANY 16-1689464	INVESTMENT MANAGEMENT FEES

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
KELSO & COMPANY, L.P.	28 52	3595
(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.	
RESOURCE PRO, LLC 05-0602664	INVESTMENT MANAGEMENT FEES	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
KELSO & COMPANY, L.P.	28 52	180
(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.	
SAVANT CAPITAL, LLC 45-3812777	INVESTMENT MANAGEMENT FEES	

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
LEGACY PLAN OF THE NATIONAL RETIREMENT FUND

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BD OF TRUSTEES-LEGACY 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: LORD ABBETT SMALL CAP GROWTH EQUITY

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY

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)
38-4139856-634	C	14696998

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	400242650

a Name of MTIA, CCT, PSA, or 103-12 IE: DIMENSIONAL MICRO CAP SUBTRUST

b Name of sponsor of entity listed in (a): DFA GROUP TRUST

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)
23-6819730-004	E	42099519

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	150276349

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	146314334

a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW ULTRA 1 CONSTRUCTION FUND

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)
13-4920330-006	C	69729

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

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	110599373

a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW CORE PLUS FIXED INCOME FUN

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

c EIN-PN 13-4920330-021	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54698880

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

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

c EIN-PN 84-6967608-022	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 184364223

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

SCHEDULE G (Form 5500)

Department of Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Financial Transaction Schedules

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
LEGACY PLAN OF THE NATIONAL RETIREMENT FUND

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-6130178

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible

Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
AMALGAMTED BANK	CUSTODIAN	POTENTIAL PT RELATED TO TIMING OF TRANSFER OF CLASS ACTION SETTLEMENT PROCEEDS. VFCP PENDING BEFORE DOL.	

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

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
LEGACY PLAN OF THE NATIONAL RETIREMENT FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BD OF TRUSTEES-LEGACY 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	-1204419	1402
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	24732288	31739395
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1312676	7836703
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	46125132	45046881
(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)	71610230	68403183
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	151297090	176007587
(5) Partnership/joint venture interests	1c(5)	455701260	464825044
(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)	846274137	910986187
(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)	167435962	192375868
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	66974716	77260271
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	20542165	12535691

		(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	1850801237	1987018212
Liabilities			
1g Benefit claims payable	1g	10089398	10111321
1h Operating payables	1h	10044189	1703197
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		19445944
1k Total liabilities (add all amounts in lines 1g through1j)	1k	20133587	31260462
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	1830667650	1955757750

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)	54264421	
(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)		54264421
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1453185	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	5056485	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	1111197	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		7620867
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1931419	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3977271	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		5908690
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	426128464	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	399778245	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		26350219
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	15581309	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		15581309

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		109221803
(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)		53439906
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		6308284
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		278695499
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	124134804	
(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)		124134804
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)	11482108	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	161000	
(5) Investment advisory and investment management fees	2i(5)	3440938	
(6) Bank or trust company trustee/custodial fees	2i(6)	203035	
(7) Actuarial fees	2i(7)	487285	
(8) Legal fees	2i(8)	3141736	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	10554493	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		29470595
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		153605399
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		125090100
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		52199
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		477360735
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 587675.

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
LEGACY PLAN OF THE NATIONAL RETIREMENT FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BD OF TRUSTEES-LEGACY 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** 810

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 04-2270613 **c** Dollar amount contributed by employer 15923543

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 2289467

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 1986886

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 1186215

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 ARAMARK CONTROLLED GROUP

b EIN 95-2051630 **c** Dollar amount contributed by employer 1151281

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 FANATICS ROYAL INC

b EIN 20-8021081 **c** Dollar amount contributed by employer 933514

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 MISSION CONTROLLED GROUP

b EIN 95-1942549 **c** Dollar amount contributed by employer 921184

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 815094

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 801361

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 GREETING CORPORATION

b EIN 34-1233452 **c** Dollar amount contributed by employer 744278

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**	125337
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**	137528
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**	143496

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	0.93
b The corresponding number for the second preceding plan year	**15b**	0.90

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: 64.0 % Private Equity: 24.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 6.0 %
High-Yield Debt: 3.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 2.0 % Other: 1.0 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

LEGACY PLAN OF THE NATIONAL RETIREMENT FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2025

LEGACY 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
Legacy Plan of the National Retirement Fund

Opinion

We have audited the financial statements of the Legacy 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 Legacy 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 Legacy 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 Legacy 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 plan 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 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 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, Schedules of Administrative Expenses, and Schedule of Nonexempt Transactions, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year, Schedule of Reportable Transactions, and Schedule of Nonexempt 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

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

Legacy 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		
Corporate obligations	$ 68,403,183	$ 71,610,230
Common stock	121,907,587	100,097,090
ALICO Services Corporation	54,100,000	51,200,000
Partnerships	464,825,044	455,701,260
Common collective trusts	910,986,187	846,274,137
103-12 investment entities	192,375,868	167,435,962
Mutual funds	77,260,271	66,974,716
Hedge fund of funds	12,535,691	20,542,165
Short-term investments	38,046,186	39,745,203
Total investments	1,940,440,017	1,819,580,763
Net assets held in 401(h) account	7,000,695	6,379,929
Receivables		
Employer contributions	3,452,895	4,655,588
Withdrawal liability contributions, net of allowance	28,286,500	20,076,700
Accrued interest and dividends	1,283,711	1,312,676
Due from related parties	974,943	449,620
Securities sold and not settled	4,796,787	2,595,750
Total receivables	38,794,836	29,090,334
Other assets		
Cash	1,402	1,402
Prepaid expenses	686,813	798,102
Other	94,449	191,683
Total other assets	782,664	991,187
Total assets	1,987,018,212	1,856,042,213

See accompanying notes to financial statements.

	2025	2024
Liabilities and Net Assets:		
Liabilities		
Accounts payable and accrued expenses	$ 1,703,197	$ 1,897,785
Cash overdraft	465,481	1,205,821
Amounts related to obligation of 401(h) account	7,000,695	6,379,929
Securities purchased and not settled	445,135	81,841
Due to related parties	18,407,777	11,465,118
Other	127,551	634,600
Total liabilities	28,149,836	21,665,094
Net assets available for benefits	$ 1,958,868,376	$ 1,834,377,119

See accompanying notes to financial statements.

Legacy 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	$ 210,901,521	$ 156,540,796
Interest and dividends	13,529,557	14,653,067
	224,431,078	171,193,863
Less investment expenses	(3,643,973)	(3,296,951)
Less unrelated business income tax	(1,000,000)	-
Total investment income - net	219,787,105	167,896,912
Contributions		
Employer contributions	36,968,396	39,680,945
Withdrawal liability payments	17,296,025	8,674,332
Total contributions	54,264,421	48,355,277
Total additions	274,051,526	216,252,189
Deductions		
Retirement benefits	124,733,647	158,330,559
Administrative expenses	24,826,622	24,140,348
Total deductions	149,560,269	182,470,907
Net increase in net assets	124,491,257	33,781,282
Net assets available for benefits:		
Beginning of year	1,834,377,119	1,800,595,837
End of year	$ 1,958,868,376	$ 1,834,377,119

See accompanying notes to financial statements.

LEGACY 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 Legacy 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. The Fund document was amended and restated effective as of January 1, 2015.

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

Beginning on January 1, 2015, the Fund became a "frozen plan" in that participants ceased to accrue benefits under the Fund, but it should be noted that the freezing of the Fund will not reduce benefits already earned. The Fund's Settlor Committee allocates certain contributions to the Fund and the Adjustable Plan of the National Retirement Fund. The contribution allocated to the Fund will be used exclusively to pay down the unfunded liability of the Fund and for benefits and administrative expenses.

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Investment Valuation and Income Recognition - The investments of the Fund are managed by independent investment managers. Investments are carried at fair value. The valuation for the common stock and mutual 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. Corporate obligations are valued using pricing models that maximize the use of observable inputs for similar securities, including yields, credit ratings and broker quotes, if available. The investments in common collective trusts and 103-12 investment entities are valued at their market value on the last business day of the year as established by the trusts. The investments in partnerships are carried at estimated fair value as determined by the partnership. The hedge funds of funds are carried at estimated fair value as determined by the investment manager. Short-term investments are carried at cost which approximates fair value.

Hedge funds of funds and 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.

The Fund is invested in and has a majority ownership interest in ALICO Services Corporation (the Company), a holding company incorporated in the State of New York. The Company is comprised of three subsidiaries: Amalgamated Life Insurance Company (ALICO), Amalgamated Employee Benefits Administrators, Inc., and Alicare Medical Care Management, Inc. The fair value of the Company is determined by an external valuation specialist. The Company's valuation is based on the Guideline Company Method (a form of the market approach) and the Discounted Cash Flow Method (a form of the income approach). The financial statements of the Company are audited annually by independent auditors.

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

Employer Receivable - Contributions to the Fund for benefits are made by employers, based on various methods, pursuant to collective bargaining 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.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Withdrawal Liability - The Fund utilizes a modified version, approved by the PBGC, of the rolling five (one pool) methods under Section 4211(c) for determining withdrawal liability. Withdrawal liability assessed but not received is recorded as withdrawal liability receivable, net of management's estimate of an amount that is deemed uncollectable. The estimate for expected credit losses considers historical loss experience, current economic conditions, and forward-looking information, including factors such as payment history, employer financial condition, and labor trends. As of December 31, 2025 and 2024, the allowance for credit losses was $57,181,985 and $28,472,940, respectively.

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 statements of net assets available for benefits.

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

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

NOTE 3. FUNDING

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

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

NOTE 4. PRIORITIES UPON TERMINATION

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

In addition, certain benefits under the Fund are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Fund terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitation, particularly with respect to benefit increases as a result of 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 March 17, 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.

Management is required 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, 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	$ 45,046,881	$ 45,046,881	$ -	$ -
Corporate obligations	68,403,183	-	68,403,183	-
Common stock	121,907,587	121,907,587	-	-
Mutual funds	77,260,271	77,260,271	-	-
ALICO Services Corporation	54,100,000	-	-	54,100,000
Total assets in the fair value hierarchy	366,717,922	$ 244,214,739	$ 68,403,183	$ 54,100,000
Investments measured at net asset value*	1,580,722,790			
Total investments at fair value	$ 1,947,440,712			

* One common collective trust fund accounts for 20.4% of net assets available for benefits at December 31, 2025.

	December 31, 2024			
	Total	Level 1	Level 2	Level 3
Short-term investments	$ 46,125,132	$ 46,125,132	$ -	$ -
Corporate obligations	71,610,230	-	71,610,230	-
Common stock	100,097,090	100,097,090	-	-
Mutual funds	66,974,716	66,974,716	-	-
ALICO Services Corporation	51,200,000	-	-	51,200,000
Total assets in the fair value hierarchy	336,007,168	$ 213,196,938	$ 71,610,230	$ 51,200,000
Investments measured at net asset value**	1,489,953,524			
Total investments at fair value	$ 1,825,960,692			

** One common collective trust fund accounts for 17.9% of net assets available for benefits at December 31, 2024.

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

	Level 3 Fair Value Measurement at December 31, 2025					
	Beginning Balance	Realized gains (losses)	Unrealized gains (losses)	Purchases	Sales	Ending Balance
ALICO Services Corp	$ 51,200,000	$ -	$ 2,900,000	$ -	$ -	$ 54,100,000
Total	$ 51,200,000	$ -	$ 2,900,000	$ -	$ -	$ 54,100,000

	Level 3 Fair Value Measurement at December 31, 2024					
	Beginning Balance	Realized gains (losses)	Unrealized gains (losses)	Purchases	Sales	Ending Balance
ALICO Services Corp	$ 49,600,000	$ -	$ 1,600,000	$ -	$ -	$ 51,200,000
Total	$ 49,600,000	$ -	$ 1,600,000	$ -	$ -	$ 51,200,000

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

December 31, 2025	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trusts:				
U.S. public equity	$ 856,217,578	$ -	Daily	Daily
Fixed income	54,698,880	-	Daily	Daily
Real estate funds	69,729	-	Monthly	One year (a)
Hedge fund of funds:				
Hedge fund of funds	473,799	-	(b)	(b)
Hedge fund of funds	12,061,892	-	(c)	(c)
Partnerships:				
Private equity fund of funds	31,475,083	39,247,459	(d)	(d)
Private equity funds	227,944,725	62,973,973	(d)	(d)
Real estate partnerships	24,180,531	4,067,571	(d)	(d)
Infrastructure	40,804,488	10,000,000	(d)	(d)
Fixed income	140,420,217	-	Annual	30 to 90 Days
103-12 investment entities	192,375,868	-	Daily/Monthly	5 to 10 days
Total	$ 1,580,722,790	$ 116,289,003		

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trusts:				
U.S. public equity	$ 795,092,668	$ -	Daily	Daily
Fixed income	50,688,965	-	Daily	Daily
Real estate funds	492,504	-	Monthly	One year (a)
Hedge fund of funds:				
Hedge fund of funds	747,858	-	(b)	(b)
Hedge fund of funds	19,794,307	1,464,949	(c)	(c)
Partnerships:				
Private equity fund of funds	32,156,084	41,673,140	(d)	(d)
Private equity funds	234,186,928	71,189,120	(d)	(d)
Real estate partnerships	29,310,534	4,182,956	(d)	(d)
Infrastructure	37,384,839	10,000,000	(d)	(d)
Fixed income	122,662,875	-	Annual	30 to 90 Days
103-12 investment entities	167,435,962	-	Daily/Monthly	5 to 10 days
Total	$ 1,489,953,524	$ 128,510,165		

(a) The standard notice period for withdrawal requests is one year prior to the valuation date (the month-end date(s) the Bank as Trustee shall determine to effect partial or full redemption requests, such determination is largely based on the availability of cash above and beyond that needed to fund ongoing Fund expenses and commitments). However, the Trustee may, in its sole discretion, effect the partial or complete withdrawal of participation from the Fund on a valuation date prior to the one-year notice period, subject to the availability of cash for distribution to such participant.

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

(c) The portfolios in which the Fund may invest are generally expected to be highly illiquid. The Fund expects to invest in a limited range of investment vehicles, including, but not limited to, leveraged and whole loan funds, distressed strategies funds, real estate related strategies funds, activist oriented strategies funds and collateralized debt obligation recovery funds.

(d) Partnership investments are subject to various lock up periods and are not immediately liquid investments. Private equity investees achieve to create value by investing outside of public equity markets. Each partnership investment has its own termination agreement and generally may extend the termination date if approved in accordance with the respective Partnership Agreement. The primary investment strategies of the Fund's holdings are venture capital buyouts, distressed and other special situations.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

Quantitative Information about Significant Unobservable Inputs Use in Level 3 Fair Value Measurements

The following tables represent the Fund's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs at December 31, 2025 and 2024:

Instrument	Fair Value 12/31/25	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values	Weighted Average
ALICO Services Corporation	$ 54,100,000	Guideline Company Method	Last twelve months multiple of Market Value of Equity (MVE)/tangible	0.65x	n/a
			Five year average multiple of MVE/adjusted net income	n/a	n/a
			Five year average multiple of MVE/adjusted pretax income	n/a	n/a
		Discounted Cash Flow Model	Discounted rate of return	15.70%	n/a
			Price to earnings exit multiple	11.50x	n/a

Instrument	Fair Value 12/31/24	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values	Weighted Average
ALICO Services Corporation	$ 51,200,000	Guideline Company Method	Last twelve months multiple of Market Value of Equity (MVE)/tangible	0.60x	n/a
			Five year average multiple of MVE/adjusted net income	n/a	n/a
			Five year average multiple of MVE/adjusted pretax income	n/a	n/a
		Discounted Cash Flow Model	Discounted rate of return	16.80%	n/a
			Price to earnings exit multiple	11.50x	n/a

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

ALICO Services Corporation - The Company was purchased by the Fund in March 2001. The Fund owns 100% of the Company's common shares outstanding as of December 31, 2025 and 2024. In the second quarter of 2007, the Company sold 661 shares of perpetual cumulative convertible preferred stock to a pooled investment fund of UNITE HERE and entities affiliated with UNITE HERE and Workers United, an SEIU affiliate, for $6 million. In October 2009, the Company repurchased 204 shares of preferred stock for $1.85 million. In 2011, the Company repurchased 132 shares of preferred stock for $1.2 million. In May 2019, the Company sold 337 shares of perpetual cumulative convertible preferred stock to UNITE HERE and certain entities affiliated with UNITE HERE and Workers United, an SEIU affiliate, for approximately $3.1 million. The preferred shares are convertible into approximately 6.2% of the Company's common stock on a fully-diluted basis.

The Company, through its wholly-owned subsidiaries, provides life and health insurance and certain administrative services to third parties. The consolidated assets of the Company and subsidiaries were $221,352,000 and $210,260,000 as of December 31, 2025 and 2024, respectively. The consolidated revenues of the Company and subsidiaries were $203,683,000 and $207,796,000 for the years ended December 31, 2025 and 2024, respectively. The fair value of the Company was $60,100,000 and $57,200,000 at December 31, 2025 and 2024, respectively. The fair value of the Fund's investment in the Company was $54,100,000 and $51,200,000 at December 31, 2025 and 2024, respectively.

The cumulative unrealized appreciation applicable to this investment was $26,000,000 and $23,100,000 at December 31, 2025 and 2024, respectively.

The dividends on common and preferred shares are declared annually at the discretion of the Board of Directors of the Company. The Company declared $360,000 of dividends on preferred shares during each of the years ended December 31, 2025 and 2024.

NOTE 7. RELATED PARTY TRANSACTIONS

Retirement benefits are administered for the Fund by Amalgamated Employee Benefits Administrators, Inc. Fund service expenses of $11,195,000 and $10,978,000 represent amounts charged by Amalgamated Employee Benefits Administrators, Inc., for administrative services conducted for the Fund for the years ended December 31, 2025 and 2024, respectively pursuant to approval by a committee of Fund trustees. Certain other funds serviced by Amalgamated Employee Benefits Administrators, Inc., and ALICO, as well, are referred to as "related parties" in the accompanying financial statements. The relationship between Amalgamated Employee Benefits Administrators, Inc., and the Fund is reviewed by a committee of Fund Trustees. Included in due to related parties is $8,628,732 and $8,472,227 to the Adjustable Plan of the National Retirement Fund at December 31, 2025 and 2024, respectively, and $9,716,226 and $2,955,242 due to the UNITE HERE Legacy Fund at December 31, 2025 and 2024, respectively.

The Fund receives administrative services from entities affiliated with Workers United, an SEIU affiliate. The Fund paid $290,588 and $298,765 to entities affiliated with Workers United, during 2025 and 2024, respectively.

NOTE 7. RELATED PARTY TRANSACTIONS (continued)

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. and JP Morgan are parties-in-interest.

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

NOTE 8. 401(h) ACCOUNT

Effective June 1, 2000, the Trustees of the Fund amended the Fund document to provide an incidental medical benefit component in addition to the monthly retirement benefits for certain retirees and their beneficiaries in accordance with Section 401(h) of the Internal Revenue Code (IRC). In accordance with IRC section 401(h), the assets in the 401(h) account may not be used for, or diverted to, any purpose other than providing health benefits for retirees and their beneficiaries. The related obligations for health benefits are not included in the Fund's obligation in the statement of accumulated plan benefits but are reflected as obligations in the financial statements of Amalgamated National Health Fund. The following table presents the components net assets available for such obligations and the related changes in net assets available.

	December 31, 2025	December 31, 2024
Assets		
Interest bearing cash	$ 7,000,695	$ 6,379,929
Net assets held in Legacy Plan of the National Retirement Fund 401(h) account and available for benefits	$ 7,000,695	$ 6,379,929

Changes in net assets in 401(h) Account:

	For the Year Ended December 31, 2025	For the Year Ended December 31, 2024
Investment income	$ 701,357	$ 515,238
Employer contributions	393	1,021
Health and welfare benefits paid to retirees	-	-
Administrative expenses	(80,984)	(74,700)
Net increase in net assets held in 401(h) account	$ 620,766	$ 441,559

NOTE 8. 401(h) ACCOUNT (continued)

In 2026, the Board of Trustees authorized the transfer of the assets of the 401(h) account to Amalgamated National Health Fund to reimburse it for eligible retiree health claims it paid on behalf of certain Legacy Plan retirees. On October 6, 2026 $7,000,695 was transferred. A second transfer, equal to investment returns on the account from January 1, 2026 through the transfer date will also be made thereafter.

NOTE 9. 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	$ 978,585,567
Other vested benefits	850,288,431
	1,828,873,998
Nonvested benefits	506,391
Total actuarial present value of accumulated plan benefits	$ 1,829,380,389

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	$ 1,911,176,863
Increase (decrease) during the year attributable:	
Plan amendments	(2,317,503)
Benefits accumulated, net experience gain or loss, changes in data	(35,649,136)
Interest	114,500,724
Benefits paid	(158,330,559)
Net increase	(81,796,474)
Actuarial present value of accumulated plan benefits at end of year	$ 1,829,380,389

NOTE 9. ACTUARIAL INFORMATION (continued)

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:

- Mortality rates:

  Healthy - 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.

  Disabled - Rates based upon Social Security Disability Experience with no assumed future mortality improvement.

- Retirement - A varying rate from 10.00% to 100.00% ranging from age 55 to 75
- Employee turnover - A varying rate from 0% to 50% from age 20 to 60
- Disability - A varying rate from 0.025% to 0.690% ranging from age 20 to 64
- Net investment rate of return - 6.25% (previously, 6.80%)
- 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

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

Since the information on the actuarial present value of accumulated plan benefits as of December 31, 2025 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Fund as of December 31, 2025, and the changes in its financial status for the year then ended, only a presentation of the net assets available for benefits and changes therein as of and for the year ended December 31, 2025. The complete financial status is presented as of December 31, 2024.

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

The Fund implemented a Rehabilitation Plan in April 2010, and was updated effective January 2015, to address its critical status. The Rehabilitation period began January 2013.

The Fund was amended to freeze benefit accruals effective December 31, 2014.

The Board of Trustees elected as allowed under the Pension Relief Act of 2010 (“PRA 10”) for funding relief retroactively effective as of January 1, 2009. The relief elected uses extended 29-year amortization of the 2008 eligible net investment loss plus 10-year smoothing of the 2008 eligible net investment loss.

NOTE 10. 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	2024
Net assets available for benefits per the financial statements	$ 1,958,868,376	$ 1,834,377,119
Net assets held in 401(h) account included as assets in Form 5500	7,000,695	6,379,929
Accrued retirement benefits	(10,111,321)	(10,089,398)
Net assets available for benefits per the Form 5500	$ 1,955,757,750	$ 1,830,667,650

The net assets of the 401(h) account included in Form 5500 are not available to pay pension benefits but can be used only to pay retiree medical benefits. In accordance with ASC 960, "Plan Accounting - Defined Benefit Pension Plans", the accompanying financial statements do not reflect accrued retirement benefits payable. Under prevailing Department of Labor regulations, such payable amount is shown as Fund Claims in the Fund's Annual Return on Form 5500.

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

Total additions per the financial statements	$ 274,051,526
Reclassified investment expenses for Form 5500	4,643,974
Total additions per Form 5500	$ 278,695,500
Benefits paid per the financial statements	$ 124,733,647
Add net assets held in 401(h) account included as assets in Form 5500 at beginning of year	6,379,929
Less net assets held in 401(h) account included as assets in Form 5500 at end of year	(7,000,695)
Less accrued retirement benefits at beginning of year	(10,089,398)
Add accrued retirement benefits at end of year	10,111,321
Benefits paid to participants per Form 5500	$ 124,134,804

NOTE 11. COMMITMENTS AND CONTINGENCIES

The Fund is involved in various legal actions to collect delinquent contributions and withdrawal liability payments, and other matters arising out of the normal course of its operations, the final outcome of which cannot presently be determined. The Fund has recorded a reserve for collections in its financial statements for the years ended December 31, 2025 and 2024. 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 12. 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 13. SUBSEQUENT EVENTS

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

SUPPLEMENTAL INFORMATION

Legacy Plan of the National Retirement Fund

Schedules of Administrative Expenses

Years Ended December 31, 2025 and 2024

	2025	2024
Administrative expenses	$ 11,482,108	$ 11,272,508
Professional services		
Legal	3,141,736	2,215,003
Actuary	798,862	553,042
Accounting and auditing	161,000	158,846
Other		
PBGC premiums	7,197,450	7,438,776
Other expenses	1,293,604	1,759,025
Insurance	751,862	743,148
Total administrative expenses	$ 24,826,622	$ 24,140,348

Legacy Plan of the National Retirement Fund

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

December 31, 2025

EIN #13-6130178
Plan 001

Identity of Issuer, Borrower, Lessor or Similar Party	Principal Amount	Shares	Interest Rate	Maturity Date	Cost	Current Value
CORPORATE OBLIGATIONS:						
AAG FH UK LTD & GLOB	280,000	-	8.75 %	01/15/32	$ 271,867	$ 268,856
ADT SECURITY CORPORA	495,000	-	4.13	08/01/29	468,056	482,774
ATS CORPORATION	830,000	-	4.13	12/15/28	784,161	809,582
AIR 6.75% 15 MAR 2029	360,000	-	6.75	03/15/29	362,407	372,528
ADVANCED DRAIN SYS I	200,000	-	6.38	06/15/30	203,535	204,520
ALBION FING 1 S A R	930,000	-	7.00	05/21/30	950,997	970,641
ALLIANT HLDGS INTER	405,000	-	6.75	10/15/27	403,987	407,389
ALLIANT HLDGS INTER	360,000	-	6.75	04/15/28	363,557	366,552
ALUMINA PTY LTD	365,000	-	6.13	03/15/30	368,650	377,008
AAL 8.5% 15 MAY 2029	285,000	-	8.50	05/15/29	299,731	298,081
AMERICAN AXLE & MFG	210,000	-	5.00	10/01/29	202,650	202,293
AMERICAN AXLE & MFG	230,000	-	7.75	10/15/33	230,325	234,278
AMWINS GROUP INC	250,000	-	4.88	06/30/29	211,687	245,875
APOLLO COML REAL EST	295,000	-	4.63	06/15/29	288,456	285,324
AVANTOR FDG INC	370,000	-	4.63	07/15/28	366,571	368,002
BCPE FLAVOR DEBT MER	330,000	-	9.50	07/01/32	337,000	315,381
BEACON MOBILITY FIN	240,000	-	7.25	08/01/30	242,588	251,016
BELLRING BRANDS INC	220,000	-	7.00	03/15/30	227,243	227,458
BOMBARDIER INC	395,000	-	6.75	06/15/33	411,914	417,515
BRINKER INTL INC	275,000	-	8.25	07/15/30	280,469	291,142
CCO HLDGS LLC / CCO	195,000	-	5.00	02/01/28	190,386	193,459
CCO HLDGS LLC / CCO	80,000	-	5.38	06/01/29	77,991	79,096
CCO HLDGS LLC / CCO	85,000	-	4.50	06/01/33	75,003	74,409
CCO HLDGS LLC / CCO	370,000	-	4.75	02/01/32	351,669	338,143
CVR PARTNERS LP/CVR	370,000	-	6.13	06/15/28	371,068	370,999
CAESARS ENTERTAINMEN	315,000	-	7.00	02/15/30	326,419	326,245
CALIFORNIA RES CORP	415,000	-	8.25	06/15/29	434,706	434,090
CALIFORNIA RES CORP	85,000	-	7.00	01/15/34	85,000	83,734
CENTRAL GARDEN & PET	135,000	-	5.13	02/01/28	135,000	135,067
CHAMPIONS FING INC	450,000	-	8.75	02/15/29	443,260	442,620
CHART INDS INC	370,000	-	7.50	01/01/30	383,150	385,651
CIVITAS RESOURCES IN	340,000	-	8.75	07/01/31	340,810	352,716
CLEAN HARBORS INC	500,000	-	5.13	07/15/29	484,771	500,500
CLEAN HARBORS INC	160,000	-	5.75	10/15/33	160,000	164,128
CLEVELAND-CLIFFS INC	225,000	-	6.88	11/01/29	224,338	233,032
COMMERCIAL METALS CO	495,000	-	4.13	01/15/30	476,437	480,645
COMMERCIAL METALS CO	205,000	-	6.00	12/15/35	205,000	210,166
COMMSCOPE LLC	235,000	-	9.50	12/15/31	246,025	237,350
CONDUENT BUSINESS SV	810,000	-	6.00	11/01/29	755,024	699,597
CONNECT FINCO SARL /	285,000	-	9.00	09/15/29	301,387	302,299
COREWEAVE INC	105,000	-	9.25	06/01/30	106,888	97,629
CUSHMAN & WAKEFIELD	405,000	-	6.75	05/15/28	406,320	407,147
DCLI BIDCO LLC	220,000	-	7.75	11/15/29	222,750	226,138
DANA INCORPORATED	295,000	-	5.63	06/15/28	293,156	294,528
DELUXE CORP MEDIUM T	905,000	-	8.00	06/01/29	899,049	921,833
DELUXE CORP MEDIUM T	380,000	-	8.13	09/15/29	386,888	400,330
DIEBOLD NIXDORF INC	320,000	-	7.75	03/31/30	333,600	340,544
DIRECTV FING LLC / D	140,000	-	5.88	08/15/27	140,341	140,826
DIRECTV FING LLC / D	150,000	-	8.88	02/01/30	145,500	152,010
DISCOVERY COMMUNICAT	90,000	-	3.63	05/15/30	78,176	82,854
DOTDASH MEREDITH INC	225,000	-	7.63	06/15/32	225,000	202,702
EMERALD DEBT MERGER	180,000	-	6.63	12/15/30	180,000	187,470
ENERFLEX INC	45,000	-	6.88	01/15/31	45,000	46,008
FORTRESS TRANSN & IN	365,000	-	5.50	05/01/28	363,505	365,329
FORTREA HLDGS INC	205,000	-	7.50	07/01/30	205,543	209,530
FRONTIER COMMUNICATI	250,000	-	8.63	03/15/31	262,017	263,050
GFL ENVIRONMENTAL INC	405,000	-	4.75	06/15/29	391,337	404,190
GARRETT MOTION HLDGS	395,000	-	7.75	05/31/32	416,840	419,846
MAGNERA CORP	275,000	-	4.75	11/15/29	252,313	254,265

Identity of Issuer, Borrower, Lessor or Similar Party	Principal Amount	Shares	Interest Rate	Maturity Date	Cost	Current Value
CORPORATE OBLIGATIONS (continued):						
GOODYEAR TIRE & RUBR	275,000	-	5.63 %	04/30/33	$ 253,137	$ 260,480
GOODYEAR TIRE & RUBR	300,000	-	5.00	07/15/29	293,427	296,430
GT 6.625% 15 JUL 2030	150,000	-	6.63	07/15/30	153,187	153,600
GRAY MEDIA INC	130,000	-	10.50	07/15/29	138,950	139,789
GREAT LAKES DREDGE &	735,000	-	5.25	06/01/29	673,079	716,845
HEALTHEQUITY INC	335,000	-	4.50	10/01/29	315,319	329,104
HERC HLDGS INC	225,000	-	6.63	06/15/29	226,906	233,573
HERC HLDGS INC	445,000	-	7.00	06/15/30	463,356	468,318
HERC HLDGS INC	70,000	-	6.00	03/15/34	70,000	70,931
HILTON DOMESTIC OPER	345,000	-	6.13	04/01/32	354,487	357,247
HUB INTL LTD	380,000	-	7.25	06/15/30	387,832	398,962
HUDSON PAC PPTYS L P	150,000	-	3.95	11/01/27	144,563	143,820
HUDSON PAC PPTYS L P	85,000	-	3.25	01/15/30	72,675	71,731
HUDSON PAC PPTYS L P	150,000	-	5.95	02/15/28	147,375	147,750
HUSKY IMS CDN ESCROW	405,000	-	9.00	02/15/29	414,340	424,723
CRESCENT ENERGY FINA	180,000	-	7.38	01/15/33	179,061	170,820
IRON MTN INC DEL	400,000	-	5.00	07/15/28	375,021	399,480
IRON MTN INC DEL	95,000	-	5.63	07/15/32	92,508	93,508
JEFFERIES FINANCE LL	710,000	-	5.00	08/15/28	675,581	683,588
JEFFERIES FINANCE LL	200,000	-	6.63	10/15/31	197,078	196,820
K HOVNANIAN ENTERPRI	150,000	-	8.00	04/01/31	150,000	153,090
K HOVNANIAN ENTERPRI	150,000	-	8.38	10/01/33	150,000	152,445
KEHE DISTRS LLC/ KEH	660,000	-	9.00	02/15/29	671,565	692,802
KENNEDY WILSON INC	1,205,000	-	5.00	03/01/31	1,044,657	1,133,303
KENNEDY WILSON INC	185,000	-	4.75	02/01/30	148,463	174,362
LFS TOPCO LLC	550,000	-	8.75	07/15/30	543,344	553,575
CRESCENT ENERGY FINA	400,000	-	7.88	04/15/32	389,450	394,120
LBM ACQUISITION LLC	180,000	-	9.50	06/15/31	181,450	187,632
LEVEL 3 FING INC	265,000	-	3.75	07/15/29	221,700	241,283
LEVEL 3 FING INC	430,000	-	4.50	04/01/30	361,934	407,081
LEVEL 3 FING INC	140,000	-	6.88	06/30/33	143,325	143,262
LEVEL 3 FING INC	35,000	-	8.50	01/15/36	35,000	35,840
LIFE TIME FITNESS	555,000	-	6.00	11/15/31	558,058	568,597
LINDBLAD EXPEDITIONS	725,000	-	7.00	09/15/30	739,898	756,320
LUMEN TECHNOLOGIES I	205,000	-	10.00	10/15/32	205,511	206,025
MACYS RETAIL HLDGS L	415,000	-	5.88	03/15/30	417,430	417,116
WARNERMEDIA HLDGS IN	150,000	-	4.28	03/15/32	140,438	131,670
WARNERMEDIA HLDGS IN	255,000	-	5.05	03/15/42	175,523	179,469
WARNERMEDIA HLDGS IN	195,000	-	4.05	03/15/29	184,304	188,721
MAGIC MERGECO INC	400,000	-	5.25	05/01/28	368,500	384,560
MAGIC MERGECO INC	265,000	-	7.88	05/01/29	237,185	244,621
MAGNERA CORP	1,055,000	-	7.25	11/15/31	1,021,632	1,035,694
MAJORDRIVE HOLDINGS	210,000	-	6.38	06/01/29	184,980	150,738
MANITOWOC CO INC	580,000	-	9.25	10/01/31	599,056	622,978
MARRIOTT OWNERSHIP R	300,000	-	4.75	01/15/28	285,693	295,500
MATCH GROUP HOLDINGS	250,000	-	5.00	12/15/27	244,640	249,450
MATCH GROUP INC	275,000	-	5.63	02/15/29	274,974	275,852
MAV ACQUISITION CORP	180,000	-	8.00	08/01/29	175,500	181,890
MAXIM CRANE WKS HLDG	155,000	-	11.50	09/01/28	162,470	164,889
MIDCAP FINANCIAL ISS	785,000	-	6.50	05/01/28	785,952	783,665
MOZART DEBT MERGER S	350,000	-	3.88	04/01/29	328,715	341,705
NCL CORP LTD	220,000	-	6.25	09/15/33	218,653	219,912
NASSAU COS NEW YORK	245,000	-	7.88	07/15/30	246,550	233,852
NCR ATLEOS CORPORATI	315,000	-	9.50	04/01/29	337,650	341,901
NEPTUNE BIDCO US INC	460,000	-	9.29	04/15/29	427,035	460,782
NESCO HOLDINGS II IN	480,000	-	5.50	04/15/29	452,088	472,848
NEW HOME CO INC	985,000	-	9.25	10/01/29	1,001,527	1,028,044
NEWELL BRANDS INC	620,000	-	6.63	05/15/32	614,365	601,524
NISSAN MOTOR CO LTD	255,000	-	4.35	09/17/27	250,219	251,506
NISSAN MOTOR CO LTD	215,000	-	7.75	07/17/32	228,257	228,373
NISSAN MOTOR CO LTD	55,000	-	8.13	07/17/35	59,047	58,443
OLYMPUS WTR US HLDG	205,000	-	7.25	06/15/31	207,563	209,715
1011778 B.C. UNLIMIT	290,000	-	6.13	06/15/29	297,975	297,714
ONEMAIN FIN CORP	70,000	-	3.88	09/15/28	67,463	68,222
ONEMAIN FIN CORP	260,000	-	7.88	03/15/30	273,498	274,898
ONEMAIN FIN CORP	140,000	-	6.50	03/15/33	140,350	141,218
ONESKY FLIGHT LLC	635,000	-	8.88	12/15/29	656,540	679,514
BHCCN 10.0% 15 APR 2032	450,000	-	10.00	04/15/32	448,824	468,000
OPEN TEXT HLDGS INC	475,000	-	4.13	12/01/31	438,188	443,127

Identity of Issuer, Borrower, Lessor or Similar Party	Principal Amount	Shares	Interest Rate	Maturity Date	Cost	Current Value
CORPORATE OBLIGATIONS (continued):						
PARADIGM PARENT LLC	295,000	-	8.75 %	04/17/32	$ 286,794	$ 267,152
PATRICK INDS INC	370,000	-	4.75	05/01/29	348,259	366,263
PATRICK INDS INC	565,000	-	6.38	11/01/32	567,275	579,690
PENNYMAC FINL SVCS I	360,000	-	7.88	12/15/29	379,719	383,076
PETSMART INC / PETSM	210,000	-	7.50	09/15/32	213,675	213,717
PETSMART INC / PETSM	340,000	-	10.00	09/15/33	340,900	350,098
POST HLDGS INC	205,000	-	4.63	04/15/30	199,106	199,629
PRAIRIE ACQUIROR LP	170,000	-	9.00	08/01/29	170,341	176,698
PRIME HEALTHCARE SVC	895,000	-	9.38	09/01/29	905,370	939,750
QUIKRETE HLDGS INC	400,000	-	6.38	03/01/32	411,906	416,360
RHP HOTEL PPTY/ RHP	285,000	-	6.50	04/01/32	289,275	295,574
RAND PARENT LLC	495,000	-	8.50	02/15/30	494,297	515,741
ANYWHERE REAL ESTATE	440,000	-	7.00	04/15/30	433,686	438,108
RINGCENTRAL INC	285,000	-	8.50	08/15/30	296,756	302,129
ROCKET COS INC	220,000	-	6.13	08/01/30	224,950	227,414
ROCKET COS INC	225,000	-	6.38	08/01/33	231,780	234,585
ROCKET COS INC	500,000	-	7.13	02/01/32	497,402	526,000
SM ENERGY COMPANY	295,000	-	6.75	08/01/29	294,848	297,154
SALLY HLDGS LLC	510,000	-	6.75	03/01/32	522,425	532,593
MATV 8.0% 01 OCT 2029	930,000	-	8.00	10/01/29	900,845	939,300
SENSATA TECH BV	340,000	-	5.88	09/01/30	343,203	345,202
SHIFT4 PMTS LLC / SH	335,000	-	6.75	08/15/32	345,313	345,888
SIRIUS XM RADIO INC	375,000	-	5.50	07/01/29	376,305	378,075
SIRIUS XM RADIO INC	100,000	-	4.00	07/15/28	97,409	97,760
SPECIALTY BLDG PRODS	275,000	-	7.75	10/15/29	273,738	268,318
ONEMAIN FIN CORP	235,000	-	5.38	11/15/29	231,653	235,165
STARWOOD PPTY TR INC	505,000	-	6.00	04/15/30	503,732	518,332
SUMMIT MIDSTREAM HLD	685,000	-	8.63	10/31/29	691,112	710,345
SUNOCO LP/SUNOCO FIN	320,000	-	7.00	09/15/28	330,588	330,080
SUNOCO LP/SUNOCO FIN	165,000	-	6.25	07/01/33	165,000	169,010
SYNERGY INFRASTRUCTU	275,000	-	7.88	12/01/30	280,844	285,093
TALLGRASS ENERGY PAR	515,000	-	7.38	02/15/29	517,786	532,304
TALOS PRODTN INC	85,000	-	9.00	02/01/29	87,618	88,281
TALOS PRODTN INC	195,000	-	9.38	02/01/31	202,005	203,385
TENET HEALTHCARE COR	112,000	-	6.13	10/01/28	112,000	112,504
THC 6.75% 15 MAY 2031	195,000	-	6.75	05/15/31	202,398	202,897
TENET HEALTHCARE COR	340,000	-	5.50	11/15/32	340,200	344,658
TENNECO LLC	385,000	-	8.00	11/17/28	376,281	386,232
TEREX CORP NEW	555,000	-	6.25	10/15/32	555,019	569,430
THOR INDS INC	895,000	-	4.00	10/15/29	828,314	862,064
TIBCO SOFTWARE INC	145,000	-	6.50	03/31/29	137,219	146,899
TRANSDIGM INC	90,000	-	7.13	12/01/31	91,366	94,590
TRANSDIGM INC	200,000	-	6.38	03/01/29	199,500	206,260
TRANSDIGM INC	315,000	-	6.00	01/15/33	317,219	322,403
TRANSDIGM INC	145,000	-	6.38	05/31/33	145,719	148,785
TRANSOCEAN INC	525,000	-	8.75	02/15/30	410,484	548,573
TWILIO INC	800,000	-	3.88	03/15/31	735,466	764,560
UNISYS CORP	685,000	-	10.63	01/15/31	714,813	700,550
WINDSTREAM SERVICES	555,000	-	6.50	02/15/29	512,700	532,967
UNIVISION COMMUNICAT	115,000	-	7.38	06/30/30	112,484	116,897
UNIVISION COMMUNICAT	145,000	-	9.38	08/01/32	145,000	155,846
USA COMPRESSION PART	405,000	-	7.13	03/15/29	416,644	419,216
VENTURE GLOBAL LNG I	210,000	-	7.00	01/15/30	195,650	202,104
VIKING CRUISES LTD	260,000	-	7.00	02/15/29	260,273	261,508
VIRGIN MEDIA SECD FI	60,000	-	5.50	05/15/29	58,674	59,112
VIRGIN MEDIA SECD FI	60,000	-	4.50	08/15/30	55,838	55,542
AUSTIN HOLDCO INC AN	265,000	-	7.13	12/15/28	242,417	261,131
VICTORIA FINANCE LTD	154,754	-	0.33	02/15/99	161,830	51,270
VOLTAGRID LLC	80,000	-	7.38	11/01/30	80,000	79,264
VOYAGER PARENT LLC	590,000	-	9.25	07/01/32	620,181	626,049
WABASH NATL CORP	1,080,000	-	4.50	10/15/28	955,056	1,010,124
WAYFAIR LLC	460,000	-	7.25	10/31/29	464,250	480,102
WAYFAIR LLC	375,000	-	7.75	09/15/30	380,438	399,563
WEATHERFORD INTL LTD	128,000	-	8.63	04/30/30	132,709	131,200
WESCO DISTR INC	355,000	-	6.63	03/15/32	355,000	370,691
WHIRLPOOL CORP	600,000	-	6.13	06/15/30	602,819	599,280
WILDFIRE INTER HLDGS	325,000	-	7.50	10/15/29	323,127	328,055
WINDSTREAM SVCS LLC	285,000	-	8.25	10/01/31	295,331	299,193
WULF COMPUTE LLC	135,000	-	7.75	10/15/30	136,469	139,091

	Identity of Issuer, Borrower, Lessor or Similar Party	Principal Amount	Shares	Interest Rate	Maturity Date	Cost	Current Value
	CORPORATE OBLIGATIONS (continued):						
	ZF NORTH AMER CAP IN	375,000	-	7.13 %	04/14/30	$ 373,718	$ 377,888
	ZF NORTH AMER CAP IN	180,000	-	7.50	03/24/31	180,000	181,944
	ZEBRA TECHNOLOGIES C	585,000	-	6.50	06/01/32	602,732	604,715
	TOTAL CORPORATE OBLIGATIONS					67,107,792	68,403,183
	HEDGE FUND OF FUNDS:						
	ENTRUST CAPITAL DIVERSIFIED FUND CLASS X	-	44,311	-	-	2,498,592	473,799
	ENTRUST CAPITAL SPECIAL OPP FD TRANCHE A	-	13,812,905	-	-	0	647,772
	ENTRUST CAPITAL SPECIAL OPP FD TRANCHE D	-	18,199,983	-	-	0	357,786
	ENTRUST SPECIAL OPPORTUNITIES FUND III LTD	-	12,451	-	-	15,301,234	11,056,334
	TOTAL HEAD FUND OF FUNDS					17,799,826	12,535,691
	MUTUAL FUNDS:						
	LAZARD EMERGING MARKETS EQUITY PORTFOLIO	-	543,755	-	-	10,004,307	13,490,552
	PIMCO INCOME INST	-	5,802,522	-	-	64,090,943	63,769,719
	TOTAL MUTUAL FUNDS					74,095,250	77,260,271
	103-12 INVESTMENT ENTITIES:						
	DIMENSIONAL MICRO CAP SUBTRUST	-	2,553	-	-	8,186,815	42,099,519
	HARDMAN JOHNSTON INTERNATIONAL EQUITY GP TRUST	-	2,488,770	-	-	44,514,510	150,276,349
	TOTAL 103-12 INVESTMENT ENTITIES					52,701,325	192,375,868
	COMMON COLLECTIVE TRUSTS:						
*	LONGVIEW CORE PLUS FIXED INCOME FUND	-	277,933	-	-	39,025,644	54,698,880
*	LONGVIEW LARGECAP 500 INDEX FUND	-	152,682	-	-	190,726,732	400,242,650
*	LONGVIEW LARGECAP PLUS FUND	-	762,858	-	-	86,187,707	184,364,223
*	LONGVIEW MID CAP 400 INDEX FUND	-	38,986	-	-	80,168,262	146,314,334
*	LONGVIEW SMALL CAP 600 INDEX FD	-	49,858	-	-	17,902,352	110,599,373
*	LONGVIEW ULTRA 1 CONSTRUCTION LOAN FUND	-	13	-	-	24,645	69,729
	LORD ABBETT SMALL CAP GROWTH EQUITY TRUST II	-	1,579,779	-	-	10,000,000	14,696,998
	TOTAL COMMON COLLECTIVE TRUSTS					424,035,342	910,986,187
	COMMON STOCK:						
	ABB LTD	-	33,133	-	-	1,100,680	2,476,663
	ANGLO AMERICAN PLC	-	50,497	-	-	1,975,209	2,095,362
	ARGENX SE	-	2,437	-	-	1,500,983	2,051,578
	ASML HOLDING NV	-	3,816	-	-	2,375,995	4,129,439
	BACHEM HOLDING AG	-	25,837	-	-	1,709,749	1,953,470
	BANCA MONTE DEI PASCHI SIENA	-	169,956	-	-	1,778,676	1,822,392
	BANCO SANTANDER SA	-	278,172	-	-	2,690,756	3,289,860
	BANK HAPOALIM BM	-	177,348	-	-	2,887,298	4,009,263
	BAWAG GROUP AG	-	23,051	-	-	1,822,191	3,492,320
	BAYCURRENT CONSULTING INC	-	37,500	-	-	1,078,767	1,555,073
	BFF BANK SPA	-	131,991	-	-	1,645,613	1,472,660
	CANADIAN PACIFIC KANSAS CITY	-	18,137	-	-	1,464,739	1,339,300
	CIE FINANCIERE RICHEMO A REG	-	5,418	-	-	1,168,504	1,176,607
	COCA-COLA EUROPEAN	-	19,452	-	-	805,762	1,770,519
	COMPAGNIE DE ST GOBAIN	-	12,583	-	-	1,226,651	1,285,104
	COMPASS GROUP	-	68,388	-	-	1,392,268	2,174,532
	CRH PLC	-	23,978	-	-	1,849,820	2,992,454
	CTS EVENTIM AG & C	-	12,840	-	-	1,032,746	1,183,775
	DAVIDE CAMPARI MILANO NV	-	113,529	-	-	896,630	738,404
	DEUTSCHE BOERS AG	-	3,968	-	-	1,188,260	1,042,491
	ELBIT SYSTEMS LTD	-	2,427	-	-	966,339	1,399,499
	ELEMENT FLEET MANAGEMENT COR	-	97,198	-	-	2,142,782	2,563,169
	EXPERIAN PLC	-	38,579	-	-	1,486,322	1,745,084
	HEXAGON AB	-	146,024	-	-	1,392,100	1,734,459
	HOYA CORP	-	13,100	-	-	1,906,883	1,979,479
	ICON PLC	-	3,226	-	-	774,391	587,842
	INFORMA PLC	-	218,133	-	-	1,841,961	2,593,654
	JAMES HARDIE INDUS	-	27,725	-	-	885,982	570,922
	KBC GROUP NV	-	12,986	-	-	1,497,646	1,696,719
	KEYENCE CORP	-	4,500	-	-	1,817,413	1,627,229
	KINDER MORGAN FRACT SHS	-	3	-	-	0	82
	KOBE BUSSAN	-	50,000	-	-	1,398,968	1,218,540
	LONDON STOCK EXCH	-	18,626	-	-	2,134,475	2,242,736
	LOTTOMATICA GROUP SPA	-	93,900	-	-	1,845,429	2,470,291
	MAGNUM ICE CREAM CO NV	-	4,966	-	-	80,849	78,651
	MARUWA CO LTD	-	6,500	-	-	2,023,422	1,766,564
	MEITAV INVESTMENTS HOUST LTD	-	42,386	-	-	1,465,672	1,537,392

	Identity of Issuer, Borrower, Lessor or Similar Party	Principal Amount	Shares	Interest Rate	Maturity Date	Cost	Current Value
	COMMON STOCK (continued):						
	MERCK KGAA	-	15,333	- %	-	$ 2,474,134	$ 2,207,761
	MTU AERO ENGINES AG	-	5,756	-	-	1,610,467	2,401,876
	NATIONAL BK CDA	-	16,713	-	-	1,811,238	2,115,903
	NATIONAL GRID PLC	-	174,979	-	-	2,087,760	2,725,064
	NEC CORP	-	45,200	-	-	902,403	1,531,226
	NEXT VISION STABILIZED SYSTE	-	19,184	-	-	836,688	1,263,444
	NINTENDO CO	-	19,300	-	-	1,768,427	1,304,562
	NIPPON SANSO HOLDINGS CORP	-	72,000	-	-	2,003,280	2,144,222
	NOKIA OYJ	-	25	-	-	290	162
	NOVA LTD	-	4,466	-	-	1,143,189	1,466,590
	NOVO-NORDISK AS	-	18,813	-	-	1,490,734	962,156
	OBIC BUSINESS CONSULTANTS	-	8,700	-	-	406,191	469,177
	ORGANO CORP	-	25,900	-	-	1,708,823	2,140,639
	PAN PACIFIC INTL H	-	320,500	-	-	2,027,779	1,912,429
	PHOENIX HOLDINGS LTD	-	62,014	-	-	755,303	2,564,540
	RELX PLC	-	60,704	-	-	1,426,784	2,465,827
	RESONA HOLDINGS INC	-	244,300	-	-	2,291,488	2,326,964
	SANRIO CO	-	47,500	-	-	1,557,643	1,490,047
	SARTORIUS AG VORZUG	-	6,848	-	-	1,765,923	1,988,139
	SCHNEIDER ELECTRIC SE	-	8,966	-	-	2,403,592	2,473,525
	SGS SA-REG	-	23,363	-	-	2,445,458	2,679,410
	SOCIETE GENERALE	-	46,172	-	-	1,891,168	3,726,459
	SSE PLC	-	51,125	-	-	1,453,734	1,507,953
	SUGI HOLDINGS CO LTD	-	54,400	-	-	1,238,877	1,278,918
	TECHTRONIC INDUSTR	-	98,500	-	-	1,333,639	1,137,682
	TOKYO ELECTRON	-	9,700	-	-	1,833,305	2,123,857
	TOROMONT INDS LTD	-	21,744	-	-	1,591,130	2,640,213
	UNILEVER CORPORATION	-	22,074	-	-	1,269,899	1,442,816
	USF LIQUIDATING CORP	-	1,481	-	-	5,245	15
	WSP GLOBAL INC	-	8,553	-	-	1,532,966	1,552,433
	TOTAL COMMON STOCK					100,319,488	121,907,587
	PARTNERSHIPS:						
	AEA INVESTORS FUND VI LP	-	-	-	-	54,313	4,624,512
	ARES CORPORATE OPPORTUNITIES FD V LP	-	-	-	-	4,898,586	7,498,707
	ARES PE EXTENDED VALUE FUND LP	-	-	-	-	3,263,261	4,832,701
	AUDAX PRIVATE EQUITY FUND V-B LP	-	-	-	-	-	5,172,098
	BAIN CAPITAL EUROPE FUND VI, SCSP	-	-	-	-	3,096,000	4,618,279
	BLACKROCK - VESEY STREET FUND IV (ERISA) LP	-	-	-	-	-	2,289,964
	BROOKFIELD SUPER-CORE INFRA PARTNERS	-	-	-	-	35,031,690	40,804,488
	BUILDING FOR AMERICA FUND III LP	-	-	-	-	-	1,556,281
	CABOT INDUSTRIAL VALUE FUND VI, LP	-	-	-	-	6,777,253	10,258,075
	CERBERUS INSTITUTIONAL PARTNERS SERIES 5	-	-	-	-	-	2,729,289
	CERBERUS INSTITUTIONAL PARTNERS SERIES 6	-	-	-	-	-	7,453,899
	CERBERUS LTD PART LP SERIES 4	-	-	-	-	-	75,519
	CLARION INVESTORS IV LP	-	-	-	-	1,380,514.00	1,341,317
	CROW HOLDINGS REALTY PARTNERS VII	-	-	-	-	-	4,228
	CVC CAPITAL PARTNERS IX (A) LP	-	-	-	-	2,059,947	2,618,919
	CVC CAPITAL PARTNERS VIII (A) LP	-	-	-	-	8,708,218	11,833,542
	GENSTAR CAPITAL PARTNERS VII, LP	-	-	-	-	-	5,688,677
	GENSTAR CAPITAL PARTNERS XI LP	-	-	-	-	964,939	1,244,532
	GREEN EQUITY INVESTORS VII, LP	-	-	-	-	37,392.00	10,740,731
	HAMILTON LANE SECONDARY FEEDER FUND V-A LP	-	-	-	-	6,121,497	12,722,145
	HAMILTON LANE SECONDARY FEEDER FUND VI-B LP	-	-	-	-	4,038,522	5,721,640
	HAMILTON LANE VENTURE CAPITAL OFFSHORE FUND, LP	-	-	-	-	3,106,866	4,900,694
	HARRISON STREET REAL ESTATE PARTNERS VII, LP	-	-	-	-	3,813,146	7,488,643
	HARVEST PARTNERS VII, LP	-	-	-	-	1,191,559	12,680,978
	HGGC FUND IV-A LP III	-	-	-	-	2,964,581	7,018,878
*	HIRTLE CALLAGHAN PRIV EQTY OS FD X LTD	-	-	-	-	1,464	3,184,125
	INSIGHT EQUITY TE III LP	-	-	-	-	9,017,732	7,819,345
	KELSO INVESTMENT ASSOCIATES X, LP	-	-	-	-	3,293,556	12,598,433
	KPS SPECIAL SITUATIONS FUND IV LP	-	-	-	-	1	6,329,969
	KPS SPECIAL SITUATIONS FUND V LP	-	-	-	-	12,472,003	19,085,076
	KPS SPECIAL SITUATIONS FUND VI LP	-	-	-	-	1,331,052	1,414,152
	KPS SPECIAL SITUATIONS MID CAP FUND LP	-	-	-	-	4,931,011	9,217,497
	LANDMARK EQUITY PARTNERS XIV LP	-	-	-	-	-	55,392
	LANDMARK EQUITY PARTNERS XV LP	-	-	-	-	49,553.00	1,325,347
	LANDMARK GROWTH CAPITAL PARTNERS LP	-	-	-	-	-	25,986
*	LV PRIVATE EQUITY FUND OF FUNDS	-	-	-	-	1	1,275,776

	Identity of Issuer, Borrower, Lessor or Similar Party	Principal Amount	Shares	Interest Rate	Maturity Date	Cost	Current Value
	PARTNERSHIPS (continued):						
	OAKTREE GLOBAL CREDIT FUND, L.P.	-	-	-	-	$ 40,000,000	$ 54,540,105
	OAKTREE GLOBAL CREDIT PLUS FUND LP	-	-	-	-	25,000,000	29,269,339
	OAKTREE REAL ESTATE FUND VII LP	-	-	-	-	1,656,490	2,957,110
	OAKTREE SPECIAL SITUATIONS FUND II LP	-	-	-	-	627,554	8,687,964
	PIMCO TACTICAL OPP OFFSHORE FUND LP	-	-	-	-	40,000,000	56,610,773
	PLATINUM EQUITY CAPITAL PARTNERS V, L.P.	-	-	-	-	6,614,727	10,618,907
	PLATINUM EQUITY CAPITAL PARTNERS VI LP	-	-	-	-	4,133,433	5,049,569
	PROVIDENCE EQUITY PARTNERS VIII LP	-	-	-	-	5,153,805	11,488,514
	ROCKWOOD CAPITAL REAL ESTATE PARTNERS X LP	-	-	-	-	4,307,348	1,916,194
	THOMA BRAVO FUND XIV-A LP	-	-	-	-	8,112,559	10,764,366
	VISTA EQUITY PARTNERS FUND VI LP	-	-	-	-	-	14,451,487
	YUCAIPA AMERICAN ALLIANCE FD II LP	-	-	-	-	-	20,220,882
	TOTAL PARTNERSHIPS					254,210,573	464,825,044
	SHORT-TERM INVESTMENTS:						
	CASH COLLATERAL	-	2,141,000	-	-	2,141,000	2,141,000
*	DREYFUS GOVERNMENT CASH MGMT MMKT INT	-	56,607	-	-	56,607	56,607
*/**	AMALGAMATED BANK ENHANCED MONEY MARKET	-	24,172,611	-	-	24,172,611	24,172,611
	GOLDMAN SACHS TREAS OBLIG INS MMKT DIV	-	15,577,086	-	-	15,577,086	15,577,086
	JP MORGAN 100% US TREASURY MONEY MKT	-	1,094,991	-	-	1,094,991	1,094,991
*	JP MORGAN PRIME MONEY MKT FD MMKT INT	-	1,913,588	-	-	1,913,588	1,913,588
	SEI CASH PLUS	-	1	-	-	1	1
	TRANSAMERICA CASH MGMT FUND	-	90,998	-	-	90,997	90,997
	TOTAL SHORT-TERM INVESTMENTS					45,046,881	45,046,881
	ALICO SERVICES CORPORATION					28,100,000	54,100,000
	Total investments					$ 1,063,416,477	$ 1,947,440,712

* A party-in-interest as defined by ERISA.
** Includes $7,000,695 of net assets held in 401(h) account.

See accompanying independent auditors' report.

Legacy Plan of the National Retirement Fund

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

Year Ended December 31, 2025

EIN #13-6130178
Plan 001

(a)	(b) Identity of Party Involved	(c) Description	(d) Purchase Price	(e) Selling Price	(h) Cost of Assets	(i) Current Value of Asset on Transaction Date	(j) Net Gain or (Loss)
	Category (iii) - A Series of Transactions Aggregating in Excess of 5% of the Current Value of Plan Assets:						
*	AMALGAMATED BANK	ENHANCED MONEY MARKET	$ 195,403,704	$ -	$ 195,403,704	$ 195,403,704	$ -
*	AMALGAMATED BANK	ENHANCED MONEY MARKET	-	201,000,407	201,000,407	201,000,407	-

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

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

Legacy Plan of the National Retirement Fund

Schedule of Nonexempt Transactions

Year Ended December 31, 2025

Form 5500, Schedule G, Part III

EIN # 13-6130178
Plan 001

(a)	(b)	(c)
Identity of Party Involved	Relationship to Plan, Employer, Other Party in Interest	Description of Transaction Transactions
Amalgamated Bank	Custodian	Potential PT related to timing of transfer of class action settlement proceeds. VFCP pending before DOL.

Appendix C: Summary of Plan Provisions

(Form 5500 Schedule MB, line 6)

All Schedules

There have been no changes in the plan provisions since the prior valuation except the amendment for the December 2024 voluntary cashout of in-payment participants.

The Plan was amended in 2024 to add a one-time lump sum window for in-payment participants. The lump sums were paid in 2024.

The Plan was amended to freeze benefit accruals effective December 31, 2014.

The Rehabilitation Plan was modified to decrease required contribution rate increases, effective January 1, 2015, and subsequently updated to require three additional years of contribution rate increases, effective January 1, 2018.

Benefits payable to participants who work beyond their Normal Retirement Date: Late retirement increases were assumed for active and terminated-vested participants above Normal Retirement Age.

Rehabilitation Plan of National Retirement Fund (the "Fund")

On March 31, 2010, the Fund was certified to be in critical status under the funding classifications of 2006 PPA. A Rehabilitation Plan was developed and effective April 1, 2010. The Rehabilitation Plan was designed to enable the Fund to emerge from critical status by January 1, 2023. Under the Rehabilitation Plan, contribution reductions are prohibited, lump sums (except for those under $5,000) were eliminated effective April 1, 2010, all pre-retirement death benefits, except for the Qualified Pre-Retirement Survivor Annuities (and comparable benefits for Domestic Partners) were eliminated effective January 1, 2011, and flat dollar post-retirement death benefits were eliminated for retirements after January 1, 2011. This Rehabilitation Plan consists of two schedules, the Preferred Schedule and the Default Schedule (collectively, the "Schedules"). With certain exceptions, regardless of whether the bargaining parties adopt a Schedule immediately, or sometime in the future, the Board has adopted an across-the-board forty percent (40%) reduction in future benefit accruals effective January 1, 2011 for all active Participants in the Fund. However, "smoothing" of benefit accruals for participants of certain merged-in pension funds (where benefit accruals had been scheduled to increase over the next ten years) was provided for under the Preferred Schedule. The Preferred Schedule provides a method to smooth the benefit accruals of the plan participants of the former H.E.R.E.I.U. Fund, Local 471 (Upstate New York Hotel Employees and Restaurant Employees Pension Fund), Local 11 (Santa Monica Fund), Local 17 Fund (Minnesota On Sale Fund), Local 355 Fund (Miami Hotel Fund), and Local 107 Fund (Laundry and Dry Cleaning Pension Plan) effective as of the later of January 1, 2011 and the date of adoption of the Preferred Schedule. In addition, effective as of the later of January 1, 2011 and the date of adoption of the Preferred Schedule, the subsidy under all subsidized payment forms was eliminated for anyone commencing payments after such date. The Default Schedule provides for a benefit accrual equal to 1% of the contribution rate in effect at January 1, 2010. The Rehabilitation Plan was updated, effective January 1, 2015, to reduce the required contribution rate increases under the Rehabilitation Plan. In addition, the Trustees determined that all reasonable measures had been taken, so the Plan is no longer required to emerge from critical status by January 1, 2023. The Rehabilitation Plan was updated effective January 1, 2018 to increase the number of contribution rate increases required under the Preferred Schedule by three.

Appendix C: Summary of Plan Provisions

(Form 5500 Schedule MB, line 6)

Summaries of Individual Plan Provisions Used in this Valuation

The following schedules summarize the benefits valued. All accruals were reduced by 40% as of January 1, 2011 and were frozen as of December 31, 2014.

Schedule MB, Line 6 -
Summary of Plan Provisions

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

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

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

Schedule MB, Line 6 - Summary of Plan Provisions

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

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

Schedule MB, Line 6 - Summary of Plan Provisions

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

Schedule MB, Line 6 - Summary of Plan Provisions

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

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

Schedule MB, Line 6 - Summary of Plan Provisions

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

Schedule MB, Line 6 - Summary of Plan Provisions

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

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

Schedule MB, Line 6 - Summary of Plan Provisions

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

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

Schedule MB, Line 6 - Summary of Plan Provisions

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

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

Schedule MB, Line 6 - Summary of Plan Provisions

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

Schedule MB, Line 6 - Summary of Plan Provisions

	Service		Pension Benefits				Death Benefits	
	Credited Service	Vesting Service	Normal Retirement	Early Retirement	Disability Retirement	Vested Retirement	Post-Retirement	Pre- Retirement
The Local 218 and Linen Svc and Industrial Laundry Employees Retirement Plan	1/12 of a year for each month of svc (minimum of 5 months)	One year for at least 5 months of svc	Eligibility: 65 yrs old and 5 yrs of svc For terminations of employment after 2/1/2000, monthly benefit is svc up to 25 yrs times the following rate: Prior 9/1/98 - $4.00, 9/1/98 – 1/1/2011 - $10.00; 1/1/2011 and later - $6.00*	Eligibility: 60 yrs old and 15 yrs of svc Reduced by 6% for each year commencement precedes normal retirement	Eligibility: 10 yrs of svc Same as for the normal retirement benefits	Same as Base Plan	Same as Base Plan	Same as Base Plan
Local 10 and the Textile Maintenance Industry of Philadelphia & Vicinity Pension Plan	.25 of a year for every 13 weeks of svc	1 year for at least 23 weeks of svc	Eligibility: 65 yrs old and 5 yrs of svc Prior 12/6/1999, monthly benefit is $17.25 times svc. Between 12/6/99 and 12/31/2010, $23.50 times svc (not subject to reductions until 2/1/2017)*	Eligibility: 60 yrs old and 15 yrs of svc Reduced by 7.2% for each year commencement date precedes normal retirement	Same as Base Plan	Same as Base Plan	For those who retire prior to 1/1/2011, under the Normal, Disability or Early Retirement provisions, a $1,000 death benefit is payable	Same as Base Plan
Local 102 Pension Plan	870 hours	870 hours	Eligibility: 65 yrs old and 5 yrs of svc **Refer to Local 102 table**	Eligibility: 62 yrs old and 20 yrs of svc with a contributing job	Same as Base Plan	Same as Base Plan Monthly Benefit is 3% per year of svc times regular pension amount at age of retirement	Same as Base Plan	Same as Base Plan

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

Schedule MB, Line 6 - Summary of Plan Provisions

	Service		Pension Benefits				Death Benefits	
	Credited Service	Vesting Service	Normal Retirement	Early Retirement	Disability Retirement	Vested Retirement	Post-Retirement	Pre- Retirement
Local 125 Pension Plan	1,000-1,015 hrs: 7/12. 1/12 for each additional 144 hrs	1 year for at least 1000 hours	Eligibility: 65 yrs old and 5 yrs of svc Effective 7/1/93, $11.25 per month times svc credit. Eff. 1/1/2008, $14.00 for yrs earned after 2007. Eff. 1/1/2011 $8.40.	Eligibility: 62 yrs old and 17 yrs of svc Reduced by 5/9% for each month prior to normal retirement	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan
Local 52 Pension Plan	Refer to Local 52 table	1 year for at least 950 covered hours	Eligibility: 65 yrs old and 5 yrs of svc **Refer to Local 52 table***	Eligibility: 62 yrs old and 20 yrs of svc Unreduced Normal retirement benefit payable immediately	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan
Santa Monica HERE Retirement Fund	Before 2008: Hours/2000 (max. 1) After 2007: Base Plan	Before 2008: 1 year of Vesting svc for at least 1000 hours After 2007: Base Plan	Eligibility: 65 yrs old and 5 yrs svc, for benefits accrued before 2008 **Refer to Santa Monica table** Same as Base Plan for benefits accrued after 2007	Eligibility: 55 yrs old and 5 yrs of svc Same as Base Plan for benefits accrued after 2007.	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan

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

Schedule MB, Line 6 - Summary of Plan Provisions

	Service		Pension Benefits				Death Benefits	
	Credited Service	Vesting Service	Normal Retirement	Early Retirement	Disability Retirement	Vested Retirement	Post-Retirement	Pre- Retirement
Masland Carpets Pension Plan	Before 2008: 0.25 for every 450 hours of svc up to a maximum of 1 year of svc After 2007: Same as Base Plan	Before 2008: 1 year for 12 consecutive months of svc After 2007: Same as Base Plan	Eligibility: 65 yrs old and 5 yrs of svc **See Masland table for benefits accrued before 2008** Same as Base Plan for benefits accrued after 2008	Same as Base Plan for benefits accrued after 2008	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan
Local 54, for participants hired prior to 10/1/07 (hired after 10/1/2007, Base Plan)	1 year of svc for at least 800 hours	1 year of svc for at least 800 hours	Eligibility: 65 yrs old and 5 yrs of svc Monthly benefit is total contribution dollar times 0.0388 before 1/1/2011; total contributions times 0.0233 between 1/1/2011 and 1/1/2016; total contributions time 0.0186 after 1/1/2016	Eligibility: age 55 and 5 yrs of vesting svc Reduced by 1/2% for each month commencement precedes age 65	Eligibility: 10 yrs of svc Normal retirement benefit	Same as Base Plan	Same as Base Plan	Same as Base Plan
HERE IU (pre-1/1/2008 service) -- see HERE IU tables for further information	1 year svc at least 1800 hours. Partial year is credited for at least 400 hours but less than 1800 hours	1 year of vesting svc for at least 800 hours	Eligibility: 65 yrs old and 5 years of svc Annual Benefit Accrual = Benefit Svc x Unit Benefit Level. **Refer HEREIU tables**	Eligibility: 55 yrs old and 10 yrs of svc Reduced by 1/2% for each month commencement precedes normal retirement	Same as Base Plan	Same as Base Plan	Standard form is single life annuity, with five yrs certain. Actuarially equivalent options are available.	Same as Base Plan

Schedule MB, Line 6 - Summary of Plan Provisions

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

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

Schedule MB, Line 6 - Summary of Plan Provisions

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

Schedule MB, Line 6 - Summary of Plan Provisions

	Service		Pension Benefits				Death Benefits	
	Credited Service	Vesting Service	Normal Retirement	Early Retirement	Disability Retirement	Vested Retirement	Post-Retirement	Pre- Retirement
Laundry and Dry Cleaning Pension Plan (Local 107)	Before 2009: 1/12 svc credit for each month, or a full year of svc for 5 months. After 2008: Same as the Base Plan	Before 2009: at least 5 months After 2008: Same as the Base Plan	Eligibility: 65 yrs old and 5 yrs of svc **Refer to Local 107 table**	Eligibility: Before2009: 62 yrs old and 10 yrs of svc. After 2009: 55 yrs old with 5 yrs of svc. Before 2009: reduced by 5/9% for each month commencement precedes normal retirement. After 2008: Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan
SEIU	Before 2009: 1/10 svc credit for every 180 hours. 1,800 hours for one credit. After 2008: Same as Base Plan	Before2009: 1 credit for at least 700 hours, 0.5 credit for at least 350 hours. After2008: Same as Base Plan	Eligibility: 65 yrs old and 5 yrs of svc. Pre 1/1/2009: 2.5% of employer contributions. **Refer to SEIU table**	Eligibility: at least age 55 yrs old and 5 yrs of svc Reduced by 6% for each year commencement precedes normal retirement (3% for Rule of 80 and benefits accrued before 2009)	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan

Schedule MB, Line 6 - Summary of Plan Provisions

	Service		Pension Benefits				Death Benefits	
	Credited Service	Vesting Service	Normal Retirement	Early Retirement	Disability Retirement	Vested Retirement	Post-Retirement	Pre- Retirement
Sidney Hillman Medical Center (SHMC)	Before 2009: 1,000 hours for one credit After 2008: Same as Base Plan	Before 2009: 1,000 hours for one credit After 2008: Same as Base Plan	Eligibility: 65 yrs old and 5 yrs svc **Refer to SHMC table** After 2009: Same as Base Plan	Eligibility for benefits accrued before 2009: 62 yrs old and 10 yrs of svc. For benefits accrued after 2008: 55 yrs old and 5 yrs of svc. For accruals before 2009: Reduced by 6.67% for each year commencement precedes normal retirement. For accruals after 2008: Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan
Local 471	Before 2010: svc credit for every 450 hours. 1,800 hours for one credit After 2010: Same as Base Plan	Before 2010: 1000 hours for one credit After 2010: Same as Base Plan	Eligibility: 65 yrs old and 5 yrs svc **Refer to Local 471 table**	Eligibility: at least age 55 yrs old and 5 yrs of svc (15 yrs of svc for benefits accrued before 2010). Reduced by 6% for each year commencement precedes normal retirement	Same as Base Plan	Same as Base Plan	Same as Base Plan	Same as Base Plan

Schedule MB, Line 6 - Summary of Plan Provisions

Detroit

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

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

ILGWU

Normal Retirement Pension

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

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

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

Schedule MB, Line 6 - Summary of Plan Provisions

ILGWU

ILGWU Vested Normal Retirement Pension

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

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

Local 108

Normal Retirement Pension

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

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

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

Schedule MB, Line 6 - Summary of Plan Provisions

Local 3008

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

(i) Years of Benefit Service prior to February 1, 1984: $1.20 multiplied by total years of Benefit service; plus

(ii) For Future Benefit Service ended during Plan Year beginning February 1, 1984:

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

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

Employer Contribution rate	Basic Benefit per Year of Benefit Service after 1/31/1985 and before 2/1/1991
$0.08 / Hour Contribution or less	$1.60
$0.10 / Hour Contribution	$2.10
$0.12 / Hour Contribution	$2.60
$0.14 / Hour Contribution	$3.10
$0.17 / Hour Contribution	$3.85
$0.28 / Hour Contribution	$6.60

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

Schedule MB, Line 6 - Summary of Plan Provisions

Local 3008 (continued)

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

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

Local 4-69

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

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

Local 102

Normal Retirement Pension

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

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

Schedule MB, Line 6 - Summary of Plan Provisions

Local 52

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

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

Monthly Pension at Normal Retirement

The monthly pension shall be the sum of:

a) $7.75 times Credited Service earned from January 1, 1967 to December 31,1973, plus

b) $2.35 times Credited Service earned from January 1, 1974 to December 31, 1990, plus

c) the greater of

   i. $2.35 times Credited Service earned from January 1,1991 to December 31, 1996 (adjusted for contributions not equal to $7/month)

   ii. 3.6% times Total contributions from January 1, 1991 to December 31, 1996, plus

d) 3.6% times contributions after December 31, 1996 and before January 1, 2002 (no pension earned if service for any year is less than 6 months), plus

e) 2.25% times contributions in 2002 and 2003 (3.0% if Credited Service is greater than 10 years), plus

f) 1.15% times contribution in 2004 through 2006, plus

g) 1.265% times 2007 contributions, plus $0.50 for each one cent of contributions above $35 per month, plus

h) 1.85% times contributions made from 2008-2010, plus $0.50 for each one cent of contributions above $35 per month (monthly contributions are divided by 173 to get equivalent cents per hour rate).

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

Schedule MB, Line 6 - Summary of Plan Provisions

Santa Monica

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

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

b) Active as of December 31, 1998 that is, who worked at least 500 hours in 1998 or 60 hours in any calendar month during 1998.

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

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

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

Masland Carpets

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

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

Schedule MB, Line 6 - Summary of Plan Provisions

HEREIU

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

a) 50 multiplier times the contribution rate in effect 12/31/2004 (with certain exceptions on this date for certain New York hotels), less $3.00 for any Atlantic City employer; plus

b) 40 multiplier times the first four cents of Minimum Standards Required Contribution Rate increases that became effective on or after January 1, 2007; plus

c) 50 multiplier times any contribution rate increases after 2006 in excess of the Minimum Standards Required Contribution Rate increases

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

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

- For certain New York employers comprising the Restaurant Group, Unit Benefit Levels are frozen as of the expiration date of the collective bargaining agreement in effect on January 1, 2005. The frozen Unit Benefit Level is based on the contribution rate in effect on that expiration date.

Schedule MB, Line 6 - Summary of Plan Provisions

HEREIU (continued)

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

Hourly Contribution Rate	New Employer Unit Benefit Level
10¢ - 14¢	$1.00
15¢ - 19¢	$2.00
20¢ - 24¢	$3.00
25¢ - 29¢	$5.00
30¢ - 34¢	$7.50
35¢ - 39¢	$10.00
40¢ - 44¢	$12.50
45¢ - 49¢	$15.00
50¢ - 54¢	$17.50
55¢ - 59¢	$20.00
60¢ & above	$20.00 +$2.50 per each $ .05 increment

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

Special Provisions for HEREIU

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

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

Schedule MB, Line 6 - Summary of Plan Provisions

HEREIU (continued)

recent employer. A Participant's tier of employment and the corresponding Unit Benefit applicable to each calendar year of pre-'94 service are shown below.

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

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

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

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

Alaska

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

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

Post merger benefits are as follows:

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

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

Schedule MB, Line 6 - Summary of Plan Provisions

Local 107

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

I. $2.00 for each Past Service benefit unit earned prior to May 1, 1966

II. Benefit unites earned between May 1, 1966 and April 30, 1981:

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

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

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

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

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

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

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

Schedule MB, Line 6 - Summary of Plan Provisions

Local 107 continued

After 1/1/2009, see Base Plan provisions

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

SHMC

Prior to January 1, 2009, the benefit under the SHMC Plan was a Final Average Pay benefit. The participant's accrued benefit was determined based upon a retirement benefit formula equal to 1.5% of the average compensation multiplied by the years of service. The benefit could not exceed $300 per month. If the participant was hired prior to January 1, 2006 and has not reached the maximum benefit of $300 per month, he will continue to accrue benefits under the SHMC Plan formula until he reaches the maximum benefit; however, all of his benefit accruals after January 1, 2009 will be governed by the terms of the NRF Plan with the exception of the benefit formula. Beginning in the plan year following reaching the maximum benefit he will start accruing benefits under the NRF formula. If the participant reached the maximum benefit under the SHMC Plan as of December 31, 2008 he will begin accruing benefits in accordance with the terms of the NRF Plan as of January 1, 2009. If the participant was hired in 2006 or after, he accrued benefits in accordance with the SHMC Plan through December 31, 2008. Effective January 1, 2009 the participant will begin accruing benefits in accordance with the terms of the NRF Plan. The NRF benefits will be in addition to what the participant has already accrued under the SHMC Plan. Effective January 1, 2009 for service earned on and after that date, except as noted above, the benefit formula under the NRF will be $.50 for each $.01 of average employer contributions per hour.

Local 471

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

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

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

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

- $0.50 in monthly benefits for each one cent (per hour) of contributions required as of 1/1/2009 for each full year of service, counting only 25% of such contributions through December 31, 2022, plus $0.50 in monthly benefits for each one cent (per hour) of contributions in excess of Required Contributions. Required Contributions are 4.5% per annum increases for eight years beginning with the first collective bargaining agreement renewal after January 1, 2009.
- Beginning January 1, 2023, all contributions will count towards benefit accruals.

Schedule MB, Line 6 - Summary of Plan Provisions

Changes in Plan Provisions

Since the prior valuation, the Plan was amended in 2024 to add a one-time lump sum window for in-payment participants. The lump sums were paid in 2024.

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

		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	-	-	-	-	-	-	-	-	-	-	-
	Avg Ben											
25 - 29	Count	3	4	-	-	-	-	-	-	-	-	7
	Avg Ben											
30 - 34	Count	25	73	2	-	-	-	-	-	-	-	100
	Avg Ben	*$10*	*$41*									*$35*
35 - 39	Count	40	181	105	5	-	-	-	-	-	-	331
	Avg Ben	*$8*	*$36*	*$107*								*$57*
40 - 44	Count	63	221	235	121	6	-	-	-	-	-	646
	Avg Ben	*$8*	*$39*	*$127*	*$185*							*$99*
45 - 49	Count	67	268	266	246	67	3	-	-	-	-	917
	Avg Ben	*$8*	*$32*	*$122*	*$215*	*$312*						*$126*
50 - 54	Count	66	351	380	375	177	64	7	-	-	-	1,420
	Avg Ben	*$6*	*$33*	*$92*	*$217*	*$308*	*$314*					*$144*
55 - 59	Count	67	352	501	484	259	120	78	2	-	-	1,863
	Avg Ben	*$6*	*$34*	*$104*	*$185*	*$297*	*$317*	*$363*				*$160*
60 - 64	Count	61	388	485	490	311	145	132	44	7	-	2,063
	Avg Ben	*$8*	*$30*	*$96*	*$186*	*$284*	*$338*	*$384*	*$515*			*$176*
65 - 69	Count	24	173	211	161	92	69	37	16	8	1	792
	Avg Ben	*$6*	*$27*	*$86*	*$159*	*$242*	*$251*	*$341*				*$142*
70 +	Count	15	72	59	39	30	12	8	2	2	1	240
	Avg Ben		*$20*	*$61*	*$125*	*$166*						*$92*
Total	Count	431	2,083	2,244	1,921	942	413	262	64	17	2	8,379
	Avg Ben	*$7*	*$33*	*$102*	*$192*	*$287*	*$311*	*$366*	*$521*			*$144*

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 76 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 assigned in the prior valuation was used. For participants who were not included in the prior year valuation, the average entry age of active participants reported in their schedule was used to determine the participant's date of birth.

Schedule MB, Line 4b - Illustration Supporting Actuarial Certification of Status

Form **15315** (February 2024)	Department of the Treasury - Internal Revenue Service **Annual Certification for Multiemployer Defined Benefit Plans**	OMB Number 1545-2111

This Form is required to be filed under Internal Revenue Code (IRC) Section 432(b)(3)
Complete all entries in accordance with the instructions

For calendar plan year 2025 or fiscal plan year beginning January 1, 2025 and ending December 31, 2025

Part I – Basic Plan Information

1a. Name of plan	1b. Three-digit plan number (PN)
Legacy Plan of the National Retirement Fund	001
1c. Plan sponsor's name	**1d. Employer identification number (EIN)**
Board of Trustees - Legacy Plan of the National Retirement Fund	13-6130178
1e. Plan sponsor's telephone number	**1f. Plan sponsor's address, city, state, ZIP code**
(914) 367-5000	333 Westchester Avenue, White Plains, NY 10604-2910

Part II – Plan Actuary's Information

2a. Plan actuary's name	2b. Plan actuary's firm name
Jonathan M. Feldman	Horizon Actuarial Services, LLC

2c. Plan actuary's firm address, city, state, ZIP code

8601 Georgia Avenue, Suite 905, Silver Spring, MD 20910

2d. Plan actuary's enrollment number	2e. Plan actuary's telephone number
23-06980	(240) 247-4514

Part III – Plan Status

3. Check the appropriate box to indicate the plan's IRC Section 432 status

- ☐ Neither endangered nor critical
- ☐ Endangered
- ☐ Seriously endangered
- ☒ Critical
- ☐ Critical and declining
- ☐ Not endangered due to special rule in IRC Section 432(b)(5)
- ☐ Critical due to election under IRC Section 432(b)(4)
- ☐ Plans that are not currently in critical status, but are projected to be in critical status within the next five years under 432(b)(3)(D)(v)

Part IV – Scheduled Progress in Funding Improvement Plan or Rehabilitation Plan

4. Check the appropriate box to indicate whether the plan is making the scheduled progress in meeting the requirements of an applicable funding improvement plan (FIP) or rehabilitation plan (RP)

	Yes	No	N/A
Funding Improvement Plan	☐	☐	☒
Rehabilitation Plan	☐	☐	☒

Part V – Sign Here

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this actuarial certification is complete and accurate. As required by IRC Section 432(b)(3)(B)(iii), the projected industry activity is based on information provided by the plan sponsor. The projections are based on reasonable actuarial estimates, assumptions and methods that (other than projected industry activity) offer my best estimate of anticipated experience under the plan.

Actuary's signature	Date
Jonathan Feldman	3/31/2025

Schedule MB, Line 4b - Illustration Supporting Actuarial Certification of Status

Exhibit 2 summarizes the key measures used in determining whether or not the Plan is in critical status for the current plan year. The exhibit shows the basic tests for determining critical status under PPA, as defined in section 432 of the Code, and the test for emergence from critical status, as defined in section 432(e)(4)(B) of the Code. See Exhibit 3 for a projection of the funding standard account.

Exhibit 2 – Critical Status Tests

Section 432(b)(2): Critical Status	Plan Year Beginning January 1, 2025
Section 432(b)(2)(A) measures:	
Funded percentage [threshold = 65.0%]	97.0%
First projected date of insolvency within current or next six plan years	None
Section 432(b)(2)(B) measures:	
Funded percentage [threshold = 65.0%]	97.0%
First projected funding deficiency within current or next three plan years	Not Applicable
Disregarding extensions of amortization periods under section 431(d)	
Section 432(b)(2)(C) measures:	
Normal cost (unit credit cost method, with interest to end of plan year)	$ 25,988,442
Interest on unfunded actuarial accrued liability to end of plan year	3,446,024
Expected contributions during plan year (with interest to end of plan year)	44,936,527
Present value of non-forfeitable benefits for active participants	137,392,440
Present value of non-forfeitable benefits for inactive participants	1,730,475,076
First projected funding deficiency within current or next four plan years	Not Applicable
Disregarding extensions of amortization periods under section 431(d)	
Section 432(b)(2)(D) measures:	
First projected date of insolvency within current or next four plan years	None
Section 432(e)(4)(B) measures:	
Critical status in the prior plan year	Yes
First projected funding deficiency within current or next nine plan years	12/31/2026
Reflecting extensions of amortization periods under section 431(d), if any	
First date of insolvency within any of the 30 succeeding plan years	None
Reflecting contribution rates in current collective bargaining agreement(s)	

Schedule MB, Line 4b - Illustration Supporting Actuarial Certification of Status

Exhibit 3 shows the projected funding standard account (in other words, projected credit balances and funding deficiencies) until the projected funding deficiency. Figures for the prior plan year (still preliminary) are shown for reference.

Exhibit 3 – Projection of Funding Standard Account
Reflecting Amortization Extensions under Section 431(d)

	Plan Year Ending	Credit Balance or (Funding Deficiency)
PY	12/31/2024	$ 51,130,414
CY	12/31/2025	386,785
1	12/31/2026	(55,612,135)

"PY" = preceding plan year

"CY" = current plan year

Schedule MB, Line 4b - Illustration Supporting Actuarial Certification of Status

As required under section 432(b)(3)(B) of the Code, this certification is based on actuarial projections for the current and succeeding plan years for the current value of Plan assets and Plan liabilities related to participants and beneficiaries covered under the Plan. The projections are based on reasonable actuarial estimates, assumptions, and methods that (except as noted below) offer the actuary's best estimate of anticipated experience under the Plan.

Actuarial Assumptions and Methods

For the 2025 Plan Year certification, projections of Plan liabilities are based on the actuarial valuation as of January 1, 2024. The actuarial assumptions and methods used in that actuarial valuation, including a valuation interest rate assumption of 6.25%, are unchanged for use in this certification. Please refer to the 2024 actuarial valuation report for a summary of applicable assumptions, methods, and plan provisions.

The demographic actuarial assumptions used in the actuarial valuation and this certification were developed based on a review of past experience and anticipated future experience for the Plan, given the particular characteristics of the Plan's participant population. 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.

Projection of Plan Assets and Liabilities

The projection of the Plan assets used in this certification is based on the preliminary market value of assets and preliminary financial statements as of December 31, 2024 provided by the Plan's Administrator and the assumption that future net investment returns will be 6.25% per year, beginning January 1, 2025.

The actuarial projection of Plan assets is also based on a projection of industry activity and employer contributions for current and succeeding plan years. The projection of industry activity (in other words, covered employment levels) is based on information provided in good faith by the Board of Trustees, and assumes that the number of active participants on behalf of whom contributions are made to the Plan will remain level in 2025 and each year thereafter.

In general, 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. Projections of employer contributions for purposes of determining critical and declining status, however, assume that each contributing employer currently in compliance with the adopted rehabilitation plan will continue to be in compliance.

Projections of Plan liabilities were performed using a roll-forward methodology. In other words, the Plan's liability was increased with interest, and decreased based on the projected future benefit payments in each year. Because the Plan has no future benefit accruals, no benefit normal cost was reflected and no new entrants were brought into the Plan.

The projections reflect the optional in-payment lump sum window in 2024 in which $28.5 million was paid out in lump sums in December 2024 to 8,878 in-payment participants.

Schedule MB, Line 4b - Illustration Supporting Actuarial Certification of Status

Form **15315** (February 2024)	Department of the Treasury - Internal Revenue Service **Annual Certification for Multiemployer Defined Benefit Plans**	OMB Number 1545-2111

This Form is required to be filed under Internal Revenue Code (IRC) Section 432(b)(3)
Complete all entries in accordance with the instructions

For calendar plan year 2025 or fiscal plan year beginning January 1, 2025 and ending December 31, 2025

Part I – Basic Plan Information

1a. Name of plan	1b. Three-digit plan number (PN)
Legacy Plan of the National Retirement Fund	001
1c. Plan sponsor's name	**1d. Employer identification number (EIN)**
Board of Trustees - Legacy Plan of the National Retirement Fund	13-6130178
1e. Plan sponsor's telephone number	**1f. Plan sponsor's address, city, state, ZIP code**
(914) 367-5000	333 Westchester Avenue, White Plains, NY 10604-2910

Part II – Plan Actuary's Information

2a. Plan actuary's name	2b. Plan actuary's firm name
Jonathan M. Feldman	Horizon Actuarial Services, LLC

2c. Plan actuary's firm address, city, state, ZIP code

8601 Georgia Avenue, Suite 905, Silver Spring, MD 20910

2d. Plan actuary's enrollment number	2e. Plan actuary's telephone number
23-06980	(240) 247-4514

Part III – Plan Status

3. Check the appropriate box to indicate the plan's IRC Section 432 status

- ☐ Neither endangered nor critical
- ☐ Endangered
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- ☐ Not endangered due to special rule in IRC Section 432(b)(5)
- ☐ Critical due to election under IRC Section 432(b)(4)
- ☐ Plans that are not currently in critical status, but are projected to be in critical status within the next five years under 432(b)(3)(D)(v)

Part IV – Scheduled Progress in Funding Improvement Plan or Rehabilitation Plan

4. Check the appropriate box to indicate whether the plan is making the scheduled progress in meeting the requirements of an applicable funding improvement plan (FIP) or rehabilitation plan (RP)

	Yes	No	N/A
Funding Improvement Plan	☐	☐	☒
Rehabilitation Plan	☐	☐	☒

Part V – Sign Here

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this actuarial certification is complete and accurate. As required by IRC Section 432(b)(3)(B)(iii), the projected industry activity is based on information provided by the plan sponsor. The projections are based on reasonable actuarial estimates, assumptions and methods that (other than projected industry activity) offer my best estimate of anticipated experience under the plan.

Actuary's signature	Date
Jonathan Feldman	3/31/2025

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

Payment Date	Periodic Amounts	Lump Sum Amounts	Total
1/2/2025	$ 2,646.11	$5,000,000.00	$5,002,646.11
1/14/2025	17,749.17		17,749.17
1/15/2025	25,278.67		25,278.67
1/21/2025	10,985.96		10,985.96
1/27/2025	3,289.13		3,289.13
1/29/2025	38,839.92		38,839.92
1/30/2025	75,128.22		75,128.22
2/3/2025	8,424.17		8,424.17
2/5/2025	7,570.73		7,570.73
2/10/2025	4,796.38	154,498.26	159,294.64
2/18/2025	37,334.90		37,334.90
2/24/2025	174.00		174.00
2/25/2025	85,226.04		85,226.04
2/26/2025	2,646.11		2,646.11
2/27/2025	18,382.85		18,382.85
3/3/2025	46,652.36		46,652.36
3/5/2025	26,130.81		26,130.81
3/10/2025	1,731.18		1,731.18
3/11/2025	15,516.51		15,516.51
3/14/2025	7,193.00		7,193.00
3/17/2025	67,946.52		67,946.52
3/21/2025	2,055.96		2,055.96
3/28/2025	17,502.54		17,502.54
3/31/2025	17,749.17		17,749.17
4/1/2025	12,730.51		12,730.51
4/4/2025	24,955.88		24,955.88
4/7/2025	4,159.41		4,159.41
4/9/2025	22,346.37		22,346.37
4/11/2025	10,545.84		10,545.84
4/15/2025	89,313.96		89,313.96
4/16/2025	22,850.44		22,850.44
4/17/2025	83,148.84		83,148.84
4/25/2025	38,839.92		38,839.92
4/28/2025	8,085.51		8,085.51
4/30/2025	75,128.22		75,128.22
5/1/2025	19,410.13		19,410.13

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

Payment Date	Periodic Amounts	Lump Sum Amounts	Total
5/7/2025	$ 3,482.81		$ 3,482.81
5/9/2025	27,716.00		27,716.00
5/19/2025	26,729.93		26,729.93
5/20/2025	10,580.15		10,580.15
5/21/2025	174.00		174.00
5/22/2025	4,608.97		4,608.97
6/2/2025	22,145.78		22,145.78
6/3/2025	32,868.85		32,868.85
6/9/2025	5,478.16		5,478.16
6/16/2025	9,814.39		9,814.39
6/17/2025	86,109.14		86,109.14
6/27/2025	57,032.65		57,032.65
7/1/2025	37,686.39		37,686.39
7/2/2025	1,664.92		1,664.92
7/3/2025	12,904.69		12,904.69
7/8/2025	10,545.84		10,545.84
7/9/2025	2,428.23		2,428.23
7/10/2025	4,968.85		4,968.85
7/17/2025	26,729.93		26,729.93
7/22/2025	22,850.44		22,850.44
7/24/2025	3,289.13		3,289.13
7/27/2025	37,007.24		37,007.24
7/30/2025	38,839.92		38,839.92
7/31/2025	163,637.82		163,637.82
8/1/2025	632,517.82		632,517.82
8/4/2025	10,985.96		10,985.96
8/5/2025	3,482.81		3,482.81
8/7/2025	22,145.78		22,145.78
8/12/2025	8,381.24		8,381.24
8/19/2025	9,058.30		9,058.30
8/20/2025	3,973.01		3,973.01
8/26/2025	5,478.16		5,478.16
8/27/2025	26,130.81		26,130.81
8/29/2025	5,267.50		5,267.50
9/3/2025	32,868.85		32,868.85
9/4/2025	26,130.81		26,130.81

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

Payment Date	Periodic Amounts	Lump Sum Amounts	Total
9/9/2025	$ 6,072.54		$ 6,072.54
9/15/2025	8,857.92		8,857.92
9/17/2025	12,904.69		12,904.69
9/22/2025	67,946.52		67,946.52
9/23/2025	37,862.88		37,862.88
9/29/2025	17,749.17		17,749.17
9/30/2025	14,881.15		14,881.15
10/1/2025	12,730.51		12,730.51
10/2/2025	24,955.88		24,955.88
10/7/2025	2,055.96		2,055.96
10/9/2025	33,396.28		33,396.28
10/20/2025	54,446.21		54,446.21
10/21/2025	2,428.23		2,428.23
10/28/2025	15,782.34		15,782.34
10/29/2025	129,086.27		129,086.27
10/30/2025	75,128.22		75,128.22
10/31/2025	596,377.37		596,377.37
11/3/2025	8,424.17		8,424.17
11/7/2025	4,087.92		4,087.92
11/12/2025	5,681.72		5,681.72
11/19/2025	11,618.91		11,618.91
11/24/2025	5,478.16		5,478.16
11/25/2025	2,646.11		2,646.11
12/1/2025	24,980.65		24,980.65
12/2/2025	35,490.24		35,490.24
12/3/2025	88,509.80		88,509.80
12/8/2025	1,774.10		1,774.10
12/12/2025	12,904.69		12,904.69
12/17/2025	15,516.51		15,516.51
12/18/2025	113,143.33		113,143.33
12/23/2025	7,193.00		7,193.00
12/24/2025	44,346.83		44,346.83
12/26/2025	17,309.38		17,309.38
12/31/2025	-	31,778.49	31,778.49

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	Balance	Annual Payment
Combined Bases	1/1/2022	6.00	$ 508,508,220	3.00	$ 278,596,125	$ 98,548,691
Assumption Change	1/1/2022	15.00	88,861,172	12.00	77,190,887	8,784,666
Assumption Change	1/1/2024	15.00	101,195,715	14.00	96,930,191	9,967,300
Total Charges					$ 452,717,203	$ 117,300,657

Credits

Type	Date Established	Initial Period	Initial Balance	*Outstanding at 1/1/2025* Period	Balance	Annual Payment
Change in Actuarial Assumptions	*	*	*	7.00	$ 3,042,214	$ 517,477
Plan Amendment	*	*	*	8.00	358,379	54,856
Plan Amendment - ILGWU	*	*	*	4.00	151,720	41,446
Assumption Change	1/1/2005	*	*	10.00	11,098,369	1,436,069
Local 108 Combined Bases	*	*	*	4.00	351,487	96,016
Exper Gain	*	*	*	1.00	449,407	449,407
2010 Experience Gain Under PRA 10	*	*	*	1.00	2,853,340	2,853,340
2012 Assumption Change	*	*	*	2.00	146,960	75,706
2012 Experience Gain Under PRA 10	*	*	*	3.00	9,078,083	3,211,219
2013 Experience Gain	1/1/2014	15.00	9,296,622	4.00	798,135	218,028
Assumption Change	1/1/2014	15.00	283,134,504	4.00	24,307,698	6,640,185
2019 Experience Gain	1/1/2020	15.00	33,781,933	10.00	25,993,831	3,363,462
2020 Experience Gain	1/1/2021	15.00	49,394,542	11.00	40,542,842	4,900,212
2021 Experience Gain	1/1/2022	15.00	104,727,091	12.00	90,973,109	10,353,144
2022 Experience Gain	1/1/2023	15.00	22,637,459	13.00	20,706,965	2,233,732
Assumption Change	1/1/2023	15.00	83,302,410	13.00	76,198,485	8,219,794
2023 Experience Gain	1/1/2024	15.00	37,582,892	14.00	35,998,727	3,701,737
2024 Experience Gain	1/1/2025	15.00	39,185,922	15.00	39,185,922	3,859,628
Plan Amendment	1/1/2025	15.00	2,317,503	15.00	2,317,503	228,263
Total Credits					$ 384,553,176	$ 52,453,721

Net Total $ 68,164,027 $ 64,846,936

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

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 bases

See **Attachment to Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods** for more information regarding the special amortization rule.

The Trustees elected to use the automatic five-year extension of amortization bases provided by Section 431(d)(1) of the Code for charge bases established on or before January 1, 2012. Information on the Funding Standard Account Amortization Bases without reflecting such extension is shown in the following table.

Without 5 year extended amortization

	Outstanding at 1/1/2025	Annual Payment
Total Charges	$ 515,024,303	$ 84,514,278
Total Credits	384,553,176	52,453,721
Net Total	$ 130,471,127	$ 32,060,557

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

The interest rate and operating expense assumptions were changed 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	**Legacy Plan of the National Retirement Fund**
Plan Sponsor	Board of Trustees – Legacy Plan of the National Retirement Fund
EIN / PN	13-6130178 / 001
Interest Rates	6.25% 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%	60.00%
76+	100.00%	0.00%

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 females and males and 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 retirements over the past several years under the Adjustable Plan for active participants, and under the 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.

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

Operating Expenses	Operating expenses are added to the normal cost and assumed to equal the portion of expected operating expenses allocated to the Legacy Plan, plus anticipated PBGC premiums ($23,922,450 as of the beginning the year, equivalent to $24,670,027 as of the middle of the year). Investment counseling fees are not included in assumed operating expenses.
Annual Service Accruals	Future credited service accruals are assumed to be zero due to the freeze in benefit accruals effective December 31, 2014. Future vesting service accruals are assumed to be 1.0 per year for each active participant.
Active Participant	Those participants reported with an active status code by the Fund Office and an accrued benefit as of January 1, 2015. Additional active participants for whom contributions were made are not included in the active counts because they had not earned a benefit under the Plan.
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.
Disability 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 assumptions are 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.

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 rates 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.

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 under the Adjustable Plan.

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.

The marriage assumption is based on historical general population data.

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.

The spouse age difference assumption is based on historical general population data.

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 five years at the rate of 20% per year. The investment loss for the 2008 Plan year is recognized over ten years (instead of five years) in accordance with the provisions of the Pension Relief Act of 2010, as elected by the Trustees. 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.

The actuarial value of assets was reset to the market value of assets as of January 1, 2019.

Pension Relief Act of 2010

The following special rules were elected by the Trustees under the Pension Relief Act of 2010:

- Special amortization rule: The portions of experience losses attributable to the eligible net investment losses incurred during the plan year ending December 31, 2008 are amortized in the funding standard account over a period ending December 31, 2037.
- Special asset valuation rule: Eligible net investment losses incurred during the plan year ending December 31, 2008 are smoothed in the actuarial value of assets over a period of 10 years.

The special rules apply retroactively to the plan year beginning January 1, 2009. For purposes of determining the amounts of the eligible net investment losses to be recognized in the funding standard account under the special amortization rule, the "prospective" method described in IRS Notice 2010-83 was used. As of January 1, 2018, the 2008 net investment loss had been fully recognized in the actuarial value of assets.

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

Participant Data

Data for the valuation was received from the Plan's administrator, Amalgamated Employee Benefits Administrators (AEBA). Such data included each active 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 plugs 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 and schedule 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 January 1, 2025.

The liabilities for inactive vested participants reflect the following updates:

- Inactive vested participants over age 76 as of January 1, 2025 were excluded.
- Inactive vested records included in last year's valuation not reported on either last year's or this year's file from the administrator, were included in this year's valuation. Of these records, those administered by the New York office that were at least age 68, and those administered by the Rhode Island office that were at least age 70, were excluded.
- New inactive vested records reported on the Textile file that were not included in last year's valuation, and who were at least age 71, were excluded.

Beginning with the January 1, 2020 valuation, the liabilities for all participants were determined under the Base Plan provisions.

Working Retirees

Working retirees are counted as Active participants, and their liabilities for benefits earned in the past are included in the Retiree liability.

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

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 Amalgamated Employee Benefits Administrators.
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 Actuarial Assumptions and Methods	Since the prior valuation, the following assumptions have been changed: • The beginning of year operating expense assumption was changed from $24,076,776 to $23,922,450, which is consistent with the budgeted amount provided by Amalgamated Employee Benefits Administrators. • For RPA '94 current liability, the interest rate assumption was 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.

PLAN NAME: Legacy Plan of the National Retirement Fund **EIN #: 13-6130178**
PLAN SPONSOR: Board of Trustees – Legacy Plan of the National Retirement Fund **PLAN NUMBER: 001**

2025 Form 5500, Schedule R
Line 14 Attachment: Information on Inactive Participants Whose Contributing Employer is No Longer Making Contributions to the Plan

Reasonable Approximation Method

Counts of inactive participants are determined from the participant data provided for the 2025, 2024, and 2023 actuarial valuation reports. The participant data does not include an indicator of whether the participant's last contributing employer is withdrawn and, in most cases, does not include the participant's last contributing employer. As a result, the reasonable approximation method used is to include all inactive participants of the former ILGWU plan and 50% of the remaining inactive participants for Schedule R, Line 14.

Rehabilitation Plan of the Legacy Plan (the "Legacy Plan")[1] of the National Retirement Fund (the "Fund") As Updated for 2018

I. Introduction

The Pension Protection Act of 2006 (the "PPA") created new funding classifications for multiemployer pension plans. These funding classifications impose requirements on the Legacy Plan's Board of Trustees (the "Board") to improve the Legacy Plan's funding levels. On March 31, 2010, the Legacy Plan's actuary certified that the Legacy Plan was in critical status. Once the Legacy Plan enters critical status, the Board is responsible for the implementation of a rehabilitation plan for the Legacy Plan (the "Rehabilitation Plan"), which will enable the Legacy Plan to emerge from critical status by January 1, 2023, or if the Board determines that, based on reasonable actuarial assumptions and upon exhaustion of all reasonable measures, the Legacy Plan cannot reasonably be expected to emerge from critical status by January 1, 2023, reasonable measures to emerge from critical status at a later time or to forestall possible insolvency. This updated Rehabilitation Plan is effective January 1, 2018, and amends the Legacy Plan's plan document.

This Rehabilitation Plan does not reduce the level of a Participant's accrued benefit as of January 1, 2018 payable on the Normal Retirement Date. The benefits of the Legacy Plan's retirees and beneficiaries that are in payment and have benefit commencement dates prior to January 1, 2018 shall not be affected by this updated Rehabilitation Plan.

All collective bargaining agreements that are agreed to, renewed or extended on or after January 1, 2018 must comply with the updated Rehabilitation Plan. The Board has the sole and absolute authority to amend, construe, and apply the provisions of the Rehabilitation Plan, including the Schedules (as defined below); provided, however, pursuant to ERISA Section 305(e)(B)(iii), the schedule of contribution rates provided by the Board to the bargaining parties, and which are adopted by the bargaining parties, shall remain in effect for the duration of that collective bargaining agreement or, if applicable, participation agreement. Unless otherwise expressly indicated herein, all capitalized terms used in this Rehabilitation Plan and the Schedules have the same definition assigned to such capitalized term by the governing documents of the Legacy Plan.

The purpose of this updated Rehabilitation Plan is to increase the number of contribution rate increases required under the Preferred Schedule (which also includes the Modified Preferred Schedule) by three. Effective December 31, 2017, a portion of the Legacy Plan’s assets and liabilities was transferred to the Legacy Plan of the UNITE HERE Retirement Fund. This transfer required approval by the Pension Benefit Guaranty Corporation (“PBGC”), and the PBGC approved the transfer under the condition that the Fund increase the number of contribution rate increases required under the Rehabilitation Plan by three.

[1] Effective January 1, 2015, the name of the Legacy Plan was changed from "The Pension Plan of the National Retirement Fund" to "The Legacy Plan of the National Retirement Fund."

II. Effective Dates

This Rehabilitation Plan consists of two schedules, the Preferred Schedule and the Default Schedule (collectively, the "Schedules"). The Schedules set forth future benefit accrual and contribution rates the Legacy Plan will permit under the Rehabilitation Plan. The Legacy Plan's participating Employers and Unions are responsible, through collective bargaining, for choosing whether the Preferred Schedule or the Default Schedule will apply to their collective bargaining agreement. Regardless of whether the bargaining parties adopt a Schedule immediately, or sometime in the future, the Board adopted an across-the-board freeze in future benefit accruals, effective January 1, 2015, for all Participants in the Legacy Plan.

Under the PPA, participating Employers are required to pay to the Legacy Plan an automatic surcharge in addition to the contributions otherwise required under each Employer's collective bargaining agreement. Commencing June 1, 2010, the surcharge is five percent (5%) of the required contributions and ten percent (10%) (i.e., and additional five percent (5%)) beginning January 1, 2011. Participants do not accrue any benefits on either surcharge. These additional contributions are due at the same time that the regular contributions are due to the Legacy Plan. If a contributing employer fails to pay the surcharge, the surcharge payment is treated as a delinquent contribution pursuant to ERISA Section 515. The automatic Employer surcharge shall cease when the bargaining parties adopt either the Preferred Schedule or the Default Schedule.

III. Contribution Allocation

Effective January 1, 2015, contributions to the Fund were, and are, allocated between the Legacy Plan and the Adjustable Plan of the National Retirement Fund (the "Adjustable Plan"). With the exception of contributions for Additional Benefits, the contribution rate increases specified in this Rehabilitation Plan apply to the contribution rate in effect on December 31, 2009, which will subsequently be allocated between the Legacy Plan and the Adjustable Plan. This Rehabilitation Plan prohibits the Fund from accepting a collective bargaining agreement and/or participation agreement that provides for a reduction in the level of contributions other than the reduction in contributions allocated to the Legacy Plan due to the portion of a participating Employer's contribution rate that is apportioned to the Adjustable Plan. In addition, this Rehabilitation Plan prohibits the Fund from accepting a collective bargaining agreement and/or participation agreement that provides for a suspension of contributions with respect to any period of service, or any new direct or indirect exclusion of younger or newly hired employees from participation in the Fund.

Contributions for Additional Benefits will be allocated to the Adjustable Plan and are not subject to the contribution rate increases contained in this updated Rehabilitation Plan and may be increased, decreased or eliminated, subject to collective bargaining.

IV. Benefit Changes

All benefit changes adopted under the prior version of the Rehabilitation Plan continue under this updated Rehabilitation Plan, with the exception of future benefit accruals, which ceased in the

Legacy Plan, effective January 1, 2015. Effective January 1, 2015, benefits accrue for active Participants of the Adjustable Plan.

V. Preferred Schedule

This is the Preferred Schedule for the Legacy Plan's updated Rehabilitation Plan. The Preferred Schedule will apply to participating Employers and Unions who have adopted it. The Preferred Schedule includes the option exercised by certain employers to adopt contribution rate increases under the Modified Preferred Schedule.

A. Contribution Rate Increases - Preferred Schedule

The Preferred Schedule requires annually compounded contribution rate increases as set forth in the charts below. The contribution rate increases required prior to 2015 are in the chart entitled "Original Preferred Schedule Contribution Rate Increases - Prior to 2015" and the revised contribution rate increases, which went into effect in 2015 and were extended by three years in 2018, are in the chart entitled "Revised Preferred Schedule Contribution Rate Increases - Effective 2015, Updated 2018." The revised contribution rate increases are smaller than the original increases and more contribution rate increases are required. The contribution rate increase is to be applied to an employer's existing contribution rate for existing collective bargaining agreements, based on the calendar year and quarter the Preferred Schedule contribution rate increase originally went into effect. The first increase under the revised Preferred Schedule occurred in 2015, on the anniversary of the first required contribution rate increase under the Preferred Schedule.

For example, if the bargaining parties to XYZ CBA adopted the Preferred Schedule on September 1, 2010, under the original Preferred Schedule, the employer would have been required to make 6.50% contribution rate increases each year on September 1, with the first increase effective for contributions received on or after September 1, 2010 and the last increase effective for contributions received on or after September 1, 2021, for a total of 12 contribution rate increases. As a result, the contribution rate for contributions received on or after September 1, 2021 would equal 213% of the contribution rate that had been in effect before the first required contribution rate increase took effect on September 1, 2010. Under the revised Preferred Schedule, as updated in 2018, starting with contributions received on or after September 1, 2015, the contribution rate increase is 4.66% (as compared with 6.50% under the original Preferred Schedule), and the last increase is effective for contributions received on or after September 1, 2026 (as compared with September 1, 2021 under the original Preferred Schedule), for a total of 17 contribution rate increases. As a result, the contribution rate for contributions received on or after September 1, 2026 would equal 237% (as compared with 213% under the original Preferred Schedule) of the contribution rate that had been in effect before the first required contribution rate increase took effect on September 1, 2010.

At the expiration of the XYZ CBA, it is anticipated that the 4.66% annually compounded increase will continue for the term of the renewed XYZ CBA (and any renewals thereafter until the last contribution rate increase on September 1, 2026). The Board, however, has the ability to change the contribution rate increase at the expiration of the XYZ CBA, depending on the Legacy Plan's experience

under the Rehabilitation Plan. Under this Preferred Schedule example, the employer would have been paying the 5% automatic surcharge beginning June 1, 2010 through the adoption of the Preferred Schedule on September 1, 2010.

Original Preferred Schedule Contribution Rate Increases - Effective Prior to 2015

Year of First Increase	1st quarter	2nd quarter	3rd quarter	4th quarter	# of Increases	Year of Last Increase
2010		6.40%	6.50%	6.60%	12	2021
TCI		211%	213%	215%		
2011	6.80%	6.90%	7.10%	7.20%	11	2021
TCI	217%	219%	223%	226%		
2012	7.30%	7.50%	7.70%	8.20%	10	2021
TCI	223%	227%	231%	242%		
2013	8.60%	9.00%	9.40%	9.80%	9	2021
TCI	231%	239%	247%	255%		
2014	10.30%	10.90%	11.60%	12.50%	8	2021
TCI	241%	252%	265%	282%		

Notes:

1. Total Compounded Increase ("TCI") equals the ratio of the contribution rate after the last required contribution rate increase to the contribution rate prior to the first required contribution rate increase
2. The contribution rate increases above are for years prior to 2015
3. For agreements adopted in 2011, rates above are in addition to 5% surcharge
4. For agreements adopted in 2012, 2013 or 2014, rates above are in addition to 10% surcharge

Revised Preferred Schedule Contribution Rate Increases - Effective 2015, Updated 2018

Year of First Increase	1st quarter	2nd quarter	3rd quarter	4th quarter	# of Increases	Year of Last Increase
2010		4.56%	4.66%	5.00%	17	2026
TCI		233%	237%	247%		
2011	5.15%	5.10%	5.00%	5.10%	15	2025
TCI	237%	237%	236%	240%		
2012	5.98%	5.90%	5.81%	5.60%	13	2024
TCI	243%	242%	242%	240%		
2013	6.68%	6.60%	6.82%	7.10%	12	2024
TCI	248%	248%	255%	263%		
2014	8.35%	8.65%	8.95%	9.25%	11	2024
TCI	271%	280%	289%	300%		

Notes:

1. Total Compounded Increase ("TCI") equals the ratio of the contribution rate after the last required contribution rate increase to the contribution rate prior to the first required contribution rate increase
2. The contribution rate increases above became effective in 2015
3. The # of Increases includes pre-2015 increases and was increased by three in 2018

4. Year of Last Increase was increased by three in 2018
5. All rates are subject to change in the future, except during the term of a CBA

B. Contribution Rate Increases - Modified Preferred Schedule

Bargaining parties who chose the Modified Preferred Schedule opted to delay implementation of all the contribution rate increases until January 1, 2012 at the latest. All other terms of the Preferred Schedule apply to the Modified Preferred Schedule. The Modified Preferred Schedule requires annually compounded contribution rate increases as set forth in the charts below. The contribution rate increases required prior to 2015 are in the chart entitled "Original Modified Preferred Schedule Contribution Rate Increases - Prior to 2015" and the revised contribution rate increases, which went into effect in 2015 and were extended by three years in 2018, are in the chart entitled "Revised Modified Preferred Schedule Contribution Rate Increases - Effective 2015, Updated 2018." The revised contribution rate increases are smaller than the original increases and more contribution rate increases are required. The contribution rate increase is to be applied to an employer's existing contribution rate for existing collective bargaining agreements, based on the calendar year and quarter the Modified Preferred Schedule contribution rate increase originally went into effect. The first increase under the revised Modified Preferred Schedule occurred in 2015, on the anniversary of the first required contribution rate increase under the Modified Preferred Schedule.

For example, if the bargaining parties to ABC CBA adopted the Modified Preferred Schedule on July 1, 2010, but the employer delayed all contribution increases until January 1, 2011, under the original Modified Preferred Schedule, the employer would have been required to make 7.40% contribution rate increases each year on January 1, with the first increase effective for contributions received on or after January 1, 2011 and the last increase effective for contributions received on or after January 1, 2021, for a total of 11 contribution rate increases. As a result, the contribution rate for contributions received on or after January 1, 2021 would equal 219% of the contribution rate that had been in effect before the first required contribution rate increase took effect on January 1, 2011. Under the revised Modified Preferred Schedule, as updated in 2018, starting with contributions received on or after January 1, 2015, the contribution rate increase is 5.64% (as compared with 7.40% under the original Modified Preferred Schedule), and the last increase is effective for contributions received on or after January 1, 2025 (as compared with January 1, 2021 under the original Modified Preferred Schedule), for a total of 15 contribution rate increases. As a result, the contribution rate for contributions received on or after January 1, 2026 would equal 243% (as compared with 219% under the original Modified Preferred Schedule) of the contribution rate that had been in effect before the first required contribution rate increase took effect on January 1, 2011.

At the expiration of the ABC CBA, it is anticipated that the 5.64% annually compounded increase will continue for the term of the renewed ABC CBA (and any renewals thereafter until the last contribution rate increase on January 1, 2025). The Board, however, has the ability to change the contribution rate increase at the expiration of the ABC CBA, depending on the Legacy Plan's experience under the Rehabilitation Plan.

Original Modified Preferred Schedule Contribution Rate Increases - Effective Prior to 2015

Year of First Increase	1st quarter	2nd quarter	3rd quarter	4th quarter	# of Increases	Year of Last Increase
2010		6.40%	6.70%	7.00%	12	2021
TCI		211%	218%	225%		
2011	7.40%	7.80%	8.20%	8.50%	11	2021
TCI	219%	228%	238%	245%		
2012	8.80%				10	2021
TCI	232%					

Notes:

1. Total Compounded Increase ("TCI") equals the ratio of the contribution rate after the last required contribution rate increase to the contribution rate prior to the first required contribution rate increase
2. The contribution rate increases above are for years prior to 2015

Revised Modified Preferred Schedule Contribution Rate Increases - Effective 2015, Updated 2018

Year of First Increase	1st quarter	2nd quarter	3rd quarter	4th quarter	# of Increases	Year of Last Increase
2010		4.56%	4.66%	4.76%	17	2026
TCI		233%	239%	245%		
2011	5.64%	5.45%	5.50%	5.70%	15	2025
TCI	243%	242%	247%	255%		
2012	6.97%				13	2024
TCI	253%					

Notes:

1. Total Compounded Increase ("TCI") equals the ratio of the contribution rate after the last required contribution rate increase to the contribution rate prior to the first required contribution rate increase
2. The contribution rate increases above became effective in 2015
3. The # of Increases includes pre-2015 increases and was increased by three in 2018
4. Year of Last Increase was increased by three in 2018

C. Benefit Changes

See Section IV above.

VI. Default Schedule

This is the Default Schedule of the Legacy Plan's Rehabilitation Plan. The Default Schedule applies to Participating Employers and Unions (the "Bargaining Parties") who have adopted it or to those Bargaining Parties who have failed to adopt the Preferred Schedule within 180 days following the expiration of the Bargaining Parties' collective bargaining agreement.

A. Contribution Rate Increases

The contribution rate increase adopted under the prior version of the Rehabilitation Plan continue under this updated Rehabilitation Plan. The Default Schedule requires an immediate one-time increase in employer contributions (except as may be adjusted by the Board pursuant to the PPA), per the terms of the original Rehabilitation Plan. For employers who are already contributing at contribution rates that reflect the Default Schedule contribution rate increase, no further contribution rate increases are required.

B. Benefit Changes

See Section IV above.

VII. Rehabilitation Plan Benchmarks

The Rehabilitation Plan must consist of a combination of benefit reductions and/or increases in employer contributions designed to emerge from critical status by January 1, 2023, or if the Board determines that, based on reasonable actuarial assumptions and upon exhaustion of all reasonable measures, the Legacy Plan cannot reasonably be expected to emerge from critical status by January 1, 2023, reasonable measures to emerge from critical status at a later time or to forestall possible insolvency.

The Board has determined that all reasonable measures have been taken because, effective January 1, 2015, future benefit accruals have been frozen in the Legacy Plan and contribution rate increases continue to be required, per the updated Schedules. It was deemed unreasonable to require contribution rate increases beyond those in the updated Schedules, because such contribution increases would cause a significant number of the participating employers to either withdraw from the Plan or become unable to continue in business, thus further undermining the Plan's funding. In addition, the increased employer contributions would result in lower negotiated wages for Participants and/or decreased employer contributions to other benefit plans covering the same Participants. In 2018, following the transfer of a portion of the Legacy Plan’s assets and liabilities to the Legacy Plan of the UNITE HERE Retirement Fund, the Trustees updated the Preferred Schedule to include three additional contribution rate increases, as required by the PBGC. The Rehabilitation Plan benchmark is projecting solvency for a 20-year projection period.

The Board will review the Rehabilitation Plan and schedules annually and make changes, as appropriate, to satisfy the Rehabilitation Plan objective; provided however, that a schedule of contribution rates provided by the Board and relied upon by the bargaining parties in negotiating a collective bargaining agreement will remain in effect for the duration of that collective bargaining agreement, unless otherwise agreed by the bargaining parties.

PENSION PLAN OF THE NATIONAL RETIREMENT FUND
BOARD OF TRUSTEES OF THE NATIONAL RETIREMENT FUND
EIN / PN = 13-6130178 / 001
Schedule R, Summary of Rehabilitation Plan

REHABILITATION PLAN OF THE NATIONAL RETIREMENT FUND (THE "FUND")[1] AS UPDATED FOR 2011

I. INTRODUCTION

The Pension Protection Act of 2006 (the "PPA") created new funding classifications for multiemployer pension plans. These funding classifications impose requirements on the Fund's Board of Trustees (the "Board") to improve the Fund's funding levels. On March 31, 2010, the Fund's actuary certified that the Fund is in critical status. Once the Fund enters critical status, the Board is responsible for the implementation of a rehabilitation plan for the Fund (the "Rehabilitation Plan"), which will enable the Fund to emerge from critical status by January 1, 2023. This Rehabilitation Plan is effective April 1, 2010, as updated for 2011, and amends the Fund's plan document.

This Rehabilitation Plan does not reduce the level of a Participant's accrued benefit as of June 1, 2010 payable on the Normal Retirement Date. The benefits of the Fund's retirees and beneficiaries with benefit commencement dates prior to June 1, 2010 shall not be affected by this Rehabilitation Plan.

All collective bargaining agreements that are agreed to, renewed or extended on or after May 1, 2010 must comply with the Rehabilitation Plan. The Board has the sole and absolute authority to amend, construe, and apply the provisions of the Rehabilitation Plan, including the Schedules (as defined below); provided, however, pursuant to ERISA Section 305(e)(3)(B)(iii), the schedule of contribution rates provided by the Board to the bargaining parties, and which are adopted by the bargaining parties, shall remain in effect for the duration of

[1] Effective September 24, 2010, the name of the Fund was changed from "UNITE HERE National Retirement Fund" to "National Retirement Fund."

that collective bargaining agreement or, if applicable, participation agreement. Unless otherwise expressly indicated herein, all capitalized terms used in this Rehabilitation Plan and the Schedules have the same definition assigned to such capitalized term by the governing documents of the Fund.

II. EFFECTIVE DATES

This Rehabilitation Plan consists of two schedules, the Preferred Schedule and the Default Schedule (collectively, the "Schedules"). The Schedules set forth future benefit accrual and contribution rates the Fund will permit under the Rehabilitation Plan. The Fund's participating Employers and Unions are responsible, through collective bargaining, for choosing whether the Preferred Schedule or the Default Schedule will apply to their collective bargaining agreement. With certain exceptions as outlined in Sections VII and VIII below, regardless of whether the bargaining parties adopt a Schedule immediately, or sometime in the future, the Board has adopted an across-the-board forty percent (40%) reduction in future benefit accruals effective January 1, 2011 for all active Participants in the Fund.

Under the PPA, participating Employers are required to pay to the Fund an automatic surcharge in addition to the contributions otherwise required under each Employer's collective bargaining agreement. Commencing June 1, 2010, the surcharge is five percent (5%) of the required contributions and ten percent (10%) (*i.e.*, an additional five (5%) percent) beginning January 1, 2011. Participants do not accrue any benefits on either surcharge. These additional contributions are due at the same time that the regular contributions are due to the Fund. If a contributing Employer fails to pay the surcharge, the surcharge payment is treated as a delinquent contribution pursuant to ERISA Section 515. The automatic Employer surcharge

shall cease when the bargaining parties adopt either the Preferred Schedule or the Default Schedule.

III. CONTRIBUTION REDUCTIONS PROHIBITED

Beginning on April 1, 2010, the PPA requires that the Fund not accept a collective bargaining agreement and/or participation agreement that provides for a reduction in the level of contributions for any Participants, a suspension of contributions with respect to any period of service, or any new direct or indirect exclusion of younger or newly hired employees from participation in the Fund.

IV. ELIMINATION OF PRE-RETIREMENT DEATH BENEFIT GUARANTEED PAYMENTS

As of January 1, 2011, except for the fifty percent (50%) joint and survivor benefit payable to married participants and domestic partners, all pre-retirement non-elective guaranteed period death benefits and other lump sum death benefits will be eliminated for all active and terminated vested Participants in the Fund.

V. BENEFIT INCREASES

Beginning on April 1, 2010, the PPA requires that the Fund's plan document not be amended to increase benefits, including future benefit accruals, unless the Fund's actuary certifies that the benefit increase is consistent with the Rehabilitation Plan and not paid for with contributions required by the Rehabilitation Plan.

VI. PREFERRED SCHEDULE

This is the Preferred Schedule for the National Retirement Fund's Rehabilitation Plan. The Preferred Schedule will apply to participating Employers and Unions that have adopted it.

A. Contributions Rate Increases

The Preferred Schedule requires annually compounded contribution rate increases as set forth below. The appropriate rate from the below chart is to be compounded annually as of the first anniversary of the contribution rate increase during the term of the bargaining parties' collective bargaining agreement.* The contribution rate increase is to be applied to an employer's existing contribution rate for existing collective bargaining agreements expiring, re-opened, or renewed in the calendar quarter of the year noted.

For example, if the bargaining parties to XYZ CBA adopt the Preferred Schedule on September 1, 2010, the 6.5% contribution rate increase would apply to the XYZ CBA for contributions made into the Fund subsequent to September 1, 2010. On September 1, 2011, another 6.5% increase would be added on top of the already increased contribution rate. A 6.5% increase would be added on each September 1st thereafter, for the life of the XYZ CBA. At the expiration of the XYZ CBA, it is anticipated that the 6.5% annually compounded increase will continue for the term of the renewed XYZ CBA (and any renewals thereafter until 2019). The Board, however, has the ability to change the contribution rate increase at the expiration of the XYZ CBA depending on the Fund's experience under the Rehabilitation Plan. Under this Preferred Schedule example, the employer would have been paying the 5% automatic surcharge beginning June 1, 2010 through the adoption of the Preferred Schedule on September 1, 2010.

Preferred Schedule Contribution Rate Increases

	1st quarter	2nd quarter	3rd quarter	4th quarter
2010		6.40%	6.50%	6.60%
2011**	6.80%	6.90%	7.10%	7.20%
2012***	7.30%	7.50%	7.70%	8.20%
2013***	8.60%	9.00%	9.40%	9.80%

Rates for renewals after Q1 2012 are subject to revision. Rates shown in grey are for information purposes only. The contribution rate increase percentage will be revised on annual basis, as necessary, in compliance with the PPA.

* All rates subject to change in the future, except during the term of a CBA.

** If the Bargaining Parties adopt the Preferred Schedule anytime in 2011, the contribution increase shown in the chart will be in addition to the first 5% surcharge effective 6/1/2010, but in place of the additional 5% surcharge effective 1/1/2011.

*** If the Bargaining Parties adopt the Preferred Schedule anytime in 2012 or later, the contribution increase shown in the chart will be in addition to the first 5% surcharge effective 6/1/2010 and the additional 5% surcharge effective 1/1/2011.

Option #1: Bargaining parties that choose the Preferred Schedule may opt to make contributions in excess of its required contributions under the Preferred Schedule to provide additional benefits for its employees (the "Additional Benefit"). Such Additional Benefit shall be calculated using the fifty cent multiplier formula for every additional cent contributed (*i.e.*, for every cent contributed, a participant accrues a benefit of fifty cents (50¢) per month per year of service).

Option #2 (The Modified Preferred Schedule): Bargaining parties that choose the Modified Preferred Schedule may opt to delay implementation of all the contribution rate increases until January 1, 2012 at the latest. All other terms in the Preferred Schedule apply to the Modified Preferred Schedule. The appropriate rate from the below chart is to be compounded annually as of the first anniversary of the contribution rate increase during the term

of the bargaining parties' collective bargaining agreement.* The contribution rate increase is to be applied to an employer's existing contribution rate for existing collective bargaining agreements expiring, re-opened, or renewed in the calendar quarter of the year noted.

For example, if the bargaining parties to ABC CBA adopt the Modified Preferred Schedule on July 1, 2010, but the employer wishes to delay all contribution increases until January 1, 2011, the 7.4% contribution rate increase would apply to the ABC CBA for contributions made into the Fund subsequent to January 1, 2011. On January 1, 2012, another 7.4% increase would be added on top of the already increased contribution rate. A 7.4% increase would be added on each January 1st thereafter, for the life of the ABC CBA. At the expiration of the ABC CBA, it is anticipated that the 7.4% annually compounded increase will continue for the term of the renewed ABC CBA (and any renewals thereafter until 2019). The Board, however, has the ability to change the contribution rate increase at the expiration of the ABC CBA depending on the Fund's experience under the Rehabilitation Plan. Under this Modified Preferred Schedule example, the employer would have only paid the 5% automatic surcharge on its June 2010 contributions and ceased paying the surcharges on July 1, 2010.

Modified Preferred Schedule Contribution Rate Increases**

	1st quarter	2nd quarter	3rd quarter	4th quarter
2010		6.40%	6.70%	7.00%
2011	7.40%	7.80%	8.20%	8.50%
2012	8.80%			

Rates for renewals after Q1 2012 are subject to revision. The contribution rate increase percentage will be revised on annual basis, as necessary, in compliance with the PPA.

* All rates subject to change in the future, but not during the term of a CBA.

** The rates in the chart are guaranteed if the Modified Preferred Schedule is adopted prior to April 1, 2012.

B. Future Benefit Accrual Rates

The Fund has adopted an across-the-board forty percent (40%) reduction in future benefit accruals effective January 1, 2011 for all participants in the Fund, except as noted in Section VIII.

C. Elimination of Certain Adjustable Benefits

For those active and terminated vested Participants not yet receiving pension benefits, all non-elective guaranteed period death benefits and other lump sum death benefits payable after retirement are eliminated on the later of (i) January 1, 2011 and (ii) the date on which the Preferred Schedule is applicable to a Participant.

D. Collective Bargaining Agreements with Future Pension Contribution Increases

Bargaining parties with a current collective bargaining agreement that requires future pension contribution increases[2] during the term of the collective bargaining agreement will be permitted, under certain circumstances set forth below, to use those increases for purposes of offsetting the contribution increases under the Preferred Schedule and/or buying their participants an Additional Benefit. Employers that had a contribution increase under a collective bargaining agreement due from January 1, 2010 through May 31, 2010 were required to adopt the Preferred Schedule on or prior to June 1, 2010 to use the increase towards offsetting the contribution increases under the Preferred Schedule and/or buying their participants an

[2] For purposes of clarification, "future pension contribution increases" do not include the automatic surcharges or contributions required pursuant to any merger agreements.

Additional Benefit. Bargaining parties that have increases due subsequent to June 1, 2010 are required to adopt the Preferred Schedule prior to the effective date of the contribution increase to use the increase towards offsetting the contribution increases under the Preferred Schedule and/or buying their participants an Additional Benefit.

If the bargaining parties do not adopt the Preferred Schedule within the timelines set forth above, the contribution increases due under the collective bargaining agreement are subject to the automatic surcharges and the contribution increases under the Rehabilitation Plan. Under no circumstances are the bargaining parties permitted to reduce or eliminate these contribution increases.

For example, a collective bargaining agreement has a term of January 1, 2009 through December 31, 2013 and requires a 15¢ increase on each anniversary of January 1, 2009. The bargaining parties would need to adopt the Preferred Schedule on or prior to June 1, 2010 to reallocate the January 1, 2010 15¢ increase to the 6.4% contribution increase due under the Preferred Schedule. The bargaining parties would be permitted to use any additional amounts left over from the 15¢ to buy their employees an Additional Benefit.

VII. DEFAULT SCHEDULE

This is the Default Schedule for the National Retirement Fund's Rehabilitation Plan. The Default Schedule will apply to Participating Employers and Unions (the "Bargaining Parties") that have adopted it or to those Bargaining Parties that have failed to adopt the Preferred Schedule within 180 days following the expiration of the Bargaining Parties' collective bargaining agreement.

A. Contribution Rate Increases

The Default Schedule requires contribution rate increases as set forth below.* The Default Schedule requires an immediate one-time increase (except as may be adjusted by the Board pursuant to the PPA) in employer contributions. The contribution rate increase is to be applied to an employer's existing contribution rate for existing collective bargaining agreements expiring, re-opened, or renewed in the calendar quarter of the year noted.

For example, OPQ CBA expires on May 4, 2010. If the bargaining parties to OPQ CBA fail to adopt the Preferred Schedule by October 31, 2010 (180 days from the expiration of the OPQ CBA), the Board will impose the Default Schedule on them, effective November 1, 2011. The 56% contribution rate increase would apply to the OPQ CBA for contributions made into the Fund subsequent to October 31, 2010. This contribution rate would not change for the life of the OPQ CBA. At the expiration of the OPQ CBA, it is anticipated that the 56% increase will continue for the term of the renewed OPQ CBA (and any renewals thereafter until 2021). The Board, however, has the ability to change the contribution rate increase at the expiration of the OPQ CBA depending on the Fund's experience under the Rehabilitation Plan. Under this Default Schedule Example, the employer would have been

paying the 5% automatic employer surcharge beginning June 1, 2010 through its adoption of the Default Schedule on October 31, 2010.

Default Schedule Contribution Rate Increases

	1st quarter	2nd quarter	3rd quarter	4th quarter
2010		51.00%	53.00%	56.00%
2011	59.00%	61.00%	63.00%	65.00%
2012	67.00%	68.00%	70.00%	73.00%
2013	75.00%	77.00%	79.00%	82.00%

Rates for renewals after Q1 2012 are subject to revision. Rates shown in grey are for information purposes only. The contribution rate increase percentage will be revised on annual basis, as necessary, in compliance with the PPA.

* All rates subject to change in the future, except during the term of a CBA.

B. Future Benefit Accrual Rates

In most cases, a Participant will accrue benefits under the Fund, on and after the date on which the Default Schedule is applicable to such Participant, in an amount that produces a monthly benefit (payable as a single life annuity commencing at the Participant's Normal Retirement Date) equal to the lesser of (1) a nineteen cent (19¢) benefit per penny contributed under the collective bargaining agreement in effect as of January 1, 2010 or (2) the accrual rate in effect with respect to such Participant under the collective bargaining agreement in effect as of January 1, 2010. Participants covered under the former H.E.R.E.I.U. Local 54 Pension Fund terms or the former Alaska HERE Pension Fund terms will accrue a benefit on and after the date on which the Default Schedule is applicable to such Participant equal to 1% of contributions made after such date based on the contribution rate in effect as of January 1, 2010.

C. Elimination of Certain Adjustable Benefits

For those active and terminated vested Participants not yet receiving pension benefits, all non-elective guaranteed period death benefits and other lump sum death benefits payable after retirement are eliminated for future accruals only on the later of (i) January 1, 2011 and (ii) the date on which the Default Schedule is applicable to a Participant. In addition, Disability Retirement Pension Benefits are eliminated as of the date on which the Default Schedule is applicable to a Participant.

VIII. SMOOTHING OF BENEFIT ACCRUALS FOR PARTICIPANTS OF CERTAIN MERGED-IN PENSION FUNDS - PREFERRED SCHEDULE ONLY

The Board adopted, as part of the Fund's Rehabilitation Plan, a method to smooth the benefit accruals of the plan participants of the former H.E.R.E.I.U. Fund, Local 471 Fund (Upstate New York Hotel Employees and Restaurant Employees Pension Fund), Local 11 Fund (Santa Monica Fund), Local 17 Fund (Minnesota On Sale Fund), Local 355 Fund (Miami Hotel Fund) and Local 107 Fund (Laundry & Dry Cleaning Pension Plan) (collectively, the "Bump Up Funds"). Those employers that previously contributed to one of the Bump Up Funds and currently have portions of their contributions being used to pay down the Fund's unfunded liability were scheduled, under the terms of their respective merger agreements, to have a "bump up" date in the future. The Preferred Schedule includes a trade off of some of the "bump up" for a lesser decrease of future benefit accruals for active Participants. The smoothing shall take effect on the later of January 1, 2011 or the date that the Preferred Schedule is adopted. The attached Exhibits provide examples of the smoothed accrual rate for each of the Bump Up Funds.

IX. UPDATES TO REHABILITATION PLAN; ANNUAL STANDARDS

The Trustees shall annually update the Rehabilitation Plan on or before December 31 of each plan year. The Fund shall be tested each year while in critical status, not later than the 90th day of each plan year, to determine whether the Rehabilitation Plan is on target to exit critical status by January 1, 2023—that is, that the Fund is projected to have a positive credit balance in its funding standard account for the 2023 plan year and the nine succeeding plan years, without regard to the use of the shortfall funding method, but taking into account any extensions of amortization periods under Internal Revenue Code Section 431(d). Such

projections shall take into account the annual updates to the Rehabilitation Plan adopted by the Trustees.

Exhibit 1 - Example of H.E.R.E.I.U. Fund

	Hourly Contribution Rate	Expected Accrual Under Current Plan	40% Reduction	Smoothed Accrual
2010	0.92	$27.40	n/a	n/a
2011	1.02	$29.00	$17.40	$27.00
2012	1.12	$30.60	$18.36	$27.00
2013	1.22	$32.20	$19.32	$27.00
2014	1.32	$33.80	$20.28	$27.00
2015	1.37	$35.40	$21.24	$27.00

For example, in 2011 the accrual rate for a former H.E.R.E.I.U. participant would have been an additional $29.00 per month added to the participant's monthly accrued benefit at 1/1/2011. The 40% reduction would have reduced that accrual to $17.40; however, the accrual under the "bump up" smoothing will be $27.00.

Exhibit 2 - Example of Local 471 Fund (Upstate New York Hotel Employees and Restaurant Employees Pension Fund)

	Hourly Contribution Rate*	Expected Accrual Under Current Plan	40% Reduction	Smoothed Accrual
2010	0.50	$6.25	n/a	n/a
2011	0.50	$6.25	$3.75	$4.49

*** accruing benefits after 2009**

Exhibit 3 - Example of Local 11 Fund (Santa Monica Fund)

	Hourly Contribution Rate	Expected Accrual Under Current Plan	40% Reduction	Smoothed Accrual
2010	0.50	$18.75	n/a	n/a
2011	0.50	$18.75	$11.25	$12.34

Exhibit 4 - Example of Local 17 Fund (Minnesota On Sale Fund)

	Hourly Contribution Rate	Expected Accrual Under Current Plan	40% Reduction	Smoothed Accrual
2010	0.60	$ 15.50	n/a	n/a
2011	0.60	$ 15.50	$9.30	$12.73

Exhibit 5 - Example of Local 355 Fund (Miami Hotel Fund)

	Monthly Contribution Rate	Expected Accrual Under Current Plan	40% Reduction	Smoothed Accrual
2010	$25.00	$6.47	n/a	n/a
2011	$25.00	$6.47	$3.88	$4.05

Exhibit 6 - Example of Local 107 Fund (Laundry & Dry Cleaning Pension Plan)

	Monthly Contribution Rate	Expected Accrual Under Current Plan	40% Reduction	Smoothed Accrual
2010	$60.55	$13.13	n/a	n/a
2011	$60.55	$13.13	$6.75	$7.76

PENSION PLAN OF THE NATIONAL RETIREMENT FUND
BOARD OF TRUSTEES OF THE NATIONAL RETIREMENT FUND
EIN / PN = 13-6130178 / 001
Schedule R, Summary of Rehabilitation Plan

Schedule R, Update of Rehabilitation Plan

In the Fund's original rehabilitation plan, created during the 2010 plan [calendar] year, contribution increases required under either the preferred or default schedule were to take effect on the date of renewal of the collective-bargaining agreement and then be compounded annually at the same rate on each subsequent calendar anniversary of that renewal through and including 2021. The Board of Trustees updated the rehabilitation plan during 2011 so that the required contribution increases would continue to be compounded annually at the same rate on each subsequent calendar anniversary of renewal but only through and including 2019.

Schedule MB – Statement by the Enrolled Actuary

Plan Sponsor:	Board of Trustees – Legacy Plan of the National Retirement Fund
EIN:	13-6130178
Plan Number:	001
Plan Name:	Legacy Plan of the National Retirement Fund
Valuation Date:	January 1, 2025
Enrolled Actuary:	Jonathan M. Feldman
Enrollment Number:	26-06980

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:

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. The amount of contributions shown in Line 3 of Schedule MB was listed in reliance on financial statements reported by the Plan's auditor.

The Plan was in Critical Status and operating under a Rehabilitation Plan in 2022. However, the Plan's Rehabilitation Period ended on December 31, 2022, so no certification of Scheduled Progress was required to be made in the year the Schedule MB is being filed, therefore Line 4c was left blank and the Line 4c attachment is not required.

Attached as separate exhibits are:

- Line 3(d) – Withdrawal Liability Amounts
- Line 4b – Illustration Supporting Actuarial Certification of Status
- 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	1,694,657	6,724,686	120,752,112	129,171,455
2026	3,093,329	12,803,125	114,860,335	130,756,789
2027	4,343,309	19,068,236	109,045,874	132,457,419
2028	5,462,219	25,085,425	103,327,620	133,875,264
2029	6,417,894	30,780,382	97,708,722	134,906,998
2030	7,215,050	36,493,808	92,182,552	135,891,410
2031	7,899,659	44,327,757	86,776,984	139,004,400
2032	8,469,708	50,574,171	81,482,593	140,526,472
2033	8,929,016	55,726,227	76,315,212	140,970,455
2034	9,287,384	60,455,452	71,279,516	141,022,352
2035	9,568,568	64,880,236	66,404,214	140,853,018
2036	9,829,310	68,382,973	61,666,004	139,878,287
2037	10,046,621	71,728,621	57,065,925	138,841,167
2038	10,229,933	74,270,712	52,609,391	137,110,036
2039	10,350,809	75,874,717	48,302,026	134,527,552
2040	10,456,087	77,055,870	44,150,544	131,662,501
2041	10,498,615	77,815,964	40,162,738	128,477,317
2042	10,482,026	77,841,087	36,347,046	124,670,159
2043	10,416,722	77,386,163	32,712,172	120,515,057
2044	10,319,951	76,490,277	29,266,751	116,076,979
2045	10,201,893	75,222,084	26,019,033	111,443,010
2046	10,063,533	73,636,650	22,976,576	106,676,759
2047	9,839,220	71,704,679	20,145,893	101,689,792
2048	9,606,146	69,352,016	17,532,040	96,490,202
2049	9,303,069	66,729,140	15,138,191	91,170,400

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	8,976,424	63,895,042	12,965,188	85,836,654
2051	8,596,165	60,880,860	11,011,186	80,488,211
2052	8,193,094	57,702,501	9,271,449	75,167,044
2053	7,780,054	54,475,092	7,738,362	69,993,508
2054	7,351,665	51,211,291	6,401,672	64,964,628
2055	6,904,003	47,956,294	5,248,870	60,109,167
2056	6,451,794	44,655,987	4,265,723	55,373,504
2057	5,996,892	41,411,237	3,436,788	50,844,917
2058	5,547,841	38,230,667	2,745,982	46,524,490
2059	5,106,841	35,163,645	2,177,086	42,447,572
2060	4,679,562	32,201,244	1,714,164	38,594,970
2061	4,268,775	29,398,867	1,341,949	35,009,591
2062	3,877,144	26,727,150	1,046,134	31,650,428
2063	3,507,886	24,195,997	813,621	28,517,504
2064	3,160,473	21,818,841	632,705	25,612,019
2065	2,835,221	19,595,892	493,173	22,924,286
2066	2,533,183	17,523,146	386,311	20,442,640
2067	2,254,203	15,611,539	304,849	18,170,591
2068	1,997,799	13,897,323	242,873	16,137,995
2069	1,763,225	12,290,497	195,656	14,249,378
2070	1,549,529	10,824,669	159,506	12,533,704
2071	1,355,631	9,499,178	131,590	10,986,399
2072	1,180,401	8,301,939	109,769	9,592,109
2073	1,022,683	7,226,691	92,458	8,341,832
2074	881,328	6,261,115	78,500	7,220,943

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	41,162,398	2,412,415	43,574,813
2026	43,515,739	2,278,392	45,794,131
2027	44,542,918	2,144,369	46,687,288
2028	44,542,918	2,010,346	46,553,265
2029	44,542,918	1,876,323	46,419,241
2030	44,542,918	1,742,300	46,285,218
2031	44,542,918	1,608,277	46,151,195
2032	44,542,918	1,474,254	46,017,172
2033	44,542,918	1,340,231	45,883,149
2034	44,542,918	1,206,208	45,749,126

Notes

- The projection of employer contributions is based on a projection of industry activity for current and succeeding plan years. The projection of industry activity (in other words, covered employment levels) is based on information provided in good faith by the Board of Trustees.
- Based on the information provided by the Trustees, it was assumed that the active population for whom contributions are made to the Plan will remain level in 2025 and each year thereafter.
- 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 assumed to receive future withdrawal liability payments of $2.4 million in 2025, decreasing by the same amount each year to $0.00 in 2043.

PLAN NAME: Legacy Plan of the National Retirement Fund **EIN #: 13-6130178**
PLAN SPONSOR: Board of Trustees - Legacy Plan of the National Retirement Fund **PLAN NUMBER: 001**

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: 15,923,543)					
Nbc Merchants, Inc. - Evansville, In	1001510	04-2906444	5/31/2017	1.36	Hours
Hg Merchants. Inc. - Brown	1001651	04-3550298	1/31/2021	0.38	Hours
N B C Charlotte Merchants Inc	1006931	04-3187200	12/31/2020	0.68	Hours
N B C Nevada Merchants Inc	1007444	04-2207613	12/31/2025	1.15	Hours
N B C Charlotte Merchants, Inc	1011883	04-3187200	12/31/2020	0.53	Hours
N B C Philadelphia Merchants	1011901	04-3523668	1/31/2026	0.68	Hours
N B C Pittston Merchants Inc	1011903	04-3523668	1/31/2025	0.45	Hours
N B C Merchants - Manteca	1011936	04-3061360	12/31/2020	0.31	Hours
Marshall Of Ma - Bridgewater Virginia	1012161	04-3438665	2/28/2021	0.81	Hours
Marshalls Of Ma, Inc., Decatur Ga	1012165	04-3438661	5/20/2021	0.83	Hours
Vestis Controlled Group (dollar amount contributed: 2,289,467)					
Vestis Services, Llc - Chicago Laundry	1001528	95-3082883	10/2/2026	24.80	Weeks
Vestis Services, Llc (Mc 532)	1001541	95-3082883	3/25/2022	0.32	Hours
Vestis Services, Llc- Bowling Green	1001619	95-3082883	2/28/2022	71.96	Months
Vestis Services, Llc - Wixom Plan	1001667	95-3082883	6/2/2017	22.46	Weeks
Vestis Services, Llc - Savannah, Ga	1001709	95-3082883	3/27/2026	0.42	Hours
Vestis Services, Llc - Mc 322 Dayton, Oh	1001732	95-3082883	7/30/2014	117.33	Months
Vestis Services, Llc- St Louis, Mo	1001735	95-3082883	3/1/2019	0.42	Hours
Vestis Services, Llc - Mc543 Oh	1001736	95-3082883	3/3/2017	105.69	Months
Vestis Services, Llc - Syracuse, Ny	1001935	95-3082883	3/31/2023	12.52	Weeks
Vestis Services, Llc - Rochester	1001936	95-3082883	9/23/2017	9.38	Weeks
Vestis Services, Llc - Phoenix	1002054	95-3082883	3/31/2016	0.08	Hours
Vestis Services, Llc- Caspian	1002136	95-3082883	10/18/2015	9.38	Weeks
Vestis Services, Llc- Stafford, Texas	1002163	95-3082883	3/4/2022	7.83	Weeks
Vestis Services, Llc - Sikeston Mo	1002164	95-3082883	2/11/2022	9.38	Weeks
Vestis Services, Llc- Granite	1002165	95-3082883	3/15/2019	9.38	Weeks
Vestis Services, Llc Pine Bluff	1002166	95-3082883	1/4/2016	9.39	Weeks
Vestis Services, Llc @ Bayamon Pr Cleanroom	1002176	95-3082883	2/16/2019	6.25	Weeks
Vestis Services, Llc - Dallas, Tx	1002305	95-3082883	8/1/2025	6.26	Weeks
Vestis Oklahoma City, Ok	1002306	95-3082883	7/15/2016	6.26	Weeks
Vestis Services, Llc- Tyler, Tx	1002307	95-3082883	8/5/2016	6.26	Weeks
Vestis Services, Llc - Fulton Mo	1002308	95-3082883	5/10/2019	6.26	Weeks
Vestis Services, Llc - Springfield Mo	1002310	95-3082883	2/1/2019	6.26	Weeks
Vestis Services, Llc - Eugene, Or	1002380	95-3082883	4/7/2028	55.28	Months
Vestis Services, Llc - Nw 23Rd Ave, Portland	1002382	95-3082883	4/7/2028	128.04	Months
Vestis Services, Llc - Salem, Or	1002384	95-3082883	4/7/2028	83.93	Months
Vestis Services, Llc - Corvallis, Or	1002385	95-3082883	4/7/2028	71.57	Months
Vestis Services, Llc - Madison, Wi	1002388	95-3082883	5/30/2014	2.62	Weeks
Vestis Services, Llc - Mc544 Toledo	1012438	95-3082883	4/1/2022	95.01	Months
Vestis Services, Llc- Cleanroom 513 Los Angeles	1013109	95-3082883	12/31/2020	62.93	Months
Vestis Services, Llc -586 Paramount	1013134	95-3082883	12/31/2020	62.93	Months
Vestis Services, Llc- #650 - Riverside	1013174	95-3082883	12/31/2020	62.93	Months
Vestis Services, Llc - 501 Los Angeles	1013175	95-3082883	12/31/2020	62.93	Months
Vestis Services, Llc - 502 Sylmar	1013176	95-3082883	12/31/2020	62.93	Months
Vestis Services, Llc-#589 - Santa Ana	1013178	95-3082883	12/31/2020	62.93	Months
Vestis Services, Llc - Mc 511 - San Jose, Ca	1013205	95-3082883	1/14/2028	64.38	Months
Vestis Services, Llc - Mc 518 - Hayward, Ca	1013206	95-3082883	1/14/2028	64.38	Months
Vestis Services, Llc - Mc 516 - Oakland, Ca	1013207	95-3082883	1/14/2028	64.38	Months
Vestis Services, Llc - #502C -Oxnard	1013210	95-3082883	12/31/2020	62.93	Months
Vestis Services, Llc- Cherry Hill Nj	1013412	95-3082883	12/31/2020	1.86	Weeks
Vestis Services, Llc - #506 Sacramento	1015998	95-3082883	4/9/2027	105.55	Months
Vestis Services, Llc - #505 Redding	1016004	95-3082883	4/9/2027	105.55	Months
Vestis Services, Llc 504 - Modesto	1016028	95-3082883	10/3/2025	104.01	Months
Vestis Services, Llc- #503 - Fresno	1016036	95-3082883	10/3/2025	104.01	Months
Vestis Services, Llc- #522 - San Diego	1016050	95-3082883	12/31/2020	92.28	Months
Vestis Services, Llc- Market #517	1016055	95-3082883	5/7/2021	117.00	Months
Vestis Services, Llc-#508 - Novato, Ca	1016068	95-3082883	6/23/2028	91.00	Months
Vestis Services, Llc- #515 - So Sf	1016069	95-3082883	6/27/2025	85.12	Months
Vestis Services, Llc- #502B Lompoc	1016073	95-3082883	12/31/2020	91.01	Months
Vestis Services, Llc - Scranton, Pa	1017283	95-3082883	5/7/2021	0.06	Wages
Vestis Services, Llc - Birmingham, Al	1028250	95-3082883	3/12/2027	90.58	Months
Vestis Services, Llc - Jacksonville, Fl	1028274	95-3082883	1/15/2027	90.58	Months
Vestis Services, Llc - Orlando, Fl	1028275	95-3082883	3/12/2027	90.58	Months
Vestis Services, Llc - Pompano, Fl	1028289	95-3082883	2/12/2027	90.58	Months

PLAN NAME: Legacy Plan of the National Retirement Fund **EIN #: 13-6130178**
PLAN SPONSOR: Board of Trustees - Legacy Plan of the National Retirement Fund **PLAN NUMBER: 001**

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 - Memphis, Tn	1028292	95-3082883	3/12/2027	90.58	Months
Vestis Services, Llc - Durham, Nc Cr	1028296	95-3082883	11/12/2027	79.49	Months
Vestis Services, Llc- Atlanta, Ga - Mc 567	1028300	95-3082883	1/15/2027	90.58	Months
Vestis Services, Llc - Mc 307 - Charlotte, Nc	1028384	95-3082883	2/12/2027	90.58	Months
Alsco Controlled Group (dollar amount contributed: 1,986,886)					
Alsco - Chicago	1001527	87-0252999	9/4/2023	16.98	Weeks
Alsco - Sarasota	1001704	87-0252999	5/2/2026	75.41	Months
Alsco - St. Petersburg Plant	1001708	87-0252999	5/2/2026	75.41	Months
Alsco - Tallahassee	1001710	87-0252999	5/2/2026	75.41	Months
Alsco - Naples (Production)	1001714	87-0252999	5/2/2026	75.41	Months
Alsco - Naples (Drivers)	1001715	87-0252999	5/2/2026	95.77	Months
Alsco - Jacksonville	1001716	87-0252999	5/2/2026	75.41	Months
Alsco - Pensacola	1001717	87-0252999	5/2/2026	75.41	Months
Alsco - Orlando	1001726	87-0252999	5/2/2026	75.41	Months
Alsco - Tampa	1001727	87-0252999	5/2/2026	75.41	Months
Alsco - Atlanta, Ga	1001862	87-0252999	5/2/2026	75.41	Months
Alsco - Nashville, Tn	1001877	87-0252999	5/2/2026	75.41	Months
Alsco - Charleston, Sc	1001878	87-0252999	5/2/2026	75.41	Months
Alsco - Shreveport, La	1001879	87-0252999	5/2/2026	75.41	Months
Alsco - Roanoke, Va	1001880	87-0252999	5/2/2026	75.41	Months
Alsco - Memphis, Tn	1001881	87-0252999	5/2/2026	75.41	Months
Alsco - Charlotte, Nc (South)	1001883	87-0252999	5/2/2026	75.41	Months
Alsco - Knoxville, Tn	1001884	87-0252999	5/2/2026	75.41	Months
Alsco Inc. - Alexandria, Va	1001886	87-0252999	5/2/2026	75.41	Months
Alsco - Columbia, Sc	1001887	87-0252999	5/2/2026	75.41	Months
Alsco - Lubbock, Tx	1001889	87-0252999	5/2/2026	75.41	Months
Alsco Inc. - Denver Linen	1002014	87-0252999	1/15/2028	34.18	Months
Alsco - Charlotte, Nc (North)	1002134	87-0252999	5/2/2026	75.41	Months
Alsco Inc. - Salt Lake City, Utah	1002138	87-0252999	9/8/2025	0.20	Hours
Alsco Industrial - Portland, Or	1002270	87-0252999	1/31/2027	53.87	Months
Alsco Inc. - Medford, Oregon	1002318	87-0252999	5/31/2027	100.19	Months
Alsco Inc. - Portland Linen	1002383	87-0252999	5/31/2027	57.23	Months
Alsco Inc. - Washington	1002618		12/31/2021	13.33	Weeks
Alsco Inc. - Wilmington	1002619		2/28/2019	12.52	Weeks
Alsco North American Linen Supply Division - Miami	1002620		7/17/2022	12.52	Weeks
Alsco - Richmond	1002621		1/31/2019	7.83	Weeks
American Linen Sply Co. - La	1013104	87-0252999	12/31/2020	66.90	Months
Alsco Anaheim	1013185	87-0252999	6/6/2021	66.89	Months
Alsco, Inc. American Industrial Serv. Division	1015620	87-0252999	5/22/2022	0.90	Hours
Alsco Inc. - San Jose	1015986	87-0252999	7/31/2022	93.16	Months
Alsco Inc. - Sacramento California	1015996	87-0252999	12/31/2020	92.27	Months
Alsco Inc. - San Diego	1016047	87-0252999	12/31/2020	92.28	Months
Alsco Inc. - San Francisco Ca.	1016151	87-0252999	12/31/2022	92.31	Months
Alsco - St. Louis, Mo	1016374	87-0252999	5/2/2026	18.58	Months
Alsco Inc. - Rochester	1019117	87-0252999	2/28/2023	32.46	Weeks
Alsco Inc. - Durham Servitex	1028278	87-0252999	12/31/2020	52.33	Months
Alsco, Inc. - Raleigh, Nc	1028293	87-0252999	1/16/2028	79.50	Months
Alsco Uniforms - Bethlehem Plant	1040506			2.11	Weeks
Manhattan Beer Controlled Group (dollar amount contributed: 1,186,215)					
Manhattan Beer - Drivers	1001602	13-3992843	4/18/2028	3.66	Hours
Manhattan Beer - Forklift Driv	1001603	13-3992843	4/18/2028	1.69	Hours
Manhattan Beer Distributors Llc	1001604	13-3992843	4/18/2028	1.18	Hours
Manhattan Beer - Helpers	1002049	13-3992843	4/18/2028	1.54	Hours
Aramark Controlled Group (dollar amount contributed: 1,151,281)					
Aramark Ed Svcs Llc @ Indiana Univ Of Penn	190196	23-1354443	10/31/2022	2.79	Hours
Aramark Business Svcs. Llc - Huntington Ingalls	540002	95-2051630	3/31/2025	2.50	Hours
Aramark S & E Svcs Llc Univ. Of Penn Steinberg Ctr	560024	95-2051630	9/30/2021	2.51	Hours
Aramark Educational Svcs St. Joseph'S University	560077	23-2573585	6/30/2018	2.25	Hours
Aramark Education Svcs Llc @ Lock Haven Univ.	560104	95-2051630	2/28/2017	2.17	Hours
Aramark Healthcare Services Llp @ Tewksbury Hosp	1002419		4/17/2014	0.19	Hours
Aramark Healthcare Services @ Tewksbury Hospital	1002420		4/17/2014	0.17	Hours
Aramark Education Svcs Llc @ West Chester Univ.	1002587		11/23/2015	0.01	Hours
Aramark Education Svcs Llc @ Oglethorpe University	1002606	95-2051630	7/31/2027	0.01	Hours

PLAN NAME: Legacy Plan of the National Retirement Fund **EIN #: 13-6130178**
PLAN SPONSOR: Board of Trustees - Legacy Plan of the National Retirement Fund **PLAN NUMBER: 001**

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 S & E Svcs Llc - Penn. Convention Ctr	1019042	23-2693517	12/31/2020	0.39	Hours
Aramark Bus. And Ind., Llc @ Volvo - Dublin, Va	1038624	23-2778485	12/31/2024	0.08	Hours
Aramark Educational Svcs. Llc @ Temple University	1038705		5/31/2024	1.12	Hours
Aramark Education Svcs Llc @ Univ. Of Scranton	1039600	95-2051630	5/22/2022	0.19	Hours
Aes, Llc @ Towson University	1039998		9/30/2027	0.18	Hours
Aramark @ Hollywood Presbyterian Medical Center	1040417		12/31/2026	0.24	Hours
Aramark @ Sap America - Newtown Square, Pa	1040464			0.16	Hours
Aramark Business & Industry, Llc @ Volvo - Pulaski	1040540			0.08	Hours
Fanatics Royal, Inc. (dollar amount contributed: 933,514)					
Fanatics Royal, Inc	1006443	20-8021081	5/31/2028	1.20	Hours
Mission Controlled Group (dollar amount contributed: 921,184)					
Mission Linen Sply Plnts # 200, 900, 8300-Phx, Az	1001690	95-1942549	8/20/2014	0.46	Hours
Mission Linen Supply/Flagstaff	1001909	95-1942549	8/20/2017	0.32	Hours
Mission Linen Supply #0400	1013149		12/31/2020	66.98	Months
Mission Linen Supply #1400	1013151	95-1942549	12/31/2020	66.99	Months
Mission Linen Supply #2600	1013153	95-1942549	12/31/2020	66.99	Months
Mission Linen Supply #2400	1013154	95-1942549	12/31/2020	66.99	Months
Mission Linen Supply #0100	1013156	95-1942549	12/31/2020	66.99	Months
Mission Linen Supply - 3400 Chino	1013191	95-1942549	12/31/2020	66.99	Months
Mission Linen Supply - 105 Chino	1013192		12/31/2020	66.98	Months
Mission Linen Supply - Plant #4800 - Sacramento	1015991	95-1942549	6/30/2024	91.01	Months
Mission Linen Supply - Plant #4700 - Sacramento	1015993	95-1942549	6/30/2024	91.01	Months
Mission Linen Supply - Plant #2500 - Chico	1016007	95-1942549	6/30/2024	91.01	Months
Mission Linen Supply - Plant #2300 - Fresno	1016035	95-1942549	6/30/2024	91.01	Months
Mission Linen Supply - Plant #700 - Bakersfield	1016041	95-1942549	6/30/2024	91.01	Months
Mission Linen Supply - Plant #800 - Santa Maria	1016071	95-1942549	6/30/2024	91.01	Months
Mission Linen Supply - Plant #300 - Salinas	1016075	95-1942549	6/30/2024	91.01	Months
Mission Linen Supply - Plant #2100 - Salinas	1016077	95-1942549	6/30/2024	91.01	Months
Mission Linen Supply & Unif Svcs - Cmf Plant #8400	1016157	95-1942549	6/30/2024	6.00	Months
Compass Controlled Group (dollar amount contributed: 815,094)					
Eurest Dining Svcs Cat Morton Bldg C	324089	56-1874931	10/31/2014	2.70	Hours
Eurest Dining Svcs Caterpillar #28548	324350	56-1874931	10/31/2014	2.41	Hours
Eurest Dining Svcs Caterpillar E.Peoria Bldg. Ad	324351	56-1874931	10/31/2014	2.71	Hours
Eurest Dining Svcs Cat.#28316 Mossville Hose Plant	324354	56-1874931	10/31/2014	2.71	Hours
Eurest Dining Svcs Cat #28308 Mossville Proving	324355	56-1874931	10/31/2014	2.71	Hours
Eurest Dining Svcs Cat #2834 Mossville Technical C	324367	56-1874931	10/31/2014	2.69	Hours
Eurest Dining Svcs Caterpillar Mossville Bldg G	324376	56-1874931	10/31/2014	2.71	Hours
Eurest Dining Svcs Cat #20784 Mossville Technical	324377	56-1874931	10/31/2014	2.71	Hours
Eurest Dining Svcs Caterpillar Bldg Lc	324551	56-1874931	10/31/2017	2.71	Hours
Eurest Dining Svcs Caterpillar Admin. Bldg.	324554	56-1874931	11/30/2014	2.71	Hours
Eurest Dining Svcs Caterpillar E. Peoria Bldg Kk	324556	56-1874931	10/31/2014	2.69	Hours
Eurest Dining Svcs Cat #27334 East Peoria Bldg. Ll	324557	56-1874931	10/31/2014	2.69	Hours
Eurest Dining Svcs - Caterpillar Inc, Pontiac, Il	324612	56-1874931	5/31/2018	2.70	Hours
Eurest Dining Svcs - Caterpillar Inc. Decatur Il	324618	56-1874931	10/31/2017	2.73	Hours
Eurest Dining Services Caterpillar Edlc	324667	56-1874931	11/30/2014	2.71	Hours
Eds, Inc. @ Constellation Braidwood Nuclear Plant	1001868	56-2256673	9/14/2025	0.23	Hours
Chartwells Sch Dng Svcs @ Muskegon Sch District	1001869	56-1874931	10/31/2015	0.22	Hours
Morrison Mgmt. Specialist @ Hogan Regional Center	1001942	56-1874931	6/7/2017	0.19	Hours
Morrison Mgt Svc @ Arizona State Hospital	1001988	63-1053451	9/30/2026	0.23	Hours
Morrison Mgmt @ Columbus Twin Valley	1001993	63-1155966	11/30/2018	0.23	Hours
Compass- Northcoast Behavioral Health	1001995	63-1155966	11/30/2018	0.23	Hours
Morrison Mgmt @ Cambridge Dev Ctr	1001996	63-1155966	11/30/2018	0.23	Hours
Morrison-Arizona State Hospital	1001999	63-1155966	9/30/2026	0.23	Hours
Morrison Mgmt @ Northcoast Behavioral - Toledo	1002016	63-1155966	11/30/2018	0.20	Hours
Morrison Mgmt @ Massillon Heartland Behavioral	1002020	63-1155966	11/30/2018	0.20	Hours
Morrison Mgmt Specialist @ Wrentham Dev Center	1002033	63-1155966	6/7/2017	0.19	Hours
Eurest Dining Svcs @ Thrivent Fin Svcs - Minn, Mn	1002122	56-2256673	6/30/2023	0.15	Hours
Chartwells @ Louisburg College	1002126	56-1874931	4/30/2028	0.17	Hours
Chartwells Sch. Din. Svcs. @ Biloxi, Ms Sch. Dist.	1002135	56-1874931	10/31/2027	0.23	Hours
Compass Census Bureau	1002143			0.20	Hours
Compass University Of Arizona	1002147	56-1874931	10/5/2011	0.17	Hours
Eds - Navy Federal Credit Union	1002196	56-1874931	3/9/2025	0.19	Hours
Compass-Stroudsburg School District	1002200	56-1874931	9/30/2025	0.19	Hours

PLAN NAME: Legacy Plan of the National Retirement Fund **EIN #: 13-6130178**
PLAN SPONSOR: Board of Trustees - Legacy Plan of the National Retirement Fund **PLAN NUMBER: 001**

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
Chartwell Campus Dining Svcs @ Suny Plattsburgh Ny	1002214	56-1874931	5/31/2020	0.31	Hours
Bon Appetit Management Co. @ St. Mary'S College	1002243	94-3039662	1/31/2027	0.22	Hours
Chartwells Higher Education @ Umbc	1002249	56-1874931	1/31/2026	0.14	Hours
Chartwells Dining Svcs @ Lower Dauphin Sch. Dist.	1002251	56-1874931	6/30/2026	0.20	Hours
Morrison Mgmt @ Summit Behavioral	1002257	63-1155966	11/30/2018	0.23	Hours
Compass Western State Hospital	1002258	63-1155966	1/27/2017	0.17	Hours
Chartwell Sch Dining Svcs @ Hancock Place Sch Dist	1002296	56-1874931	7/31/2017	0.14	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	0.23	Hours
Bon Appetit Mgmt Company @ Stanford University	1002397	94-3039667	8/31/2019	0.21	Hours
Morrison Mgmt Svcs @ Livingston County Home	1002398	63-1155966	3/31/2027	0.18	Hours
Compass @ Detroit Edi Nuclear, Newport & Monroe Mi	1002402	38-1792419	7/31/2017	0.15	Hours
Core Linen Services - Clermont, Fl	1002414		12/31/2024	0.15	Hours
Compass Midland School Dist	1002498		4/17/2016	0.02	Hours
Chartwells School Dining Svcs @ Hitchcock Sch Dist	1002499		4/5/2024	0.01	Hours
Bon Appetit A Div Of Comp Grp, Inc @ Trine Univ	1002505	94-3039662	8/20/2024	0.01	Hours
Canten Dining Services @ Carrier Colliervillle Tx	1002514	56-1874931	6/30/2022	0.08	Hours
Crothall Laundry Services @ La Mirada Laundry	1013112		7/5/2022	66.98	Months
Crothall Services @ Ontario Laundry Â€“ Cedar Sinai	1013202		12/31/2020	66.98	Months
Chartwells @ Nor Sd - Kipp Coghill #29248	1037980		7/31/2024	0.15	Hours
Chartwells Sch. Dining @ Orange Sch. District	1038047		9/30/2025	0.23	Hours
Compass - Colgate University	1038289		6/30/2017	0.31	Hours
Culinart @ Point Park University	1038436		7/31/2026	2.64	Hours
Compass Group Morrison @ Tenet Drs Of Modesto	1039212		12/14/2018	0.29	Hours
Chartwells @ Suffolk University	1039520	56-1874931	10/31/2021	0.14	Hours
Edd @ General Electric - Evendale Plant 90 & 100	1040051		4/30/2026	0.09	Hours
Levi Controlled Group (dollar amount contributed: 801,361)					
Levi Strauss & Co	1011938	94-0905160	5/31/2022	0.67	Hours
American Greetings Corporation (dollar amount contributed: 744,278)					
American Greetings Corporation	1001165	34-1233452	10/19/2020	1.01	Hours

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.)

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
LEGACY PLAN OF THE NATIONAL RETIREMENT FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/26/1950

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-LEGACY PLAN OF THE NATIONAL RETIREM

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]	10/8/26	VICTORIA SARTOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	X		LYNNE FOX
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2025)
v. 250312

518401 12-22-25

Docusign Envelope ID: 2039D5A6-30C9-8826-8367-1B23C20A68CA

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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OMB Nos. 1210 - 0110
1210 - 0089

2025

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[ ] 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)

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[ ] special extension (enter description)

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Part II Basic Plan Information - enter all requested information

1a Name of plan
LEGACY PLAN OF THE NATIONAL RETIREMENT FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/26/1950

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-LEGACY PLAN OF THE NATIONAL RETIREM

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	VICTORIA SARTOR Enter name of individual signing as plan administrator
SIGN HERE	DocuSigned by: X Lynne Fox 5413A508165748F... **Signature of employer/plan sponsor**	10/15/2026 Date	LYNNE FOX Enter name of individual signing as employer or plan sponsor
SIGN HERE	**Signature of DFE**	Date	Enter name of individual signing as DFE

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

Form 5500 (2025)
v. 250312

3a Plan administrator's name and address ☐ 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**	184,550
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)**	8,379
a (2) Total number of active participants at the end of the plan year	**6a(2)**	7,241
b Retired or separated participants receiving benefits	**6b**	83,205
c Other retired or separated participants entitled to future benefits	**6c**	82,875
d Subtotal. Add lines **6a(2), 6b,** and **6c**	**6d**	173,321
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	2,862
f Total. Add lines **6d** and **6e**	**6f**	176,183
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**	364

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 1I

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

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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
Legacy Plan of the National Retirement Fund

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Bd of Trustees-Legacy 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)	1,814,300,419
(2)	Actuarial value of assets for funding standard account	1b(2)	1,815,730,242
c	**(1)** Accrued liability for plan using immediate gain methods	1c(1)	1,829,380,389
(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)	1,829,380,389
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2)	"RPA '94" information:		
(a)	Current liability	1d(2)(a)	2,255,645,152
(b)	Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	23,922,450
(c)	Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	156,475,312
(3)	Expected plan disbursements for the plan year	1d(3)	149,294,745

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

2606980
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**	1,814,300,419
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		89,237	1,102,978,269
(2) For terminated vested participants		86,934	998,220,523
(3) For active participants:			
(a) Non-vested benefits			1,342,226
(b) Vested benefits			153,104,134
(c) Total active		8,379	154,446,360
(4) Total		184,550	2,255,645,152
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
	46,054,621	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**	6.25 %	6.25 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☐ Single rate ☒ ERISA 4044 ☐ Other ☐ N/A	

(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	6.4 %
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	9.8 %
i Expense load included in normal cost reported in line 9b	**6i**	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	23,922,450
(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	-39,185,922	-3,859,628
3	-2,317,503	-228,263

8 Miscellaneous information:

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

b Demographic, benefit, and contribution information

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

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

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

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

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

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

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended — **8d(2)** 5

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

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

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

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

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).		**8e**	101,036,821
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**	23,922,450
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)**	452,717,203	117,300,657
(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**	8,826,444
e Total charges. Add lines 9a through 9d		**9e**	150,049,551
Credits to funding standard account:			
f Prior year credit balance, if any		**9f**	54,513,880
g Employer contributions. Total from column (b) of line 3		**9g**	46,054,621
		Outstanding balance	
h Amortization credits as of valuation date	**9h**	384,553,176	52,453,721
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	8,124,682
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	99,361,068	
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	222,464,940	
(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**	161,146,904
m Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	11,097,353
n Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**	
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year		**9o(1)**	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date		**9o(2)(a)**	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))		**9o(2)(b)**	0
(3) Total as of valuation date		**9o(3)**	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)		**10**	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			☒ Yes ☐ No