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
U. A. LOCAL NO. 159 DEFINED BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/1976

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BOARD OF TRUSTEES OF U.A. LOCAL NO. 159 PENSION TRUST

4160 DUBLIN BOULEVARD, SUITE 100
DUBLIN, CA 94568-7756

2b Employer Identification Number (EIN) 94-2859426

2c Plan Sponsor's telephone number 925-833-7300

2d Business code (see instructions) 238220

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	ALEX HALL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	NICK GOODWIN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

5	Total number of participants at the beginning of the plan year	**5**	715
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)**	234
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	195
b	Retired or separated participants receiving benefits	**6b**	276
c	Other retired or separated participants entitled to future benefits	**6c**	187
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	658
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	30
f	Total. Add lines **6d** and **6e**.	**6f**	688
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**	62

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

1B

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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
U. A. LOCAL NO. 159 DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF U.A. LOCAL NO. 159 PENSION TRUST

D Employer Identification Number (EIN)
94-2859426

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	030594	0	01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	6445392

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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
U. A. LOCAL NO. 159 DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BOARD OF TRUSTEES OF U.A. LOCAL NO. 159 PENSION TRUST

D Employer Identification Number (EIN)
94-2859426

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)**	125296691
(2)	Actuarial value of assets for funding standard account	**1b(2)**	125446502
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	118678553
(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)**	118678553
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)**	163704325
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	4187318
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	7060116
(3)	Expected plan disbursements for the plan year	**1d(3)**	7648252

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

	09/22/2026
Signature of actuary	Date
JOSHUA ALLMEN	26-08042
Type or print name of actuary	Most recent enrollment number
RAEL & LETSON	650-341-3311
Firm name	Telephone number (including area code)
160 BOVET ROAD, SUITE 203 SAN MATEO, CA 94402	
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**	125296691
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		301	84239266
(2) For terminated vested participants		173	25931095
(3) For active participants:			
(a) Non-vested benefits			10137973
(b) Vested benefits			43395991
(c) Total active		234	53533964
(4) Total		708	163704325
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
07/01/2025	3486690				

	Totals ►	**3(b)**	3486690	**3(c)**	0
(d) Total withdrawal liability amounts included in line 3(b) total				**3(d)**	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	105.7 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

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

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

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

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

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

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

i ☐ Other (specify):

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

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	**6a**	4.01 %	
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☐ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	A	A
(2) Females	**6c(2)**	A	A
d Valuation liability interest rate	**6d**	6.25 %	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)**	6.25 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	6.0 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	10.2 %	
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)**	445000	
(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	718674	70786
3	74824	74824

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	**9a**	0
b Employer's normal cost for plan year as of valuation date	**9b**	2891818

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)**	26221726		4360234
(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**	453253
e Total charges. Add lines 9a through 9d			**9e**	7705305
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	17316462
g Employer contributions. Total from column (b) of line 3			**9g**	3486690
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	15673213		2133830
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	1324602
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	14439525		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	25162542		
(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**	24261584
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	16556279
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			**9n**	
o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the current plan year			**9o(1)**	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
(a) Reconciliation outstanding balance as of valuation date			**9o(2)(a)**	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))			**9o(2)(b)**	0
(3) Total as of valuation date			**9o(3)**	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)			**10**	0
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions				[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
U. A. LOCAL NO. 159 DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF U.A. LOCAL NO. 159 PENSION TRUST

D Employer Identification Number (EIN)
94-2859426

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

DODGE & COX
555 CALIFORNIA STREET 40TH FLR
SAN FRANCISCO, CA 94104

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

AFL CIO HOUSING INVESTMENT TRUST

52-6220193

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

WHITE OAK GLOBAL ADVISORS

37-1787486

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

THE VANGUARD GROUP

23-1945930

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

WILLIAM BLAIR & COMPANY, L.L.C

343 SANSOME ST 12TH FLOOR
SAN FRANCISCO, CA 94104

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

BLACKROCK FUNDS

PO BOX 9819
PROVIDENCE, RI 02940

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

PIMCO

PO BOX 219294
KANSAS CITY, MO 64121

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

WELLINGTON MANAGEMENT COMPANY LLP

280 CONGRESS STREET
BOSTON, MA 02210

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

WELLINGTON TRUST

04-2755549

(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

IFM GLOBAL INFRASTRUCTURE

114 WEST 47TH STREET, 19TH FLOOR
NEW YORK, NY 10036

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

PNC BANK

222 DELAWARE AVENUE
WILMINGTON, DE 19899

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)

HS&BA, INC.

94-3089465

(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 36 38 50	NONE	151852	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WITHUMSMITH+BROWN, PC

22-2027092

(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	99699	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RAEL & LETSON

94-1701048

(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 17 50	NONE	96806	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)

ALAN BILLER & ASSOCIATES

94-2854958

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	90000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KRAW LAW GROUP, APC

32-0465891

(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	75977	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ULLICO INVESTMENT ADVISORS, INC.

52-6435649

(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 52	NONE	64826	Yes [X] No [ ]	Yes [X] No [ ]	0	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)

PRUDENTIAL INSURANCE CO. OF AMERICA

22-1211670

(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 52	NONE	43569	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

UBS REALTY INVESTORS LLC

06-1452020

(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 50	NONE	28645	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEGALL, BRYANT & HAMILL

35-2679129

(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	23054	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

AMALGAMATED BANK

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50 52	NONE	18934	Yes [X] No [ ]	Yes [X] No [ ]	365	Yes [ ] No [X]

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

UA LOCAL 159

94-0944925

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	PLAN SPONSOR	16397	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BANK OF AMERICA

94-1687665

(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 50	NONE	5121	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)

FREMONT BANK

94-1569025

(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 50	NONE	5052	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
UBS REALTY INVESTORS LLC 06-1452020	28 50	SERVICE PROVIDER FAILED TO PROVIDE INFORMATION REGARDING INDIRECT COMPENSATION, IF ANY.

(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
BANK OF AMERICA 94-1687665	18 50	SERVICE PROVIDER FAILED TO PROVIDE INFORMATION REGARDING INDIRECT COMPENSATION, IF ANY.

(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
U. A. LOCAL NO. 159 DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF U.A. LOCAL NO. 159 PENSION TRUST

D Employer Identification Number (EIN)
94-2859426

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: WTC-CIF II SMID CAP RESEARCH EQUITY

b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA

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)
04-6913417-157	C	11103545

a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO BUILDING INVESTMENT TRUST

b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, 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)
52-6328901-001	C	2250875

a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO INFRASTRUCTURE TAX EXEMPT FU

b Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS INC

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)
90-0622302-001	E	4474178

a Name of MTIA, CCT, PSA, or 103-12 IE: WTC-CIF INTL CONTR VALUE (S2)

b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA

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)
04-2767481-214	C	7429876

a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM REAL ESTATE US DEBT FUND ICSA

b Name of sponsor of entity listed in (a): PRUDENTIAL INSURANCE COMPANY OF AMERICA

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)
22-1211670-219	P	6445392

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
U. A. LOCAL NO. 159 DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF U.A. LOCAL NO. 159 PENSION TRUST

D Employer Identification Number (EIN)
94-2859426

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	517352	1150597
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	316500	307000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	905077	545339
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	506089	365124
(2) U.S. Government securities	1c(2)	4408490	5207895
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	2087791	3049737
(B) All other	1c(3)(B)	4015442	3171813
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	9108196	9255850
(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)	18304905	20784296
(10) Value of interest in pooled separate accounts	1c(10)	6011050	6445392
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	4247094	4474178
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	74689041	86195769
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	245066	189420

		(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	125362093	141142410
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	65402	61810
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		721799
1k Total liabilities (add all amounts in lines 1g through1j)	1k	65402	783609
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	125296691	140358801

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)	3486690	
(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)		3486690
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	14509	
(B) U.S. Government securities	2b(1)(B)	165027	
(C) Corporate debt instruments	2b(1)(C)	267993	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	294841	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		742370
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3550315	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3550315
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	10961917	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	10821017	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		140900
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1084864	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1084864

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		3479391
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		477912
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		386236
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		9415430
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		22764108
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6901247	
(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)		6901247
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)	147636	
(3) Recordkeeping fees	2i(3)	65563	
(4) IQPA audit fees	2i(4)	34136	
(5) Investment advisory and investment management fees	2i(5)	250094	
(6) Bank or trust company trustee/custodial fees	2i(6)	29107	
(7) Actuarial fees	2i(7)	96806	
(8) Legal fees	2i(8)	75977	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	1474	
(11) Other expenses	2i(11)	99958	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		800751
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7701998
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		15062110
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: WITHUMSMITH+BROWN, PC **(2)** EIN: 22-2027092

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 583290.

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
U. A. LOCAL NO. 159 DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES OF U.A. LOCAL NO. 159 PENSION TRUST

D Employer Identification Number (EIN)
94-2859426

Part I Distributions

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

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

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

EIN(s): _____ _____

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer ACCO ENGINEERED SYSTEMS

b EIN 95-1625123 **c** Dollar amount contributed by employer 374002

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 06 Day 30 Year 2027

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 17.23
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer LESCURE CO., INC.

b EIN 94-1634427 **c** Dollar amount contributed by employer 289172

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 06 Day 30 Year 2027

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 17.23
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer MARTINEZ SHEET METAL

b EIN 94-1565727 **c** Dollar amount contributed by employer 194271

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 06 Day 30 Year 2027

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 17.23
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer U.A. LOCAL 393 - SAN JOSE

b EIN 94-2859426 **c** Dollar amount contributed by employer 169544

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 06 Day 30 Year 2027

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

a Name of contributing employer PACIFIC RIM PLUMBING INC

b EIN 20-0521360 **c** Dollar amount contributed by employer 168399

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 06 Day 30 Year 2027

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 0.99
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer MONARCH MECHANICAL

b EIN 91-1843460 **c** Dollar amount contributed by employer 157214

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 06 Day 30 Year 2027

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 17.23
(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 BAY CITY MECHANICAL INC

b EIN 94-2651338 **c** Dollar amount contributed by employer 153457

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 06 Day 30 Year 2027

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 17.23
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer DINELLI PLUMBING INCORPORATED

b EIN 01-0568676 **c** Dollar amount contributed by employer 151966

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 06 Day 30 Year 2027

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 17.23
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer BAY CITY MECHANICAL SERVICE, LLC

b EIN 82-3017289 **c** Dollar amount contributed by employer 127327

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 06 Day 30 Year 2027

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 17.23
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer ALL TEMPERATURE SERVICE ATS

b EIN 77-0452662 **c** Dollar amount contributed by employer 123714

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 06 Day 30 Year 2027

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 5.98
(2) Base unit measure: ☒ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
	a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: [X] last contributing employer [ ] alternative [ ] reasonable approximation (see instructions for required attachment)	**14a**	15
	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**	13
	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**	13
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	**15a**	1.02
	b The corresponding number for the second preceding plan year	**15b**	1.04
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	**16a**	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

[ ] Yes.

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

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

[ ] No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? [ ] Yes [X] 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

[X] 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_____.

U.A. Local No. 159 Defined Benefit Plan
Financial Statements
December 31, 2025 and 2024
With Independent Auditor's Reports

withum
ADVISORY TAX AUDIT

U.A. Local No. 159 Defined Benefit Plan
Table of Contents
December 31, 2025 and 2024

Independent Auditor's Report 1

Statements of Net Assets Available for Benefits 3

Statements of Changes in Net Assets Available for Benefits 4

Notes to Financial Statements 5

Report on Supplementary Information 15

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) 16

Schedule H, Line 4j - Schedule of Reportable Transactions 25

withum
ADVISORY TAX AUDIT

Independent Auditor's Report

To the Board of Trustees of
U.A. Local No. 159 Defined Benefit Plan:

Opinion

We have audited the financial statements of U.A. Local No. 159 Defined Benefit Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, 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, net assets available for benefits of U.A. Local No. 159 Defined Benefit Plan 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 U.A. Local No. 159 Defined Benefit Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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 U.A. Local No. 159 Defined Benefit Plan's ability to continue as a going concern for at least one year following the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of U.A. Local No. 159 Defined Benefit Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about U.A. Local No. 159 Defined Benefit Plan's ability to continue as a going concern for a reasonable period of time.

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

Withum Smith + Brown, PC

October 9, 2026

27-B

U.A. Local No. 159 Defined Benefit Plan
Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Assets		
Investments - at fair value		
U.S. Government and Government Agency obligations	$ 5,207,895	$ 4,408,490
Municipal obligations	189,420	245,066
Corporate debt securities	6,221,550	6,103,233
Mutual funds	86,195,769	75,195,130
Limited partnership	9,255,850	9,108,196
Pooled separate accounts	6,445,392	6,011,050
103-12 investment entities	4,474,178	4,247,094
Common/collective trusts	20,784,296	18,304,905
Total investments - at fair value	138,774,350	123,623,164
Receivables		
Employer contributions, net	307,000	316,500
Accrued interest and dividend income	103,265	92,853
Total receivables	410,265	409,353
Prepaid pension benefits	442,074	445,054
Cash	1,515,721	1,890,420
Total assets	141,142,410	126,367,991
Liabilities and Net Assets		
Liabilities		
Accounts payable and accrued expenses	61,810	65,402
Due to other trust funds	721,799	1,005,898
Total liabilities	783,609	1,071,300
Net assets available for benefits	$ 140,358,801	$ 125,296,691

The Notes to Financial Statements are an integral part of these statements.

U.A. Local No. 159 Defined Benefit Plan
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	$ 14,940,079	$ 8,801,058
Interest and dividends	4,337,339	3,241,449
	19,277,418	12,042,507
Less: Investment expenses	(269,028)	(259,940)
Investment income - net	19,008,390	11,782,567
Employer contributions	3,210,792	3,263,457
Reciprocal contributions from affiliated locals - net of reciprocal contributions to affiliated locals	275,898	368,959
Total additions, net	22,495,080	15,414,983
Deductions		
Pension benefits	6,901,247	6,797,690
Administrative expenses		
Actuarial fees	96,806	85,423
Administrative fees	147,636	139,048
Audit and accounting	99,699	90,263
Insurance expenses	58,717	57,376
Legal and collection fees	75,977	41,782
Printing and other expenses	52,888	29,452
Total administrative expenses	531,723	443,344
Total deductions	7,432,970	7,241,034
Net change in net assets available for benefits	15,062,110	8,173,949
Net assets available for benefits		
Beginning of year	125,296,691	117,122,742
End of year	$ 140,358,801	$ 125,296,691

The Notes to Financial Statements are an integral part of these statements.

1. Description of Plan

The following description of the U.A. Local No. 159 Defined Benefit Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a multiemployer defined benefit plan that was established effective July 1, 1976 as a result of a collective bargaining agreement ("CBA") between Local Union No. 159 of the United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry of the United States and Canada, AFL-CIO, and various associations of employers and individual employers engaging in the plumbing and pipe fitting industry in Contra Costa County. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

Administration of the Plan is the responsibility of the Board of Trustees (the "Trustees") and is governed by a joint Board consisting of equal representation from participating employers and Local Union No. 159 of the United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry of the United States and Canada, AFL-CIO.

Eligibility

To be eligible to participate in the Plan, an employee must be employed by a participating employer who is subject to the CBA or a trustee approved participation agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974.

Benefits

Eligibility to receive benefits is based on the satisfaction of applicable age, service, and vesting requirements established by the Plan. Generally, participants become vested after earning 10 years of Vesting Credit and may qualify for various forms of retirement benefits, including normal, early, service, age and service, and disability retirement benefits. Normal retirement benefits are generally available at age 65 upon satisfaction of the applicable vesting requirements, while early retirement benefits are generally available beginning at age 55 for participants meeting the Plan's vesting and benefit credit requirements. Surviving spouses and beneficiaries may also be entitled to death or survivor benefits under the terms of the Plan.

Beneficiaries of participants are eligible to receive a death benefit. When a participant dies following retirement, the death benefits available are based on the benefit option selected at the time of retirement. Pre-retirement death benefits are based on the participant’s years of covered employment, marital status, and disability status. Active employees who become totally disabled receive annual disability benefits that are equal to the equivalent normal retirement benefit they have accumulated as of the time they become disabled. Disability benefits are paid until the earlier of normal retirement age, recovery, or death.

Vesting

A participant becomes vested upon completion of 10 years of credited service, or (for active participants) on or after January 1, 1999, five years of vesting credit counting only full years of 1,000 hours.

Funding Policy

The participating employers contribute such amounts as are specified in the collective bargaining agreements. The Plan’s actuary has advised that the minimum funding requirements of ERISA are currently being met as of January 1, 2025.

The Plan complies with the provisions of the Multiemployer Pension Plan Amendment Act of 1980, which requires imposition of withdrawal liability on a contributing employer that partially or totally withdraws from the Plan. As of January 1, 2025 and 2024, the actuary had determined that the Plan does not have unfunded present value of vested benefits for withdrawal liability purposes.

Pension Protection Act Funding Status
As required by ERISA under the Pension Protection Act of 2006 ("PPA"), the Plan's actuary has completed the Plan's actuarial funding status certifications. The certifications were based on projections using the actuarial present value of accumulated benefit obligations as of January 1, 2025, and audited financial information as of December 31, 2024, as well as other financial information. The funded (zone) status provides an indication of the financial health of the Plan.

For the years beginning January 1, 2025 and 2024, based on actuarial assumptions, participant and financial data, and Plan provisions, the Plan's actuary certified that the Plan was in neither critical nor endangered status as defined in the Pension Protection Act of 2006.

2. Summary of Accounting Policies

Basis of Accounting
The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates
The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Such estimates include the actuarial present value of accumulated plan benefits. Actual results could differ from those estimates.

Investment Valuation and Income Recognition
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Trustees determine the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. See Note 8 for discussion of fair value measurements.

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 Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits
Benefit payments to participants are recorded upon distribution. Monthly benefits are scheduled for the first day of each month, if the scheduled payment date falls on a nonbusiness day, funds may be advanced to the custodian on the preceding business day. Amounts advanced prior to the scheduled payment date are recorded as prepaid benefit expense.

Actuarial Present Value of Accumulated Plan Benefits
Accumulated Plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service that 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.

Benefits are based on the participants' age at retirement and years of credited service as of the valuation date. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to participant services rendered to the valuation date. The actuarial present value of accumulated Plan benefits is determined by independent consulting actuaries and is that amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. See Note 5 for further information on actuarial valuation.

Administrative Expenses
Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits. In addition, certain investment-related expenses are included in net appreciation in fair value of investments.

Contributions Receivable and Related Receivables
Contributions due and not paid prior to year-end are recorded as contributions receivable. Allowance for credit losses is considered unnecessary and is not provided. Contributions due as a result of payroll audits have been recorded net of an allowance equal to the amount due because collectability is uncertain. Therefore, delinquent contributions are recorded when received.

The Plan has an employer payroll audit system in place in which the employers are randomly audited to verify that they are contributing in accordance with their signed agreement. Delinquencies may arise as these payroll audits are recorded as contributions when collected. For both years ended December 31, 2025 and 2024, the amounts collected were immaterial.

Reclassifications
Certain accounts receivable, liabilities, and cash were reclassified for consistency with the current year presentation. These reclassifications had no effect on the reported results of operations or on the statement of net assets available for benefits. Net liabilities to related trusts of $1,005,898 were reclassified from cash, and due from transit account receivables of $367,170 were reclassified to cash.

Subsequent Events
Subsequent events were evaluated through October 9, 2026, the date the financial statements were available to be issued.

3. Priorities Upon Termination

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

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits, and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of Plan amendments in effect for less than five years. Some benefits may be fully or partially provided, while other benefits may not be provided at all.

4. Tax Status

The Plan obtained its latest determination letter, dated June 25, 2015, in which the Internal Revenue Service ("IRS") stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from federal income taxes under the provisions of Section 501(a). The Plan's administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax exempt.

Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

5. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service 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. Benefits under the Plan are based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances, such as retirement, death, disability, and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025. Had the valuation been performed as of December 31, 2024, there would be no material differences.

Actuarial present value of accumulated plan benefits as of the most recent actuarial valuation date is as follows:

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving benefits	$ 71,649,251
Other participants	46,529,196
Total vested benefits	118,178,447
Nonvested benefits	7,385,106
Total actuarial present value of accumulated plan benefits	$ 125,563,553
Actuarial present value of accumulated plan benefits at beginning of year	$ 122,173,440
Increase (decrease) during the year attributable to	
Benefits accumulated	3,221,589
Change in actuarial assumptions	-
Increase for interest	7,409,558
Benefits and expense paid (1)	(7,241,034)
Net increase	3,390,113
Actuarial present value of accumulated plan benefits at end of year	$ 125,563,553

(1) Benefits and expenses paid include $6,797,690 of benefits paid to participants and $443,344 of administrative expenses.

The actuarial valuations were made using the unit credit cost method. Some of the more significant actuarial assumptions used in the January 1, 2025 valuations were as follows:

Life expectancy of participants:

Healthy Lives:	Pri.H-2012 Blue Collar Dataset Employee/Retiree Mortality Table (Participants) and Pri.H-2012 Blue Collar Dataset Contingent Survivor Mortality Table (Beneficiaries) each set back one year and projected with the MP-2021 projection scale.
Disabled Lives:	Pri.H-2012 Total Dataset Disabled Mortality Table set back one year and projected with the MP-2021 projection scale.

Retirement Age Assumptions:

Age	Retirement
55-56	20%
57-59	15%
60	25%
61-62	20%
63	25%
64	40%
Over 65	100%

Termination Rates

Age	Termination
15-29	5.0%
30-34	4.5%
35-39	4.5%
40-44	3.5%
45-49	3.5%
50+	2.0%

Plan Expenses:	$445,000 annually
Investment Rate of Return:	6.25%

Changes in actuarial assumptions were as follows:

The current liability interest rate was changed from 3.29% to 4.01% due to a change in the allowable interest rate range, and the current liability mortality table was updated as required. The operating expense assumption was updated from $405,000 payable at the beginning of year to $445,000 payable at the beginning of year with 3% inflation in each future year effective January 1, 2025.

Changes in plan provisions were as follows:

The Trustees approved a 13th check paid in December 2024.

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

Because information on the accumulated Plan benefits at 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 Plan as of December 31, 2025, and the changes in its financial status for the year then ended, but only present the net assets available for benefits and the changes therein as of and for the year ended December 31, 2025. The complete financial status is presented as of December 31, 2024.

6. Concentrations of Cash

The Plan places its cash with financial institutions deemed to be creditworthy. The balances are insured by the Federal Deposit Insurance Corporation (“FDIC”) up to $250,000. Cash balances may at times exceed the FDIC-insured deposit limits. Any loss incurred or a lack of access to such funds could have a significant adverse impact on the Plan’s financial condition, results of operations, and cash flows.

7. Related Party and Party-In-Interest Transactions

The Plan pays fees for arrangements with service providers and affiliated entities, including for management of certain Plan investments by the Custodian. These transactions qualify as party-in-interest transactions.

The Plan is related to U.A. Local No. 159 (the “Local”), as a sponsor to the Plan, and through common officers and trustees. The Plan reimburses the Local for costs associated with the administration of the Plan. For each of the years ended December 31, 2025 and 2024, the Plan reimbursed the Local approximately $13,000.

Employer contributions for the Local-related trust funds are remitted by employers and deposited into a single bank account (transit account). On a monthly basis, the contributions are allocated and transferred to each respective trust fund; any amounts allocated to the Plan and not yet transferred have been recorded as a receivable on the statements of net assets available for benefits. The Plan is related to the other Local-related trust funds through common trustees. As of December 31, 2025 and 2024, $721,799 and $1,005,898, respectively, was due to other related Plans.

Fees incurred by the Plan for investment management services are included in net appreciation in the fair value of investments, as such fees are paid through revenue sharing arrangements rather than through direct payments by the Plan. Health Services & Benefit Administrators, Inc. ("HS&BA") receives revenue from certain investment fund service providers for services provided to those funds. Such revenue is used to offset amounts owed to HS&BA for administrative services provided to the Plan. To the extent revenue received from investment fund service providers exceeds amounts owed for administrative services, HS&BA remits the excess to the Plan's trust on a quarterly basis. The Plan may make payments to HS&BA for administrative expenses not covered by revenue sharing arrangements.

8. 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 under Financial Accounting Standards Board ('FASB") Accounting Standards Codification ("ASC") 820, *Fair Value Measurement*, are described as follows:

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

Level 2 - Inputs to the valuation technique 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; and
- 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 technique are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation techniques used for assets measured at fair value. There have been no changes in the techniques used at December 31, 2025 and 2024.

Mutual Funds: Where available, quoted prices are used to value the Plan’s investments (Level 1). Where quoted prices are not available, the fair value of the investments in these categories has been estimated using the net asset value per unit of the underlying investments. The net asset value ("NAV") is being used as a practical expedient to estimate fair value.

U.S. Government Obligations: The fair value of U.S. Treasury notes and bonds is determined based on live data sources, including active market makers and interdealer brokers, taking into consideration such inputs as historical accuracy and maturity ranges (quoted prices) (Level 1).

U.S. Government Obligations, Municipal Obligations, and Corporate Debt Securities: The fair value of U.S. Government Agency obligations, municipal obligations and corporate debt securities is determined based on discount yield/price modeling that takes into account the various maturity dates and stated coupon rates of the bonds (Level 2).

Limited Partnerships: The fair value of the Plan’s investments in the limited partnerships is estimated based on the Plan’s ownership interest in the partners’ capital, as determined by the general partner of each limited partnership. The NAV is being used as a practical expedient to estimate fair value.

Pooled Separate Accounts, 103-12 Investment Entities, and Common/Collective Trusts: The fair value of the investments in these categories has been estimated using the NAV per unit of the underlying investments, as a practical expedient.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

	Fair Value Measurements at Reporting Date Using:			
	Level 1	Level 2	Level 3	December 31, 2025
Assets in the fair value hierarchy				
U.S. government and government Agency obligations	$ 2,917,699	$ 2,290,196	$ -	$ 5,207,895
Municipal obligations	-	189,420	-	189,420
Corporate debt securities	-	6,221,550	-	6,221,550
Mutual funds	80,411,981	-	-	80,411,981
Total assets in the fair value hierarchy	83,329,680	8,701,166	-	92,030,846
Investments measured at net asset value*				
Limited partnerships	-	-	-	9,255,850
Pooled separate accounts	-	-	-	6,445,392
103-12 investment entities	-	-	-	4,474,178
Common/collective trusts	-	-	-	20,784,296
Mutual funds	-	-	-	5,783,788
Investments measured at net asset value	-	-	-	46,743,504
Total investments at fair value	$ 83,329,680	$ 8,701,166	$ -	$138,774,350

	Fair Value Measurements at Reporting Date Using:			
	Level 1	Level 2	Level 3	December 31, 2024
Assets in the fair value hierarchy				
U.S. government and government agency obligations	$ 2,676,651	$ 1,731,839	$ -	$ 4,408,490
Municipal obligations	-	245,066	-	245,066
Corporate debt securities	-	6,103,233	-	6,103,233
Mutual funds	69,800,001	-	-	69,800,001
Total assets in the fair value hierarchy	72,476,652	8,080,138	-	80,556,790
Investments measured at net asset value*				
Limited partnerships	-	-	-	9,108,196
Pooled separate accounts	-	-	-	6,011,050
103-12 investment entities	-	-	-	4,247,094
Common/collective trusts	-	-	-	18,304,905
Mutual funds	-	-	-	5,395,129
Investments measured at net asset value	-	-	-	43,066,374
Total investments at fair value	$ 72,476,652	$ 8,080,138	$ -	$123,623,164

* In accordance with FASB ASC 820, certain investments that were measured at NAV per share (or its equivalent) 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 line items presented in the statements of net assets available for benefits.

Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2025 and 2024. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	December 31, 2025			
Investment Type	**Fair Value**	**Unfunded Commitments**	**Redemption Frequency (if currently eligible)**	**Redemption Notice Period**
Common/collective trusts				
Equity	$ 18,533,421 (a)	$ -	Daily	1 Day
Real estate	2,250,875 (a)	-	Quarterly	365 Days
Total common/collective trusts	20,784,296	-		
Limited partnerships				
Infrastructure	4,909,669 (b)	-	See (b)	See (b)
Debt	1,375,719 (c)	111,139	See (c)	See (c)
Property	2,970,462 (d)	-	Quarterly	60 Days
Total limited partnerships	9,255,850	111,139		
Pooled separate accounts				
Debt	6,445,392 (c)	-	See (c)	See (c)
103-12 Investment entities				
Infrastructure	4,474,178 (b)	-	See (b)	See (b)
Mutual funds				
Mortgages and real estate	5,783,788 (e)	-	Monthly	15 Days
Total	$ 46,743,504	$ 111,139		

	December 31, 2024			
Investment Type	**Fair Value**	**Unfunded Commitments**	**Redemption Frequency (if currently eligible)**	**Redemption Notice Period**
Common/collective trusts				
Equity	$ 16,143,084 (a)	$ -	Daily	1 Day
Real estate	2,161,821 (a)	-	Quarterly	365 Days
Total common/collective trusts	18,304,905	-		
Limited partnerships				
Infrastructure	4,508,234 (b)	-	See (b)	See (b)
Debt	1,764,710 (c)	111,139	See (c)	See (c)
Property	2,835,252 (d)	-	Quarterly	60 Days
Total limited partnerships	9,108,196	111,139		
Pooled separate accounts				
Debt	6,011,050 (c)	-	See (c)	See (c)
103-12 Investment entities				
Infrastructure	4,247,094 (b)	-	See (b)	See (b)
Mutual funds				
Mortgages and real estate	5,395,129 (e)	-	Monthly	15 Days
Total	$ 43,066,374	$ 111,139		

(a) These investments are direct filing entities with the Department of Labor; therefore, information regarding the investments' strategy is not disclosed.

(b) This category includes the Plan's investments in the IFM Global Infrastructure LP, which is a limited partnership that engages in activities for which the objective is to acquire and maintain a diversified portfolio of global infrastructure investments in the target subsectors with varied maturities that return 10% net per annum over rolling three-year periods. A limited partner may withdraw all or a portion of such limited partner's capital account balance (or that which is attributable thereto) as of the end of each quarter upon at least 90 days' prior written notice to the partnership, subject to a minimum withdrawal amount of $1 million (unless such amount represents the entirety of its capital account). The general partner shall not be required to drawdown any capital commitments in order to satisfy withdrawal requests by limited partners. The general partner may, in its discretion, waive any requirement relating to withdrawals, including, but not limited to, any notice or minimum withdrawal amount.

This category also includes the Plan's investments in the ULLICO Infrastructure Tax-Exempt Fund Limited Partnership. The partnership is designed to permit U.S. tax-exempt investors, including principally multiemployer plans subject to the Taft-Hartley Act, to commingle a portion of their assets for investment. The general partner will permit a limited partner to redeem all or a portion of its units after the expiration of a four-year lock-up period beginning on the limited partner's admission date to the partnership. Upon 90 days' notice to the general partner, the limited partner will be placed in a redemption queue. A limited partner who is next in the redemption queue will be able to have all or a portion of its requested units redeemed.

(c) This category includes the Plan's investments in the White Oak Summit Peer Fund LP, which is a limited partnership. The investment objective is to build a diversified portfolio of senior secured term loans with a targeted average tenor of three years and a targeted net return of 8-11%. This investment cannot be redeemed. The partnership was scheduled to terminate on September 30, 2023, and shall continue until all the investments in securities are realized.

This category also includes the Plan's investment in PGIM Real Estate US Debt Fund, LP, for which the investment objective is to invest substantially all of its assets in loans and mortgages of real estate located in the United States of America via its subsidiary, the PGIM Real Estate US Debt Fund REIT, LLC. Redemptions are allowed quarterly with 90 days' notice. The partnership is an open-ended, commingled fund and does not have a termination date.

(d) This category includes the Plan's investments in the UBS Trumbull Property Fund, which is a limited partnership that engages in activities for which the objective is to actively manage a core portfolio of primarily equity real estate investments located in the United States.

(e) This category includes the Plan's investment in the AFL-CIO Housing Investment Trust (the "HIT"), an open-ended investment company. Participation in the HIT is limited to eligible labor organizations and to pension, welfare and retirement plans that have beneficiaries who are represented by labor organizations. The investment objective of the HIT is to generate competitive risk-adjusted total rates of return by investing in fixed-income investments, primarily multifamily and single-family mortgage-backed securities and mortgage-backed obligations. Investees can redeem their investments on a monthly basis and are paid their pro rata share of undistributed net income accrued through the end of the month in which they are redeemed. Investees cannot sell or transfer units to anyone other than the HIT.

9. Risks and Uncertainties

The Plan invests in various investment securities. Such investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investments and the level of uncertainty with respect to changes in the value of investments, it is at least reasonably possible that changes in risks in the near term would materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

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

Supplementary Information

withum
ADVISORY TAX AUDIT

Report on Supplementary Information

Independent Auditor's Report

To the Board of Trustees of
U.A. Local No. 159 Defined Benefit Plan:

We have audited the financial statements of U.A. Local No. 159 Defined Benefit Plan as of and for the years ended December 31, 2025 and 2024, and have issued our report thereon dated October 9, 2026, which contained an unmodified opinion on those financial statements. Our audits were conducted for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025, and Schedule H, Line 4j - Schedule of Reportable Transactions for the year then ended are presented for the purpose of additional analysis and are not a required part of the basic financial statements. Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025, and Schedule H, Line 4j - Schedule of Reportable Transactions for the year then ended are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"). Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

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

In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements taken 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.

WithumSmith+Brown, PC

October 9, 2026

U.A. Local No. 159 Defined Benefit Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: #94-2859426, Plan #001
December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Fremont Bank	3.10%	$ 250,956	$ 250,956
	Fremont Bank	ICS, 0.65%	114,168	114,168
	U.S. Government and Government Agency obligations	See Attached	5,237,806	5,207,895
	Municipal obligations	See Attached	192,964	189,420
Corporate debt securities				
	Preferred	See Attached	3,128,008	3,049,737
	All other	See Attached	3,095,269	3,171,813
			6,223,277	6,221,550
	Mutual funds	See Attached	53,978,092	86,195,769
	Limited partnerships	See Attached	9,468,790	9,255,850
	Pooled separate accounts	See Attached	4,580,203	6,445,392
	103-12 investment entities	See Attached	2,338,488	4,474,178
	Common/collective trusts	See Attached	12,440,145	20,784,296
			$ 94,824,889	$139,139,474

See Independent Auditor's Report on Supplementary Information.

amalgamated bank

275 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
U.A LOCAL NO. 159 DEFINED BENEFIT PLAN
TRADE DATE
AS OF 12/31/25

ACCOUNT NUMBER: 1001383

ASSETS HELD AT THE END OF THE PLAN YEAR

EMPLOYER ID: NOT SUPPLIED

DESCRIPTION OF INVESTMENT	PRICE	SHARES/PAR VALUE	ADJUSTED COST	HISTORICAL COST	CURRENT VALUE	UNREAL. G/L ADJ. COST	UNREAL. G/L HIST. COST
COLLATERALIZED MORT BACKED OBLIGATION							
FHLMC MULTIFAMILY CMO 2.673% 3/25/26	99.62	53,744.16	52,628.62	51,552.95	53,541.05	912.43	1,988.10
UNION PACIFIC RR CO 3.227% 05/14/2026	99.74	96,348.45	94,665.65	98,340.01	96,097.02	1,431.37	-2,242.99
TOTAL FOR COLLATERALIZED MORT		150,092.61	147,294.27	149,892.96	149,638.07	2,343.80	-254.89
COMMON STOCK							
NORTEL NETWORKS CORP	0.00	9.00	74.70	74.70	0.00	-74.70	-74.70
TOTAL FOR COMMON STOCK		9.00	74.70	74.70	0.00	-74.70	-74.70
COMMON/COLLECTIVE FUNDS-OUTSIDE							
AFL-CIO BUILDING INVESTMENT TRUST	5,694.36	395.28	2,161,821.26	3,000,252.29	2,250,875.15	89,053.89	-749,377.14
AFL-CIO HOUSING INVESTMENT TRUST	992.37	5,828.23	5,603,220.95	6,507,894.82	5,783,787.89	180,566.94	-724,106.93
PGIM REAL ESTATE US DEBT FUND SA	1,709.45	3,770.45	5,969,286.83	4,580,203.42	6,445,392.31	476,105.48	1,865,188.89
WELLINGTON-CIF II SMID CAP RSCH EQ SER 4	23.76	467,320.91	10,220,737.70	4,796,233.40	11,103,544.73	882,807.03	6,307,311.33
WTC-CIF INTL CONTARIAN VAL SER2	16.72	444,370.58	5,368,517.90	4,643,658.99	7,429,876.10	2,061,358.20	2,786,217.11
TOTAL FOR COMMON/COLLECTIVE FU		921,685.46	29,323,584.64	23,528,242.92	33,013,476.18	3,689,891.54	9,485,233.26
CORPORATE ABS							
AMER AIRLINES 2016-1 3.575% 07/15/2029	98.94	37,175.77	35,917.28	35,917.28	36,781.39	864.11	864.11
BA CREDIT CARD TRUST 4.98% 11/15/2028	101.04	25,000.00	25,242.52	24,996.64	25,259.49	16.97	262.85
CAPITAL ONE 2025-1 3.82% 09/16/2030	100.06	40,000.00	39,992.42	39,992.42	40,022.91	30.49	30.49
CAPTL ONE MULTI-ASSET ABS 2.06% 08/15/28	98.93	35,000.00	34,287.70	34,287.70	34,624.76	337.06	337.06
DAIMLER TRUCKS RETAIL 5.9% 03/15/2027	100.47	32,686.34	33,016.93	32,820.95	32,841.02	-175.91	20.07
JOHN DEERE OWNER TR 5.18% 03/15/2028	100.62	8,333.71	8,402.51	8,345.76	8,384.96	-17.55	39.20
JOHN DEERE OWNER TRUST 4.96% 11/15/2028	100.88	95,000.00	95,731.27	95,672.71	95,832.47	101.20	159.76
PG & E ENERGY RECOVERY 1.46% 07/15/2033	93.26	30,989.27	28,020.19	30,988.89	28,899.35	879.16	-2,089.54
VERIZON MA TR 24-6 4.17% 08/20/2030	100.61	110,000.00	108,942.19	109,606.80	110,670.26	1,728.07	1,063.46
WF CARD ISSUANCE TR 4.29% 10/15/2029	100.97	60,000.00	60,539.06	60,539.06	60,581.24	42.18	42.18
TOTAL FOR CORPORATE ABS		474,185.08	470,092.07	473,168.21	473,897.85	3,805.78	729.64
CORPORATE BONDS							

amalgamated bank
275 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
U.A LOCAL NO. 159 DEFINED BENEFIT PLAN
TRADE DATE
AS OF 12/31/25

ACCOUNT NUMBER: 1001383

ASSETS HELD AT THE END OF THE PLAN YEAR

EMPLOYER ID: NOT SUPPLIED

DESCRIPTION OF INVESTMENT	PRICE	SHARES/PAR VALUE	ADJUSTED COST	HISTORICAL COST	CURRENT VALUE	UNREAL. G/L ADJ. COST	UNREAL. G/L HIST. COST
CORPORATE BONDS (CONT.)							
ABBOTT LABORATORIES 3.75% 11/30/2026	100.00	95,000.00	93,864.75	104,782.65	94,997.15	1,132.40	-9,785.50
ABBVIE INC SR NT 4.95% 03/15/2031	103.40	45,000.00	44,991.00	45,203.49	46,529.55	1,538.55	1,326.06
AIR PRODUCTS AND 4.85% 02/08/2034	101.67	79,000.00	78,353.65	79,371.15	80,316.93	1,963.28	945.78
ALPHABET INC SR NT 4.1% 11/15/2030	100.31	59,000.00	59,046.76	59,046.76	59,181.13	134.37	134.37
AMAZOM.COM INC 3.15% 08/22/2027	99.19	59,000.00	56,965.68	61,444.02	58,520.33	1,554.65	-2,923.69
AMAZON COM INC SR 3.9% 11/20/2028	100.31	50,000.00	50,092.37	50,092.37	50,153.00	60.63	60.63
AMERICAN WTR 5.25% 03/01/2035	103.09	57,000.00	56,982.27	56,982.27	58,759.59	1,777.32	1,777.32
AMPHENOL CORP NT 4.75% 03/30/2026	100.19	20,000.00	20,002.25	19,928.13	20,037.40	35.15	109.27
AMPHENOL CORP SR 4.125% 11/15/2030	99.48	85,000.00	84,500.40	84,500.40	84,554.60	54.20	54.20
ANHEUSER-BUSCH INBEV 4.75% 01/23/2029	102.02	85,000.00	85,278.60	92,243.23	86,713.60	1,435.00	-5,529.63
APPLE INC SR 4.5% 05/12/2032	102.25	102,000.00	101,884.30	101,884.30	104,297.04	2,412.74	2,412.74
APPLIED MATLS INC 4.8% 06/15/2029	102.49	50,000.00	50,381.30	50,307.50	51,244.50	863.20	937.00
AT&T INC 2.3% 06/01/27	97.71	90,000.00	84,947.40	86,338.69	87,942.60	2,995.20	1,603.91
AUTOMATIC DATA 4.45% 09/09/2034	99.70	64,000.00	62,061.23	63,518.18	63,806.72	1,745.49	288.54
AVERY DENNISON CORP 4.875% 12/06/2028	102.13	90,000.00	89,789.40	100,297.80	91,913.40	2,124.00	-8,384.40
BANK OF AMERICA CORP 3.824% 01/20/2028	99.76	71,000.00	69,713.43	74,501.08	70,829.60	1,116.17	-3,671.48
BROWN FORMAN CORP SR 4.75% 04/15/2033	101.36	55,000.00	53,640.95	54,458.95	55,750.20	2,109.25	1,291.25
CATERPILLAR FINL SVCS 4.35% 05/15/2026	100.18	35,000.00	34,951.70	34,688.13	35,062.65	110.95	374.52
CATERPILLAR FINL SVCS 4.7% 11/15/2029	102.60	69,000.00	70,889.45	70,889.45	70,792.62	-96.83	-96.83
CBOE GLOBAL MKTS INC SR 1.625% 12/15/30	88.68	110,000.00	93,624.92	100,867.67	97,545.80	3,920.88	-3,321.87
CHEVRON USA INC 4.475% 02/26/2028	101.56	84,000.00	84,143.92	84,143.92	85,306.20	1,162.28	1,162.28
CINTAS CORPORATION 3.7% 04/01/2027	99.82	104,000.00	101,939.76	109,932.91	103,807.60	1,867.84	-6,125.31
COMCAST CORP 4.25% 10/15/2030	100.04	70,000.00	67,501.70	67,807.76	70,027.30	2,525.60	2,219.54
CONOCOPHILLIPS SR NT 4.7% 01/15/2030	101.88	91,000.00	90,798.61	90,803.23	92,707.16	1,908.55	1,903.93
CONSUMERS ENERGY CO 4.9% 02/15/2029	102.53	85,000.00	86,150.88	86,150.88	87,148.80	997.92	997.92
CUMMINS INC SR 5.15% 02/20/2034	103.52	64,000.00	64,692.44	65,176.84	66,253.44	1,561.00	1,076.60
DARDEN RESTAURANTS INC 3.85% 05/01/2027	99.74	89,000.00	87,596.83	87,609.43	88,772.16	1,175.33	1,162.73
DOMINION ENERGY 5.3% 01/15/2035	103.38	51,000.00	51,336.12	51,336.12	52,722.27	1,386.15	1,386.15
DTE ENERGY CO SR 5.05% 10/01/2035	99.82	49,000.00	48,939.41	48,939.41	48,909.84	-29.57	-29.57
DUKE ENERGY CAROLINAS 4.85% 01/15/2034	101.23	58,000.00	56,307.16	57,641.37	58,712.24	2,405.08	1,070.87
EATON CORP OHIO SR NT 4.15% 03/15/2033	98.40	72,000.00	67,875.53	68,115.64	70,848.72	2,973.19	2,733.08
ECOLAB INC SR 4.3% 06/15/2028	101.05	35,000.00	35,076.52	35,076.52	35,366.45	289.93	289.93
ECOLAB INC SR GLBL NT 5.25% 01/15/2028	102.67	65,000.00	66,199.90	65,989.10	66,737.45	537.55	748.35
EEXXON MOBXXON MOBIL CORP 2.44% 08/16/29	95.47	40,000.00	36,504.40	39,394.06	38,188.40	1,684.00	-1,205.66

amalgamated bank

275 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
U.A LOCAL NO. 159 DEFINED BENEFIT PLAN
TRADE DATE
AS OF 12/31/25

ACCOUNT NUMBER: 1001383

ASSETS HELD AT THE END OF THE PLAN YEAR

EMPLOYER ID: NOT SUPPLIED

DESCRIPTION OF INVESTMENT	PRICE	SHARES/PAR VALUE	ADJUSTED COST	HISTORICAL COST	CURRENT VALUE	UNREAL. G/L ADJ. COST	UNREAL. G/L HIST. COST
CORPORATE BONDS (CONT.)							
EMERSON ELECTRIC CO 1.80% 10/15/27	96.75	60,000.00	55,752.60	59,400.78	58,049.40	2,296.80	-1,351.38
EOG RES INC SR 5.00% 07/15/2032	102.43	74,000.00	74,452.16	74,452.16	75,797.46	1,345.30	1,345.30
FLORIDA PWR & LT CO 5.05% 04/01/2028	102.53	95,000.00	95,912.00	94,860.89	97,399.70	1,487.70	2,538.81
GENERAL MTRS FINL CO 5.4% 05/08/2027	101.64	90,000.00	91,041.80	91,041.80	91,474.20	432.40	432.40
GEORGIA PWR CO SR 4.65% 05/16/2028	101.57	95,000.00	94,790.40	95,121.05	96,486.75	1,696.35	1,365.70
GEORGIA-PACIFIC 7.750% 11/15/29	112.80	90,000.00	101,487.90	101,487.90	101,518.20	30.30	30.30
GRAINGER W W INC 4.45% 09/15/2034	99.11	35,000.00	33,408.70	34,705.54	34,686.75	1,278.05	-18.79
HERSHEY CO SR 4.75% 02/24/2030	102.71	57,000.00	58,590.48	58,590.48	58,544.13	-46.35	-46.35
HOME DEPOT INC SR 3.25% 04/15/2032	94.14	78,000.00	73,630.79	73,630.79	73,426.86	-203.93	-203.93
HOST HOTELS & RESORTS LP 5.7% 06/15/2032	104.41	32,000.00	31,637.76	31,637.76	33,412.48	1,774.72	1,774.72
ILLINOIS TOOL WORKS INC 2.65% 11/15/2026	99.08	105,000.00	101,962.35	107,395.02	104,034.00	2,071.65	-3,361.02
INTEL CORP 3.75% 08/05/2027	99.42	35,000.00	33,947.90	34,473.27	34,798.05	850.15	324.78
JACOBS SOLUTIONS INC 6.35% 08/18/2028	105.20	30,000.00	31,236.00	30,128.85	31,558.80	322.80	1,429.95
KIMBERLY-CLARK 3.95% 11/01/2028	100.23	95,000.00	92,858.70	101,541.90	95,215.65	2,356.95	-6,326.25
LOCKHEED MARTIN CORP 4.5% 02/15/2029	101.56	85,000.00	84,034.40	84,989.60	86,326.00	2,291.60	1,336.40
LOWES COS INC SR 4.25% 03/15/2031	99.58	75,000.00	74,837.80	74,837.80	74,685.75	-152.05	-152.05
MARTIN MARIETTA 2.4% 07/15/2031	90.23	62,000.00	55,017.27	55,017.27	55,941.36	924.09	924.09
MASTERCARD 4.875% 05/09/2034	102.50	46,000.00	45,781.43	47,058.22	47,148.62	1,367.19	90.40
MCDONALDS CORP FR 4.6% 05/15/2030	101.71	96,000.00	96,008.72	96,008.72	97,641.60	1,632.88	1,632.88
MOLSON COORS BREWING CO 3% 07/15/2026	99.45	85,000.00	82,802.65	82,471.60	84,531.65	1,729.00	2,060.05
MONDELEZ INTERNATIONAL 2.625% 03/17/2027	98.41	48,000.00	45,913.44	45,147.54	47,235.84	1,322.40	2,088.30
NATIONAL RURAL UTIL COOP 2.4% 03/15/30	93.36	70,000.00	61,754.00	68,161.41	65,349.90	3,595.90	-2,811.51
NORTHERN TR CORP SR 4.15% 11/19/2030	100.11	59,000.00	58,957.61	58,957.61	59,063.72	106.11	106.11
O'REILLY AUTOMOTIVE INC 3.9% 06/01/29	99.06	95,000.00	91,182.90	90,935.46	94,105.10	2,922.20	3,169.64
OGE ENERGY 5.45% 05/15/2029	103.57	50,000.00	50,818.00	50,532.62	51,785.50	967.50	1,252.88
PACCAR FINANCIAL 4.00% 11/07/2028	100.47	51,000.00	51,056.38	51,056.38	51,238.68	182.30	182.30
PACCAR FINANCIAL CORP 4.00% 08/08/2028	100.61	24,000.00	23,994.85	23,994.85	24,146.64	151.79	151.79
PACIFIC GAS & ELEC CO 5.9% 06/15/2032	104.70	27,000.00	27,716.04	27,790.37	28,267.92	551.88	477.55
PEPSICO INC 2.75% 3/19/2030	94.94	84,000.00	76,298.88	82,310.24	79,747.08	3,448.20	-2,563.16
PROGRESSIVE CORP SR 3.00% 03/15/2032	92.37	95,000.00	85,077.09	85,107.24	87,748.65	2,671.56	2,641.41
PUBLIC STORAGE GLBL 5.1% 08/01/2033	103.50	70,000.00	70,319.65	70,877.45	72,446.50	2,126.85	1,569.05
PUBLIC SVC ELEC & GAS 5.2% 03/01/2034	103.01	60,000.00	59,759.40	60,499.30	61,804.20	2,044.80	1,304.90
QUANTA SVCS INC SR GLBL 4.75% 08/09/2027	101.21	70,000.00	69,997.15	70,042.30	70,847.00	849.85	804.70
REPUBLIC SERVICES INC 3.95% 05/15/2028	100.17	95,000.00	92,494.85	91,064.25	95,159.60	2,664.75	4,095.35

amalgamated bank

275 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
U.A LOCAL NO. 159 DEFINED BENEFIT PLAN
TRADE DATE
AS OF 12/31/25

ACCOUNT NUMBER: 1001383

ASSETS HELD AT THE END OF THE PLAN YEAR

EMPLOYER ID: NOT SUPPLIED

DESCRIPTION OF INVESTMENT	PRICE	SHARES/PAR VALUE	ADJUSTED COST	HISTORICAL COST	CURRENT VALUE	UNREAL. G/L ADJ. COST	UNREAL. G/L HIST. COST
CORPORATE BONDS (CONT.)							
ROPER TECHNOLOGIES 4.75% 02/15/2032	101.09	35,000.00	34,255.04	35,018.28	35,380.45	1,125.41	362.17
TEXAS INSTRS INC SR 4.6% 02/08/2027	100.85	45,000.00	45,193.05	45,041.94	45,383.85	190.80	341.91
TRANSCONT GAS PIPELINE 4% 03/15/28	99.92	79,000.00	77,383.55	79,888.10	78,934.43	1,550.88	-953.67
TRAVELERS COMPANIES 5.05% 07/24/2035	101.56	55,000.00	55,575.00	55,575.00	55,859.65	284.65	284.65
UNITED PARCEL SVCS 4.875% 03/03/2033	103.00	79,000.00	78,694.55	79,907.25	81,366.05	2,671.50	1,458.80
VENTAS REALTY LP 4% 03/01/2028	99.86	60,000.00	58,743.95	58,824.60	59,916.60	1,172.65	1,092.00
VULCAN MATLS CO SR NT 4.95% 12/01/2029	102.61	68,000.00	68,599.59	68,846.73	69,772.08	1,172.49	925.35
WALT DISNEY COMPANY 7.3% 04/30/2028	106.77	35,000.00	37,671.85	37,671.85	37,367.75	-304.10	-304.10
WASTE MGMT INC DEL SR 4.15% 04/15/2032	99.11	106,000.00	100,945.38	104,007.63	105,058.72	4,113.34	1,051.09
WELLS FARGO & COMPANY 3% 04/22/2026	99.72	23,000.00	22,496.99	21,796.15	22,936.52	439.53	1,140.37
WISCONSIN ELEC 5.00% 05/15/2029	103.07	69,000.00	69,576.96	69,556.56	71,119.68	1,542.72	1,563.12
WISCONSIN ELEC PWR CO 4.6% 10/01/2034	99.06	35,000.00	33,331.55	34,969.70	34,671.70	1,340.15	-298.00
XYLEM INC 2.25% 1/30/2031	90.73	72,000.00	61,913.82	62,001.27	65,327.76	3,413.94	3,326.49
TOTAL FOR CORPORATE BONDS		5,406,000.00	5,305,938.32	5,407,896.89	5,419,175.42	113,237.10	11,278.53
FED HOME LOAN MORTGAGE ASSOC GOLD POOLS							
FHLMC GLD PL #18561 3% 07/01/2030	98.44	11,391.92	10,996.76	12,009.59	11,213.92	217.16	-795.67
FHLMC GLD PL #G18569 3% 09/01/2030	98.36	1,356.22	1,307.27	1,432.51	1,333.97	26.70	-98.54
FHLMC GLD PL #G18578 3% 12/01/2030	98.25	8,367.51	8,052.43	8,834.93	8,221.08	168.65	-613.85
FHLMC GOLD POOL #G1-5144 2.5% 07/01/2029	98.44	3,617.48	3,506.70	3,720.82	3,560.96	54.26	-159.86
TOTAL FOR FED HOME LOAN MORTGA		24,733.13	23,863.16	25,997.85	24,329.93	466.77	-1,667.92
FED HOME LOAN MORTGAGE ASSOC POOLS							
FHLMC POOL #SB-0661 2.5% 04/01/2037	94.95	45,261.58	41,315.35	41,930.62	42,977.29	1,661.94	1,046.67
FHLMC POOL #SB-1302 5.5% 10/01/2039	103.19	75,545.74	76,934.27	76,934.27	77,953.76	1,019.49	1,019.49
FHLMC POOL #SB-8178 4.00% 09/01/2037	98.83	93,154.97	90,195.79	90,450.93	92,063.31	1,867.52	1,612.38
FHLMC POOL #SB-8184 4.00% 10/01/2037	98.73	32,174.39	30,897.48	32,151.77	31,767.18	869.70	-384.59
FHLMC POOL #SB-8186 4.5% 09/01/2037	100.09	41,178.79	40,297.32	41,651.48	41,217.40	920.08	-434.08
FHLMC POOL #SB-8191 4.5% 10/01/2037	100.19	74,039.41	72,431.37	73,409.58	74,178.24	1,746.87	768.66
FHLMC POOL #SB-8216 4.5% 03/01/2038	100.19	8,845.81	8,664.75	8,689.62	8,862.40	197.65	172.78
FHLMC POOL #SB-8217 5.0% 03/01/2038	101.42	54,420.68	54,317.75	54,475.73	55,194.48	876.73	718.75
FHLMC POOL #SB-8220 5.5% 02/01/2038	102.63	45,236.00	45,582.33	44,860.77	46,423.45	841.12	1,562.68
FHLMC POOL #SB-8269 6.00% 10/01/2038	103.86	28,261.27	29,162.10	29,162.10	29,351.98	189.88	189.88
FHLMC POOL #SB-8293 5.00% 04/01/2039	101.38	28,195.29	28,058.70	28,005.85	28,582.97	524.27	577.12
FHLMC POOL #SB-8303 5.00% 05/01/2039	101.30	83,613.80	83,321.81	84,104.12	84,698.16	1,376.35	594.04
FHLMC POOL #SB-8319 5.5% 08/01/2039	102.56	30,078.58	30,280.66	30,402.85	30,849.34	568.68	446.49
FHLMC POOL #SB-8346 4.00% 12/01/2039	98.73	123,953.18	120,199.07	120,571.68	122,384.40	2,185.33	1,812.72
FHLMC POOL #SB-8347 4.00% 01/01/2040	98.73	22,012.90	21,552.86	21,552.86	21,734.30	181.44	181.44

amalgamated bank

275 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
U.A LOCAL NO. 159 DEFINED BENEFIT PLAN
TRADE DATE
AS OF 12/31/25

ACCOUNT NUMBER: 1001383

ASSETS HELD AT THE END OF THE PLAN YEAR

EMPLOYER ID: NOT SUPPLIED

DESCRIPTION OF INVESTMENT	PRICE	SHARES/PAR VALUE	ADJUSTED COST	HISTORICAL COST	CURRENT VALUE	UNREAL. G/L ADJ. COST	UNREAL. G/L HIST. COST
FED HOME LOAN MORTGAGE ASSOC POOLS (CONT.)							
FHLMC POOL #SB-8350 5.00% 12/01/2039	101.33	41,673.83	42,018.93	42,018.93	42,227.31	208.38	208.38
FHLMC POOL #SB-8384 5.00% 05/01/2040	101.30	32,305.39	32,507.31	32,507.31	32,724.35	217.04	217.04
TOTAL FOR FED HOME LOAN MORTGA		859,951.61	847,737.85	852,880.47	863,190.32	15,452.47	10,309.85
FEDL NATIONAL MORTGAGE ASSOCIATION POOLS							
FNMA PL #890790 3% 08/01/2032	97.66	7,641.18	7,279.43	7,977.96	7,462.09	182.66	-515.87
FNMA PL #933032 6.00% 10/01/37	99.73	877.31	865.53	1,327.89	874.98	9.45	-452.91
FNMA POOL #MA4713 4.00% 07/01/2037	98.83	61,467.37	59,095.12	61,306.63	60,747.05	1,651.93	-559.58
TOTAL FOR FEDL NATIONAL MORTGA		69,985.86	67,240.08	70,612.48	69,084.12	1,844.04	-1,528.36
FHLMC REMIC (VARIABLE RATE)							
FHLMC REMIC SERIES VAR 06/25/2032	92.57	95,000.00	83,615.01	83,348.24	87,941.35	4,326.34	4,593.11
TOTAL FOR FHLMC REMIC (VARIABL		95,000.00	83,615.01	83,348.24	87,941.35	4,326.34	4,593.11
FLOATING RATE CORPORATE BONDS							
AMERICAN EXPRESS CO SR NT VAR 04/25/2031	103.06	84,000.00	84,564.09	84,564.09	86,566.20	2,002.11	2,002.11
JPMORGAN CHASE & CO SR NT VAR 04/22/2031	103.25	83,000.00	84,367.22	84,367.22	85,695.84	1,328.62	1,328.62
TOTAL FOR FLOATING RATE CORPOR		167,000.00	168,931.31	168,931.31	172,262.04	3,330.73	3,330.73
FOREIGN CORPORATE BONDS							
CANADIAN NATL RY CO 6.900% 7/15/28	107.26	80,000.00	85,480.00	100,571.45	85,808.80	328.80	-14,762.65
CANADIAN PACIFIC RR CO 4% 06/01/2028	100.03	93,000.00	91,218.81	91,747.21	93,029.76	1,810.95	1,282.55
TOTAL FOR FOREIGN CORPORATE BO		173,000.00	176,698.81	192,318.66	178,838.56	2,139.75	-13,480.10
GOVERNMENT AGENCIES							
FHLMC 6.250% 7/15/32	113.26	115,000.00	127,452.20	128,737.40	130,252.45	2,800.25	1,515.05
FNMA 0.875% 08/05/30	88.23	145,000.00	119,727.95	134,035.45	127,932.05	8,204.10	-6,103.40
FNMA 6.625% 11/15/30	112.75	115,000.00	127,679.90	141,031.25	129,667.10	1,987.20	-11,364.15
TOTAL FOR GOVERNMENT AGENCIES		375,000.00	374,860.05	403,804.10	387,851.60	12,991.55	-15,952.50
LIMITED LIABILITY PARTNERSHIPS							
IFM GLOBAL INFRASTRUCTURE (US) FD LP	1.00	4,909,669.01	4,909,669.01	4,909,669.01	4,909,669.01	0.00	0.00

amalgamated bank

275 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
U.A LOCAL NO. 159 DEFINED BENEFIT PLAN
TRADE DATE
AS OF 12/31/25

ACCOUNT NUMBER: 1001383

ASSETS HELD AT THE END OF THE PLAN YEAR

EMPLOYER ID: NOT SUPPLIED

DESCRIPTION OF INVESTMENT	PRICE	SHARES/PAR VALUE	ADJUSTED COST	HISTORICAL COST	CURRENT VALUE	UNREAL. G/L ADJ. COST	UNREAL. G/L HIST. COST
LIMITED LIABILITY PARTNERSHIPS (CONT.)							
TRUMBULL PROPERTY FUND LLP	8,793.74	341.01	2,958,348.08	3,183,402.21	2,998,767.35	40,419.27	-184,634.86
ULLICO INFRASTRUCTURE TAX EXEMPT FUND	317.82	14,077.70	4,092,317.75	2,338,488.12	4,474,178.12	381,860.37	2,135,690.00
WHITE OAK SUMMIT PEER FUND LLP	1.00	1,375,719.47	1,375,719.47	1,375,719.47	1,375,719.47	0.00	0.00
TOTAL FOR LIMITED LIABILITY PA		6,299,807.19	13,336,054.31	11,807,278.81	13,758,333.95	422,279.64	1,951,055.14
MUNICIPAL BONDS							
COLORADO HSG & FIN 4.515% 11/01/2027	101.40	45,000.00	44,961.30	45,000.00	45,628.65	667.35	628.65
DALLAS FORT WORTH TEX 4.671% 11/01/2027	101.67	20,000.00	20,080.00	20,000.00	20,334.00	254.00	334.00
DALLAS FORT WORTH TX 2.256% 11/01/2026	98.77	15,000.00	14,426.70	15,000.00	14,815.05	388.35	-184.95
METRO WSTWTR RECLAMATION 2.363% 04/01/27	98.46	15,000.00	14,380.95	15,000.00	14,769.30	388.35	-230.70
NEBRASKA ST PUBLIC PWR 2.493% 01/01/27	98.79	35,000.00	33,644.45	36,530.60	34,575.45	931.00	-1,955.15
NEW YORK ST URBAN DEV CRP 3.27% 03/15/28	99.12	15,000.00	14,461.20	14,682.15	14,868.15	406.95	186.00
TEXAS ST UNIV SYS FING 2.351% 03/15/2026	99.74	30,000.00	29,269.80	31,751.10	29,920.50	650.70	-1,830.60
VIRGINIA ST RESOURCES AUT 2.53% 11/01/28	96.73	15,000.00	13,987.65	15,000.00	14,509.20	521.55	-490.80
TOTAL FOR MUNICIPAL BONDS		190,000.00	185,212.05	192,963.85	189,420.30	4,208.25	-3,543.55
MUTUAL FUND							
DODGE & COX INTL STK FDS CL I	16.46	482,122.51	6,102,574.55	5,467,435.62	7,935,736.55	1,833,162.00	2,468,300.93
VANGUARD INSTL INDEX INSTL CLASS	552.08	73,627.25	35,335,668.34	13,728,264.91	40,648,133.28	5,312,464.94	26,919,868.37
WILLIAM BLAIR INTL LEAD-INS	22.09	529,294.50	10,351,497.53	7,706,888.32	11,692,115.42	1,340,617.89	3,985,227.10
TOTAL FOR MUTUAL FUND		1,085,044.26	51,789,740.42	26,902,588.85	60,275,985.25	8,486,244.83	33,373,396.40
MUTUAL FUND-DAILY ACCRUAL							
BLACKROCK HIGH YIELD BOND PORTFOLIO	7.23	978,146.21	6,949,952.09	7,419,391.63	7,071,997.12	122,045.03	-347,394.51
PIMCO INCOME FUND INSTITUTIONAL FUND	10.99	1,169,518.65	12,322,198.23	12,937,232.69	12,853,009.97	530,811.74	-84,222.72
TOTAL FOR MUTUAL FUND-DAILY AC		2,147,664.86	19,272,150.32	20,356,624.32	19,925,007.09	652,856.77	-431,617.23
REAL ESTATE-COMMERCIAL							

amalgamated bank

275 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
U.A LOCAL NO. 159 DEFINED BENEFIT PLAN
TRADE DATE
AS OF 12/31/25

ACCOUNT NUMBER: 1001383

ASSETS HELD AT THE END OF THE PLAN YEAR

EMPLOYER ID: NOT SUPPLIED

DESCRIPTION OF INVESTMENT	PRICE	SHARES/PAR VALUE	ADJUSTED COST	HISTORICAL COST	CURRENT VALUE	UNREAL. G/L ADJ. COST	UNREAL. G/L HIST. COST
REAL ESTATE-COMMERCIAL (CONT.)							
ASHLEY & LAGUNA LANDSCAPE	6.00	1.00	1.00	1.00	6.00	5.00	5.00
TOTAL FOR REAL ESTATE-COMMERCI		1.00	1.00	1.00	6.00	5.00	5.00
SHORT TERM INVESTMENT FUNDS							
DREYFUS TREASURY & AGENCY CASH MGMT	1.00	145,060.68	145,060.68	145,060.68	145,060.68	0.00	0.00
DREYFUS TREASURY & AGENCY CASH MGMT	1.00	29,199.76	29,199.76	29,199.76	29,199.76	0.00	0.00
DREYFUS TREASURY & AGENCY CASH MGMT	1.00	36,722.76	36,722.76	36,722.76	36,722.76	0.00	0.00
TOTAL FOR SHORT TERM INVESTMEN		210,983.20	210,983.20	210,983.20	210,983.20	0.00	0.00
U.S. TREASURY NOTES							
U.S. TREASURY NOTE 1.25% 08/15/2031	87.12	290,000.00	236,663.20	256,560.92	252,650.90	15,987.70	-3,910.02
U.S. TREASURY NOTE 2.75% 08/15/2032	93.22	220,000.00	196,924.56	197,837.32	205,073.00	8,148.44	7,235.68
U.S. TREASURY NOTE 3.375% 05/15/2033	96.14	285,000.00	262,531.34	274,391.18	273,990.45	11,459.11	-400.73
U.S. TREASURY NOTE 4.00% 02/15/2034	99.69	335,000.00	327,647.02	328,811.30	333,954.80	6,307.78	5,143.50
U.S. TREASURY NOTE 4.125% 11/15/2032	101.15	255,000.00	249,253.54	257,476.19	257,919.75	8,666.21	443.56
U.S. TREASURY NOTES 1.5% 02/15/2030	91.85	160,000.00	138,931.20	156,463.87	146,963.20	8,032.00	-9,500.67
U.S. TREASURY NOTES 1.5% 08/15/2026	98.74	60,000.00	57,436.80	60,218.22	59,242.20	1,805.40	-976.02
U.S. TREASURY NOTES 2.0% 11/15/2026	98.68	130,000.00	124,768.80	130,930.54	128,282.70	3,513.90	-2,647.84
U.S. TREASURY NOTES 2.375% 05/15/2029	96.15	165,000.00	152,092.05	167,634.93	158,644.20	6,552.15	-8,990.73
U.S. TREASURY NOTES 2.75% 02/15/2028	98.49	175,000.00	167,152.34	182,252.60	172,361.00	5,208.66	-9,891.60
U.S. TREASURY NOTES 3.125% 11/15/2028	98.88	70,000.00	66,982.30	68,250.98	69,218.10	2,235.80	967.12
U.S. TREASURY NTS 0.625% 08/15/30	87.02	260,000.00	211,143.40	240,978.21	226,241.60	15,098.20	-14,736.61
U.S.TREASURY NOTE 4.375% 11/30/2030	102.88	165,000.00	164,399.40	167,690.30	169,750.35	5,350.95	2,060.05
US TREASURY NOTE 4.125% 07/31/2031	101.63	155,000.00	153,456.49	158,656.29	157,518.75	4,062.26	-1,137.54
US TREASURY NOTE 4.625% 02/15/2035	103.80	265,000.00	273,362.59	273,362.59	275,072.65	1,710.06	1,710.06
US TREASURY NOTES 1.125% 02/15/2031	88.04	35,000.00	28,883.75	33,846.61	30,815.05	1,931.30	-3,031.56
TOTAL FOR U.S. TREASURY NOTES		3,025,000.00	2,811,628.78	2,955,362.05	2,917,698.70	106,069.92	-37,663.35
UMBS SECURITIES							
FHLMC POOL #RR-0001 4.5% 06/01/2040	100.06	102,954.61	102,859.14	102,859.14	103,018.96	159.82	159.82
FNMA UMBS #MA5178 6.00% 10/01/2038	103.84	19,511.90	20,030.19	20,030.19	20,261.89	231.70	231.70
FNMA UMBS POOL #MA4667 3.5% 07/01/2037	97.25	72,642.62	68,692.68	70,374.66	70,644.94	1,952.26	270.28
FNMA UMBS POOL #MA4797 4.00% 11/01/2037	98.83	24,862.75	23,895.44	24,526.72	24,571.39	675.95	44.67
FNMA UMBS POOL #MA4825 5.00% 10/01/2037	101.31	51,938.21	51,694.76	50,794.74	52,619.90	925.14	1,825.16

amalgamated bank

275 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
U.A LOCAL NO. 159 DEFINED BENEFIT PLAN
TRADE DATE
AS OF 12/31/25

ACCOUNT NUMBER: 1001383

ASSETS HELD AT THE END OF THE PLAN YEAR

EMPLOYER ID: NOT SUPPLIED

DESCRIPTION OF INVESTMENT	PRICE	SHARES/PAR VALUE	ADJUSTED COST	HISTORICAL COST	CURRENT VALUE	UNREAL. G/L ADJ. COST	UNREAL. G/L HIST. COST
UMBS SECURITIES (CONT.)							
FNMA UMBS POOL #MA4899 5.00% 01/01/2038	101.42	57,120.75	56,906.55	57,134.12	57,932.93	1,026.38	798.81
FNMA UMBS POOL #MA4991 5.5% 04/01/2038	102.63	50,513.20	50,956.87	50,860.45	51,839.17	882.30	978.72
FNMA UMBS POOL #MA5013 4.5% 05/01/2038	100.19	25,331.46	25,192.93	25,192.93	25,378.96	186.03	186.03
FNMA UMBS POOL #MA5014 5.00% 05/01/2038	101.42	21,167.68	21,065.15	21,299.97	21,468.66	403.51	168.69
FNMA UMBS POOL #MA5092 4.5% 07/01/2038	100.19	50,531.40	50,033.99	50,033.99	50,626.15	592.16	592.16
FNMA UMBS POOL #MA5145 6.00% 09/01/2038	103.86	70,883.85	72,260.50	71,371.89	73,619.52	1,359.02	2,247.63
FNMA UMBS POOL #MA5149 5.5% 09/01/2038	102.55	21,652.27	21,983.82	21,983.82	22,203.72	219.90	219.90
FNMA UMBS POOL #MA5588 4.00% 01/01/2040	98.73	48,690.01	47,974.89	47,974.89	48,073.77	98.88	98.88
FNMA UMBS POOL #MA5589 4.5% 01/01/2040	100.06	63,237.40	62,432.12	62,432.12	63,276.92	844.80	844.80
TOTAL FOR UMBS SECURITIES		681,038.11	675,979.03	676,869.63	685,536.88	9,557.85	8,667.25
TOTAL ASSETS		22,356,181.38	125,271,679.38	94,459,840.50	138,802,656.81	13,530,977.43	44,342,816.31

PENDING TRANSACTIONS

TRUMBULL PROPERTY FUND LLP	-28,303.96
TOTAL PENDING TRANSACTIONS	-28,303.96
CASH	0.00
TOTAL MARKET VALUE	138,774,352.85

U.A. Local No. 159 Defined Benefit Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: #94-2859426, Plan #001
December 31, 2025

(a)	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/(Loss)
	See Attached	$ -	$ -	$ -	$ -	$ -	$ -	$ -

See Independent Auditor's Report on Supplementary Information.

5500 5% REPORT PAGE 671
U.A LOCAL NO. 159 DEFINED BENEFIT PLAN ACCOUNT NUMBER: 1001383
TRADE DATE
FROM 01/01/25 TO 12/31/25

TRANSACTIONS OF A SERIES OF TRANSACTIONS IN EXCESS OF 5% OF THE CURRENT VALUE OF THE PLAN'S ASSETS AS OF THE BEGINNING OF THE PLAN YEAR AS DEFINED IN SECTION 2520.103-6 OF THE DEPARTMENT OF LABOR RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER ERISA.
BEGINNING MARKET VALUE: 123,623,165.57

CATEGORY 1 - 5% TRANSACTIONS BY SECURITY - SINGLE TRANSACTION

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
				CATEGORY TOTAL			0	0		

amalgamated bank

275 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

5500 5% REPORT — PAGE 672
U.A LOCAL NO. 159 DEFINED BENEFIT PLAN — ACCOUNT NUMBER: 1001383
TRADE DATE
FROM 01/01/25 TO 12/31/25

BEGINNING MARKET VALUE: 123,623,165.57
CATEGORY 2 - 5% TRANSACTIONS BY BROKER - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
				CATEGORY TOTAL		0	0	0		

amalgamated bank
275 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

5500 5% REPORT
U.A LOCAL NO. 159 DEFINED BENEFIT PLAN ACCOUNT NUMBER: 1001383
TRADE DATE
FROM 01/01/25 TO 12/31/25

BEGINNING MARKET VALUE: 123,623,165.57

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS										
AB0678321	DREYFUS TREASURY & AGENCY CASH MGMT									7.88%
BUY	01/02/25	01/02/25	48,040.11	1.00	48,040		48,040	48,040		
BUY	01/02/25	01/02/25	682.64	1.00	683		683	683		
BUY	01/02/25	01/02/25	956.47	1.00	956		956	956		
BUY	01/03/25	01/03/25	19,224.80	1.00	19,225		19,225	19,225		
BUY	01/07/25	01/07/25	103,535.63	1.00	103,536		103,536	103,536		
BUY	01/13/25	01/13/25	1,237.50	1.00	1,238		1,238	1,238		
BUY	01/15/25	01/15/25	14,453.47	1.00	14,453		14,453	14,453		
BUY	01/21/25	01/21/25	1,338.25	1.00	1,338		1,338	1,338		
BUY	01/21/25	01/21/25	200,000.00	1.00	200,000		200,000	200,000		
BUY	01/27/25	01/27/25	23,857.33	1.00	23,857		23,857	23,857		
BUY	01/28/25	01/28/25	29,294.32	1.00	29,294		29,294	29,294		
BUY	01/30/25	01/30/25	506.25	1.00	506		506	506		
BUY	02/03/25	02/03/25	2,689.77	1.00	2,690		2,690	2,690		
BUY	02/03/25	02/03/25	637.88	1.00	638		638	638		
BUY	02/03/25	02/03/25	269.39	1.00	269		269	269		
BUY	02/04/25	02/04/25	3.05	1.00	3		3	3		
BUY	02/04/25	02/04/25	0.31	1.00	0		0	0		
BUY	02/05/25	02/05/25	4,374.71	1.00	4,375		4,375	4,375		
BUY	02/07/25	02/07/25	3,533.38	1.00	3,533		3,533	3,533		
BUY	02/10/25	02/10/25	6,272.77	1.00	6,273		6,273	6,273		
BUY	02/18/25	02/18/25	136,412.77	1.00	136,413		136,413	136,413		
BUY	02/19/25	02/19/25	2,401.92	1.00	2,402		2,402	2,402		
BUY	02/20/25	02/20/25	1,669.75	1.00	1,670		1,670	1,670		
BUY	02/21/25	02/21/25	1,280.00	1.00	1,280		1,280	1,280		
BUY	02/24/25	02/24/25	1,181.25	1.00	1,181		1,181	1,181		
BUY	02/25/25	02/25/25	46,070.06	1.00	46,070		46,070	46,070		
BUY	03/03/25	03/03/25	95.24	1.00	95		95	95		
BUY	03/03/25	03/03/25	211.51	1.00	212		212	212		
BUY	03/10/25	03/10/25	667.50	1.00	668		668	668		
BUY	03/11/25	03/11/25	922.50	1.00	923		923	923		
BUY	03/17/25	03/17/25	49,897.47	1.00	49,897		49,897	49,897		
BUY	03/20/25	03/20/25	382.25	1.00	382		382	382		
BUY	03/24/25	03/24/25	2,273.75	1.00	2,274		2,274	2,274		
BUY	03/25/25	03/25/25	26,349.85	1.00	26,350		26,350	26,350		
BUY	03/28/25	03/28/25	9,357.00	1.00	9,357		9,357	9,357		
BUY	04/01/25	04/01/25	16,008.96	1.00	16,009		16,009	16,009		
BUY	04/01/25	04/01/25	105.19	1.00	105		105	105		
BUY	04/01/25	04/01/25	52,043.02	1.00	52,043		52,043	52,043		
BUY	04/04/25	04/04/25	54,610.84	1.00	54,611		54,611	54,611		
BUY	04/10/25	04/10/25	936.58	1.00	937		937	937		
BUY	04/14/25	04/14/25	29,351.86	1.00	29,352		29,352	29,352		
BUY	04/15/25	04/15/25	66,366.20	1.00	66,366		66,366	66,366		
BUY	04/15/25	04/15/25	337,856.60	1.00	337,857		337,857	337,857		

amalgamated bank
275 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

U.A LOCAL NO. 159 DEFINED BENEFIT PLAN ACCOUNT NUMBER: 1001383
TRADE DATE
FROM 01/01/25 TO 12/31/25

BEGINNING MARKET VALUE: 123,623,165.57

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS (CONT)										
AB0678321 DREYFUS TREASURY & AGENCY CASH MGMT (CONT)										7.88%
BUY	04/21/25	04/21/25	1,262.25	1.00	1,262		1,262	1,262		
BUY	04/22/25	04/22/25	675.00	1.00	675		675	675		
BUY	04/22/25	04/22/25	380,000.00	1.00	380,000		380,000	380,000		
BUY	04/28/25	04/28/25	28,303.96	1.00	28,304		28,304	28,304		
BUY	04/29/25	04/29/25	21,807.45	1.00	21,807		21,807	21,807		
BUY	04/30/25	04/30/25	1,277.50	1.00	1,278		1,278	1,278		
BUY	05/01/25	05/01/25	111.39	1.00	111		111	111		
BUY	05/01/25	05/01/25	969.60	1.00	970		970	970		
BUY	05/09/25	05/09/25	3,536.88	1.00	3,537		3,537	3,537		
BUY	05/14/25	05/14/25	36,818.52	1.00	36,819		36,819	36,819		
BUY	05/15/25	05/15/25	82,891.57	1.00	82,892		82,892	82,892		
BUY	05/16/25	05/16/25	13,660.19	1.00	13,660		13,660	13,660		
BUY	05/19/25	05/19/25	28,140.45	1.00	28,140		28,140	28,140		
BUY	06/02/25	06/02/25	65,915.27	1.00	65,915		65,915	65,915		
BUY	06/02/25	06/02/25	203.45	1.00	203		203	203		
BUY	06/02/25	06/02/25	1,269.23	1.00	1,269		1,269	1,269		
BUY	06/06/25	06/06/25	2,193.75	1.00	2,194		2,194	2,194		
BUY	06/16/25	06/16/25	11,518.10	1.00	11,518		11,518	11,518		
BUY	06/17/25	06/17/25	69,836.96	1.00	69,837		69,837	69,837		
BUY	06/18/25	06/18/25	7,559.68	1.00	7,560		7,560	7,560		
BUY	06/20/25	06/20/25	1,050.57	1.00	1,051		1,051	1,051		
BUY	06/25/25	06/25/25	41,992.54	1.00	41,993		41,993	41,993		
BUY	06/26/25	06/26/25	4,294.74	1.00	4,295		4,295	4,295		
BUY	07/01/25	07/01/25	111.41	1.00	111		111	111		
BUY	07/01/25	07/01/25	717.17	1.00	717		717	717		
BUY	07/09/25	07/09/25	23,684.29	1.00	23,684		23,684	23,684		
BUY	07/14/25	07/14/25	1,237.50	1.00	1,238		1,238	1,238		
BUY	07/15/25	07/15/25	28,678.59	1.00	28,679		28,679	28,679		
BUY	07/21/25	07/21/25	1,739.77	1.00	1,740		1,740	1,740		
BUY	07/23/25	07/23/25	1,662.50	1.00	1,663		1,663	1,663		
BUY	07/25/25	07/25/25	64,528.39	1.00	64,528		64,528	64,528		
BUY	07/25/25	07/25/25	28,303.96	1.00	28,304		28,304	28,304		
BUY	07/31/25	07/31/25	3,196.88	1.00	3,197		3,197	3,197		
BUY	08/01/25	08/01/25	22.64	1.00	23		23	23		
BUY	08/01/25	08/01/25	55.39	1.00	55		55	55		
BUY	08/05/25	08/05/25	1,356.25	1.00	1,356		1,356	1,356		
BUY	08/11/25	08/11/25	2,562.50	1.00	2,563		2,563	2,563		
BUY	08/15/25	08/15/25	5,980.56	1.00	5,981		5,981	5,981		
BUY	08/18/25	08/18/25	1,440.50	1.00	1,441		1,441	1,441		
BUY	08/21/25	08/21/25	81,280.00	1.00	81,280		81,280	81,280		
BUY	08/22/25	08/22/25	1,181.25	1.00	1,181		1,181	1,181		
BUY	08/25/25	08/25/25	72,344.51	1.00	72,345		72,345	72,345		
BUY	08/26/25	08/26/25	33,699.02	1.00	33,699		33,699	33,699		
BUY	08/28/25	08/28/25	5,232.87	1.00	5,233		5,233	5,233		

amalgamated bank
275 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

U.A LOCAL NO. 159 DEFINED BENEFIT PLAN ACCOUNT NUMBER: 1001383
TRADE DATE
FROM 01/01/25 TO 12/31/25

BEGINNING MARKET VALUE: 123,623,165.57

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS				(CONT)						
AB0678321	DREYFUS TREASURY & AGENCY CASH MGMT				(CONT)					7.88%
BUY	09/02/25	09/02/25	4,433.35	1.00	4,433		4,433	4,433		
BUY	09/02/25	09/02/25	98.47	1.00	98		98	98		
BUY	09/02/25	09/02/25	55.38	1.00	55		55	55		
BUY	09/03/25	09/03/25	1,584.38	1.00	1,584		1,584	1,584		
BUY	09/05/25	09/05/25	7,300.04	1.00	7,300		7,300	7,300		
BUY	09/09/25	09/09/25	15,561.99	1.00	15,562		15,562	15,562		
BUY	09/10/25	09/10/25	15,436.90	1.00	15,437		15,437	15,437		
BUY	09/15/25	09/15/25	11,891.46	1.00	11,891		11,891	11,891		
BUY	09/17/25	09/17/25	1,155.00	1.00	1,155		1,155	1,155		
BUY	09/22/25	09/22/25	500,000.00	1.00	500,000		500,000	500,000		
BUY	09/23/25	09/23/25	10,633.78	1.00	10,634		10,634	10,634		
BUY	09/25/25	09/25/25	32,692.89	1.00	32,693		32,693	32,693		
BUY	10/01/25	10/01/25	6,059.23	1.00	6,059		6,059	6,059		
BUY	10/01/25	10/01/25	93.68	1.00	94		94	94		
BUY	10/01/25	10/01/25	32,763.47	1.00	32,763		32,763	32,763		
BUY	10/03/25	10/03/25	8,923.65	1.00	8,924		8,924	8,924		
BUY	10/06/25	10/06/25	960.00	1.00	960		960	960		
BUY	10/07/25	10/07/25	20,985.10	1.00	20,985		20,985	20,985		
BUY	10/15/25	10/15/25	14,846.37	1.00	14,846		14,846	14,846		
BUY	10/15/25	10/15/25	381,287.00	1.00	381,287		381,287	381,287		
BUY	10/21/25	10/21/25	1,214.25	1.00	1,214		1,214	1,214		
BUY	10/22/25	10/22/25	500,000.00	1.00	500,000		500,000	500,000		
BUY	10/23/25	10/23/25	39,063.45	1.00	39,063		39,063	39,063		
BUY	10/27/25	10/27/25	51,869.84	1.00	51,870		51,870	51,870		
BUY	10/27/25	10/27/25	28,303.96	1.00	28,304		28,304	28,304		
BUY	10/30/25	10/30/25	67,209.26	1.00	67,209		67,209	67,209		
BUY	10/31/25	10/31/25	50,026.21	1.00	50,026		50,026	50,026		
BUY	11/03/25	11/03/25	33,921.69	1.00	33,922		33,922	33,922		
BUY	11/03/25	11/03/25	137.48	1.00	137		137	137		
BUY	11/03/25	11/03/25	919.69	1.00	920		920	920		
BUY	11/04/25	11/04/25	29,125.39	1.00	29,125		29,125	29,125		
BUY	11/12/25	11/12/25	2,295.00	1.00	2,295		2,295	2,295		
BUY	11/13/25	11/13/25	21,881.98	1.00	21,882		21,882	21,882		
BUY	11/14/25	11/14/25	31,400.21	1.00	31,400		31,400	31,400		
BUY	11/17/25	11/17/25	40,475.61	1.00	40,476		40,476	40,476		
BUY	11/25/25	11/25/25	48,151.03	1.00	48,151		48,151	48,151		
BUY	11/26/25	11/26/25	58,724.87	1.00	58,725		58,725	58,725		
BUY	12/01/25	12/01/25	52,595.05	1.00	52,595		52,595	52,595		
BUY	12/01/25	12/01/25	204.51	1.00	205		205	205		
BUY	12/01/25	12/01/25	1,542.57	1.00	1,543		1,543	1,543		
BUY	12/08/25	12/08/25	2,193.75	1.00	2,194		2,194	2,194		
BUY	12/15/25	12/15/25	81,118.84	1.00	81,119		81,119	81,119		
BUY	12/16/25	12/16/25	1,042.24	1.00	1,042		1,042	1,042		
BUY	12/22/25	12/22/25	804.30	1.00	804		804	804		

amalgamated bank
275 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

U.A LOCAL NO. 159 DEFINED BENEFIT PLAN ACCOUNT NUMBER: 1001383
TRADE DATE
FROM 01/01/25 TO 12/31/25

BEGINNING MARKET VALUE: 123,623,165.57

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS				(CONT)						
AB0678321	DREYFUS TREASURY & AGENCY CASH MGMT				(CONT)					7.88%
BUY	12/26/25	12/26/25	38,875.93	1.00	38,876		38,876	38,876		
BUY	12/29/25	12/29/25	9,379.91	1.00	9,380		9,380	9,380		
		SUB-TOTAL BUYS	TXN CNT:	133			4,720,906	4,720,906		
SELL	01/06/25	01/06/25	82,079.80	1.00	82,080		82,080	82,080		
SELL	01/08/25	01/08/25	34,386.15	1.00	34,386		34,386	34,386		
SELL	01/09/25	01/09/25	15,249.34	1.00	15,249		15,249	15,249		
SELL	01/14/25	01/14/25	20,234.64	1.00	20,235		20,235	20,235		
SELL	01/22/25	01/22/25	31,414.67	1.00	31,415		31,415	31,415		
SELL	01/22/25	01/22/25	289,781.88	1.00	289,782		289,782	289,782		
SELL	01/22/25	01/22/25	210,218.12	1.00	210,218		210,218	210,218		
SELL	01/23/25	01/23/25	13,252.61	1.00	13,253		13,253	13,253		
SELL	01/24/25	01/24/25	20,947.60	1.00	20,948		20,948	20,948		
SELL	01/29/25	01/29/25	16,839.93	1.00	16,840		16,840	16,840		
SELL	01/31/25	01/31/25	26,938.34	1.00	26,938		26,938	26,938		
SELL	02/06/25	02/06/25	33,806.97	1.00	33,807		33,807	33,807		
SELL	02/14/25	02/14/25	7,673.00	1.00	7,673		7,673	7,673		
SELL	02/26/25	02/26/25	55,984.33	1.00	55,984		55,984	55,984		
SELL	02/27/25	02/27/25	39,846.00	1.00	39,846		39,846	39,846		
SELL	03/03/25	03/03/25	95,587.05	1.00	95,587		95,587	95,587		
SELL	03/05/25	03/05/25	8,765.78	1.00	8,766		8,766	8,766		
SELL	03/07/25	03/07/25	25,960.95	1.00	25,961		25,961	25,961		
SELL	03/14/25	03/14/25	4,498.78	1.00	4,499		4,499	4,499		
SELL	03/18/25	03/18/25	3,007.88	1.00	3,008		3,008	3,008		
SELL	03/19/25	03/19/25	15,296.47	1.00	15,296		15,296	15,296		
SELL	03/26/25	03/26/25	5,559.08	1.00	5,559		5,559	5,559		
SELL	03/27/25	03/27/25	20,731.33	1.00	20,731		20,731	20,731		
SELL	03/31/25	03/31/25	307.33	1.00	307		307	307		
SELL	04/02/25	04/02/25	19,300.71	1.00	19,301		19,301	19,301		
SELL	04/03/25	04/03/25	30,318.53	1.00	30,319		30,319	30,319		
SELL	04/07/25	04/07/25	51,553.70	1.00	51,554		51,554	51,554		
SELL	04/08/25	04/08/25	28,728.96	1.00	28,729		28,729	28,729		
SELL	04/23/25	04/23/25	500,000.00	1.00	500,000		500,000	500,000		
SELL	04/25/25	04/25/25	15,034.10	1.00	15,034		15,034	15,034		
SELL	05/01/25	05/01/25	26,914.90	1.00	26,915		26,915	26,915		
SELL	05/08/25	05/08/25	23,328.02	1.00	23,328		23,328	23,328		
SELL	05/20/25	05/20/25	31,255.51	1.00	31,256		31,256	31,256		
SELL	05/27/25	05/27/25	10,323.41	1.00	10,323		10,323	10,323		
SELL	05/30/25	05/30/25	58,390.54	1.00	58,391		58,391	58,391		
SELL	06/04/25	06/04/25	6,970.86	1.00	6,971		6,971	6,971		
SELL	06/05/25	06/05/25	68,002.10	1.00	68,002		68,002	68,002		
SELL	06/12/25	06/12/25	19,289.72	1.00	19,290		19,290	19,290		
SELL	06/13/25	06/13/25	77,531.30	1.00	77,531		77,531	77,531		

amalgamated bank
275 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

U.A LOCAL NO. 159 DEFINED BENEFIT PLAN ACCOUNT NUMBER: 1001383
TRADE DATE
FROM 01/01/25 TO 12/31/25

BEGINNING MARKET VALUE: 123,623,165.57

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS (CONT)										
AB0678321 DREYFUS TREASURY & AGENCY CASH MGMT (CONT)										7.88%
SELL	06/18/25	06/18/25	58,754.48	1.00	58,754		58,754	58,754		
SELL	06/18/25	06/18/25	351,245.52	1.00	351,246		351,246	351,246		
SELL	06/24/25	06/24/25	2,846.56	1.00	2,847		2,847	2,847		
SELL	06/27/25	06/27/25	5,180.92	1.00	5,181		5,181	5,181		
SELL	07/01/25	07/01/25	41,078.65	1.00	41,079		41,079	41,079		
SELL	07/03/25	07/03/25	7,334.44	1.00	7,334		7,334	7,334		
SELL	07/10/25	07/10/25	41,289.17	1.00	41,289		41,289	41,289		
SELL	07/11/25	07/11/25	20,896.14	1.00	20,896		20,896	20,896		
SELL	07/24/25	07/24/25	19,032.86	1.00	19,033		19,033	19,033		
SELL	07/29/25	07/29/25	6,260.98	1.00	6,261		6,261	6,261		
SELL	07/30/25	07/30/25	11,481.02	1.00	11,481		11,481	11,481		
SELL	08/01/25	08/01/25	33,356.23	1.00	33,356		33,356	33,356		
SELL	08/06/25	08/06/25	1,783.69	1.00	1,784		1,784	1,784		
SELL	08/08/25	08/08/25	30,251.77	1.00	30,252		30,252	30,252		
SELL	08/13/25	08/13/25	5,577.44	1.00	5,577		5,577	5,577		
SELL	08/14/25	08/14/25	5,215.90	1.00	5,216		5,216	5,216		
SELL	08/19/25	08/19/25	5,326.80	1.00	5,327		5,327	5,327		
SELL	08/20/25	08/20/25	866.29	1.00	866		866	866		
SELL	08/27/25	08/27/25	5,052.75	1.00	5,053		5,053	5,053		
SELL	09/12/25	09/12/25	18,937.11	1.00	18,937		18,937	18,937		
SELL	09/16/25	09/16/25	31,623.27	1.00	31,623		31,623	31,623		
SELL	09/19/25	09/19/25	30,538.48	1.00	30,538		30,538	30,538		
SELL	09/22/25	09/22/25	8,880.98	1.00	8,881		8,881	8,881		
SELL	09/23/25	09/23/25	500,000.00	1.00	500,000		500,000	500,000		
SELL	09/29/25	09/29/25	32,362.71	1.00	32,363		32,363	32,363		
SELL	09/30/25	09/30/25	40,701.35	1.00	40,701		40,701	40,701		
SELL	10/03/25	10/03/25	19,942.88	1.00	19,943		19,943	19,943		
SELL	10/08/25	10/08/25	6,058.74	1.00	6,059		6,059	6,059		
SELL	10/09/25	10/09/25	31,462.57	1.00	31,463		31,463	31,463		
SELL	10/22/25	10/22/25	12,669.67	1.00	12,670		12,670	12,670		
SELL	10/23/25	10/23/25	500,000.00	1.00	500,000		500,000	500,000		
SELL	10/29/25	10/29/25	22,707.27	1.00	22,707		22,707	22,707		
SELL	10/30/25	10/30/25	31,228.73	1.00	31,229		31,229	31,229		
SELL	11/05/25	11/05/25	36,448.14	1.00	36,448		36,448	36,448		
SELL	11/06/25	11/06/25	20,923.00	1.00	20,923		20,923	20,923		
SELL	11/07/25	11/07/25	19,988.80	1.00	19,989		19,989	19,989		
SELL	11/10/25	11/10/25	40,008.20	1.00	40,008		40,008	40,008		
SELL	11/18/25	11/18/25	21,719.91	1.00	21,720		21,720	21,720		
SELL	11/19/25	11/19/25	87,056.25	1.00	87,056		87,056	87,056		
SELL	11/20/25	11/20/25	14,614.45	1.00	14,614		14,614	14,614		
SELL	11/21/25	11/21/25	25,323.60	1.00	25,324		25,324	25,324		
SELL	12/04/25	12/04/25	35,803.04	1.00	35,803		35,803	35,803		
SELL	12/05/25	12/05/25	60,682.06	1.00	60,682		60,682	60,682		
SELL	12/17/25	12/17/25	90,422.81	1.00	90,423		90,423	90,423		

5500 5% REPORT PAGE 678
U.A LOCAL NO. 159 DEFINED BENEFIT PLAN ACCOUNT NUMBER: 1001383
TRADE DATE
FROM 01/01/25 TO 12/31/25

BEGINNING MARKET VALUE: 123,623,165.57

CATEGORY 3 - 5% TRANSACTIONS BY SECURITY - SERIES

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE
CASH EQUIVALENTS				(CONT)						
AB0678321	DREYFUS TREASURY & AGENCY CASH MGMT				(CONT)					7.88%
SELL	12/17/25	12/17/25	37,000.00	1.00	37,000		37,000	37,000		
SELL	12/17/25	12/17/25	463,000.00	1.00	463,000		463,000	463,000		
SELL	12/18/25	12/18/25	10,253.30	1.00	10,253		10,253	10,253		
SELL	12/19/25	12/19/25	50,399.75	1.00	50,400		50,400	50,400		
SELL	12/23/25	12/23/25	17,111.27	1.00	17,111		17,111	17,111		
		SUB-TOTAL SELLS		TXN CNT:	88		5,016,012	5,016,012		
		SECURITY TOTAL		TXN CNT:	221		9,736,918	9,736,918		
	SECURITY CLASS TOTAL					0	9,736,918	9,736,918		
CATEGORY TOTAL						0	9,736,918	9,736,918		

amalgamated bank
275 7th Avenue
NEW YORK, NEW YORK 10001

YEAR END PACKAGE

5500 5% REPORT
U.A LOCAL NO. 159 DEFINED BENEFIT PLAN ACCOUNT NUMBER: 1001383
TRADE DATE
FROM 01/01/25 TO 12/31/25

BEGINNING MARKET VALUE: 123,623,165.57

CATEGORY 4 - 5% TRANSACTIONS BY BROKER - SINGLE TRANSACTION

TRANCD	TRADE DATE	THEO SET DATE	UNITS	PRICE	GROSS AMOUNT	EXPENSES	CASH	HISTORICAL COST OF ASSET	HISTORICAL GAIN/LOSS	QUALIFYING PERCENTAGE

U.A. Local No. 159 Pension Plan

EIN: 94-2859426
Plan No. 001
Plan Year Ended December 31, 2025

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

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

U.A. Local No. 159 Pension Plan

EIN: 94-2859426
Plan No. 001
Plan Year Ended December 31, 2025

Form 5500, Schedule H, Part IV, Line 4j
Schedule of Reportable Transactions

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

U.A. Local No. 159 Pension Plan

EIN: 94-2859426
Plan No. 001
Plan Year Ended December 31, 2025

Form 5500, Schedule H, Part III
Financial Statements used to formulate IQPA's opinion

The entire report has been attached to the Accountant's Opinion

Attachment to: 2024 Schedule MB (Form 5500), Line 6
Plan Name: U.A. Local No. 159 Defined Benefit Plan
Employer ID: 94-2859426
Plan Number: 001

Statement of Actuarial Assumptions/Methods

METHODOLOGY	
Asset Valuation	Assets are valued according to a method which recognizes 20% of each year's excess (or deficiency) of actual investment return on the Market Value of Assets over the expected return on the Market Value of Assets in the year the excess (or deficiency) occurs. An additional 20% of the excess (or deficiency) is recognized in each of the succeeding four years until it is totally recognized. In no event will the Actuarial Value of Assets be less than 80% or more than 120% of the Market Value of Assets.
Actuarial Cost Method	Unit Credit Cost Method – Under this method, we determine the present value of all benefits earned through the valuation date. An individual's normal cost is the present value of the benefit expected to be earned in the valuation year. The total accrued liability is the sum of the individual present values for all participants. The Unfunded Accrued Liability is the difference between the accrued liability and the assets of the Trust. If the assets exceed the accrued liability, the Plan is in a surplus position. The normal cost is adjusted at the close of the plan year to reflect the actual level of contributions received during that plan year.

Attachment to: 2025 Schedule MB (Form 5500), Line 6
Plan Name: U.A. Local No. 159 Defined Benefit Plan
Employer ID: 94-2859426
Plan Number: 001

Statement of Actuarial Assumptions/Methods (Continued)

ASSUMPTIONS	
Interest Discount Rate	6.25% for funding and 4.01% for current liability.
Assumed Rate of Return on Investments	6.25%, compounded annually, net of investment expenses.
Derivation of Net Investment Return and Discount Rate for FASB ASC 960 Accounting	The expected return assumptions are established based on a long-term outlook and are based on past experience, future expectations and professional judgment. We have modeled the assumptions based on average long-term future expected returns and their respective capital market assumptions as provided by several investment professionals. Based on the inputs of the Plan's specific target asset allocation, we have established the reasonability of the Plan's assumption with further reduction for adverse deviation per the Board's Funding Policy.
Operating Expenses	A total annual amount of $445,000 payable at the beginning of the year with 3% inflation in each future year.
Investment Expenses	Assumed covered by investment earnings.
Justification for Demographic Assumptions	The mortality, termination, retirement and disability assumptions are reviewed with each valuation to ensure they are reasonable and represent the actuary's best estimate of the long-term expectations for the Plan. Past experience and anticipated future experience based on industry-specific knowledge and professional judgement are used to verify the reasonability of each of these assumptions.
Mortality	Healthy Lives: Pri.H-2012 Blue Collar Dataset Employee/Retiree Mortality Table (Participants) and Pri.H-2012 Blue Collar Dataset Contingent Survivor Mortality Table (Beneficiaries) each set back one year and projected with the MP-2021 projection scale. Disabled Lives: Pri.H-2012 Total Dataset Disabled Mortality Table set back one year and projected with the MP-2021 projection scale. Current Liability: 2025 generational mortality tables provided in IRC Regulations Section 1.431(c)(6)-1, as prescribed by IRS Notice 2024-42.
Mortality Improvement	The current mortality assumption is described above and is assumed to be reasonable at this time.

Attachment to: 2025 Schedule MB (Form 5500), Line 6
Plan Name: U.A. Local No. 159 Defined Benefit Plan
Employer ID: 94-2859426
Plan Number: 001

Statement of Actuarial Assumptions/Methods (Continued)

ASSUMPTIONS

Termination Rates

Termination of employees from participation in the plan is discounted in advance in accordance with a scale based on age. Termination Rates stop when first eligible to retire.

Age	Under 5 Years of Service	5+ Years of Service
15 – 29	13.0%	5.0%
30 – 34	13.0%	4.5%
35 – 39	10.0%	4.5%
40 – 44	10.0%	3.5%
45 – 49	15.0%	3.5%
50+	15.0%	2.0%

Retirement Rates

Active participants are assumed to retire based on the following rate table:

Age	Under 30 Years of Service	30+ Years of Service
55-56	1%	20%
57-59	1%	15%
60	1%	25%
61	1%	20%
62	25%	20%
63	20%	25%
64	25%	40%
65+	100%	100%

Terminated Vested participants with at least 30 years of credited service and 30 years since enrollment are assumed to retire at age 56. Terminated Vested participants with at least 10 years of vesting service are assumed to retire at age 63. All other Terminated Vested participants are assumed to retire at age 65.

Attachment to: 2025 Schedule MB (Form 5500), Line 6
Plan Name: U.A. Local No. 159 Defined Benefit Plan
Employer ID: 94-2859426
Plan Number: 001

Statement of Actuarial Assumptions/Methods (Continued)

<table>
<tr><th colspan="2">ASSUMPTIONS</th></tr>
<tr><td>Disability Rates</td><td>Active participants are assumed to become disabled based on the following rates:
<table>
<tr><th>Age</th><th>Disability</th></tr>
<tr><td><40</td><td>0.0%</td></tr>
<tr><td>40 - 44</td><td>0.4%</td></tr>
<tr><td>45 - 54</td><td>0.9%</td></tr>
<tr><td>55 - 59</td><td>4.3%</td></tr>
<tr><td>60 - 64</td><td>3.5%</td></tr>
</table></td></tr>
<tr><td>Form of Benefit</td><td>For those not yet in pay status, all participants are assumed to elect a Single Life Annuity with 60-month guarantee.</td></tr>
<tr><td>Marital Status</td><td>85% of non-retired participants are assumed to be married. Females are assumed to be five years younger than their male spouses.</td></tr>
<tr><td>Active Participant</td><td>Worked at least 300 hours in covered employment.</td></tr>
<tr><td>Future Employment</td><td>Future benefit service earned each year is assumed equal to that accrued during the year ending on the valuation date, adjusted in total for 375,000 hours assumed in 2025. Participants are assumed to earn one year of vesting service each year in the future.</td></tr>
<tr><td>Future Contributions</td><td>Contributions during 2025 are assumed to be made for 375,000 total hours.</td></tr>
<tr><td>Missing Data</td><td>If not specified, participants are assumed to be male and the same age as the average of participants with the same status code.</td></tr>
</table>

Attachment to: 2025 Schedule MB (Form 5500), Line 6
Plan Name: U.A. Local No. 159 Defined Benefit Plan
Employer ID: 94-2859426
Plan Number: 001

Summary of Plan Provisions

NORMAL RETIREMENT

Eligibility

Age 65 and 5 years of Vesting Credit or 5th anniversary of participation.

Monthly Benefit – Other than Residential Specialists

Benefits based on prior Plan before July 1, 1976. Monthly benefits after June 30, 1976 based on the following amounts for full years of Benefit Credit and fractions thereof:

Year	Benefit	Year	Benefit	Year	Benefit
1976 – 1979	$ 32	1989	$ 70	2001 – 2004	$ 100
1980	33	1990 –1991	30[1]	2005	120
1981	40	1992	84	2006 – 2007	130
1982	52	1993	64	2008 – 2012	115
1983	68	1994	73	2013 – 6/2014	167
1984	126	1995	50	7/2014 – 2022	176
1985	105	1996 – 1997	70	2023	190
1986	112	1998	80	2024+	220
1987	110	1999	70		
1988	120	2000	77		

[1] For those with 25 years of Benefit Credit and 25 years of Vesting Credit, $40.

Monthly Benefit – Residential Specialists

Monthly benefits after June 30, 1999 based on the following amounts for full years of Benefit Credit and fractions thereof:

Year	Benefit
1999 - 2005	$20
2006 - 2007	35
2008+	20

EARLY RETIREMENT

Eligibility

Attainment of age 55 and 10 years of Vesting Service and Benefit Credit.

Monthly Benefit

Normal Retirement Benefit reduced ¼% per month for ages 60-65 and ½% per month for ages less than 60.

Attachment to: 2025 Schedule MB (Form 5500), Line 6
Plan Name: U.A. Local No. 159 Defined Benefit Plan
Employer ID: 94-2859426
Plan Number: 001

Summary of Plan Provisions (Continued)

<table>
<tr><th colspan="2">SPECIAL EARLY RETIREMENT</th></tr>
<tr><td>Eligibility</td><td>Employees enrolled after June 30, 1976: Age 55, 30 years of Benefit Credit, and 30 calendar years since enrollment.

Employees enrolled before July 1, 1976: 25 years of Benefit Credit and 25 calendar years since enrollment.</td></tr>
<tr><td>Monthly Benefit</td><td>Unreduced Normal Retirement Benefit.</td></tr>
<tr><th colspan="2">DISABILITY RETIREMENT</th></tr>
<tr><td>Eligibility</td><td>Total and Permanent Disability and at least 300 hours in any of the last three Plan Years and either (1) has 10 years of Vesting Credit and 10 years of Benefit Credit, or (2) is age 55 with 5 years of Vesting Credit, 5 years of Benefit Credit and a Social Security Disability Award. Total and Permanent Disability relates to the inability to perform work in the Pipe Trades Industry due to accident or disease. The Board may accept as evidence of Total and Permanent Disability a Social Security disability award, or anything else it deems necessary.</td></tr>
<tr><td>Monthly Benefit</td><td>Unreduced Normal Retirement Benefit, except for employees retiring on or after July 1, 2006 who are less than age 65 and have not received a Social Security Disability Award, and do not satisfy the requirements for a Service or Age and Service Retirement, the Normal Retirement Benefit is reduced based on total annual wages in the following amount:

<table>
<tr><th>Total Annual Wages</th><th>Reduction of Benefit</th></tr>
<tr><td>$15,000 or less</td><td>0%</td></tr>
<tr><td>$15,001 - $20,000</td><td>10%</td></tr>
<tr><td>$20,001 - $25,000</td><td>15%</td></tr>
<tr><td>$25,001 - $30,000</td><td>20%</td></tr>
<tr><td>$30,001 - $35,000</td><td>25%</td></tr>
<tr><td>$35,001 - $40,000</td><td>30%</td></tr>
<tr><td>$40,001 - $45,000</td><td>35%</td></tr>
<tr><td>$45,001 - $50,000</td><td>40%</td></tr>
<tr><td>$50,001 or more</td><td>50%</td></tr>
</table>
</td></tr>
</table>

Attachment to: 2025 Schedule MB (Form 5500), Line 6
Plan Name: U.A. Local No. 159 Defined Benefit Plan
Employer ID: 94-2859426
Plan Number: 001

Summary of Plan Provisions (Continued)

SPECIAL DISABILITY RETIREMENT	
Eligibility	Not vested with at least 5 years of Benefit Credit and 5 years of Vesting Credit, disabled for six months and awarded a Social Security Disability benefit, and under age 55 with a terminal condition.
Monthly Benefit	Lump sum equal to contributions made on Employee's behalf for Covered Employment under the Plan.
PRE-RETIREMENT DEATH BENEFIT	
Eligibility	Active or vested.
Monthly Benefit – Married, Vested	100% Qualified Joint and Survivor reduced Early Retirement benefit.
Benefit – Not Married	(a) $4,000 per year of Benefit Credit, not to exceed the lesser of $100,000 or 100 times the monthly Normal Retirement Benefit at the date of death; and (b) For surviving spouses and registered domestic partners only, 100% Survivor Benefit reduced to reflect the amount paid in (a).
FORMS OF ANNUITY PAYMENTS	
Normal Form	For Married Participants: 50% Joint and Survivor Annuity with Pop-up feature. For Unmarried Participants: Single Life Annuity with 60 payments guarantee.
Optional Forms	Life Annuity 50% Contingent Annuity with Pop-up feature 75% Contingent Annuity with Pop-up feature 100% Contingent Annuity with Pop-up feature Single Life Annuity with 120 payments guaranteed
OTHER	
Credited Service	A Participant will receive Credited Future Service based on 1,200 (1,500 before 1987) hours, with partial credit for at least 300 hours. Additional credit is provided for hours in excess of that for a full year of Benefit Credit but hours capped at 2,000 hours from 1988 through 1989 and at 1,800 hours prior to 1988.
Vesting Service	A Participant will receive Vesting Service based on 1,000 hours, with partial credit for at least 300 hours. No additional Vesting Credit is provided for hours in excess of 1,000.
Break in Service Rules	A one-year break in service is incurred if the participant works less than 300 hours in a plan year.
Actuarial Equivalence	1994 Group Annuity Reserving Table (1994 GAR) using an interest rate of 5% per annum.

Attachment to: 2025 Schedule MB (Form 5500), Line 8(b)(2)
Plan Name: U.A. Local No. 159 Defined Benefit Plan
Employer ID: 94-2859426
Plan Number: 001

Schedule of Active Participant Data

	Years Of Credited Service										
	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	Total
Age Group	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under 25	6	7	0	0	0	0	0	0	0	0	13
25 - 29	2	13	9	0	0	0	0	0	0	0	24
30 - 34	1	8	10	5	0	0	0	0	0	0	24
35 - 39	0	6	7	6	2	2	2	0	0	0	25
40 - 44	0	3	6	6	9	4	5	5	1	1	40
45 - 49	0	0	7	5	6	5	8	3	1	0	35
50 - 54	1	1	7	3	3	4	7	7	1	6	40
55 - 59	1	0	0	4	3	1	2	2	3	4	20
60 - 64	0	0	1	1	3	0	1	1	1	2	10
65 - 69	0	0	0	1	0	1	0	1	0	0	3
70 and Over	0	0	0	0	0	0	0	0	0	0	0
Total	11	38	47	31	26	17	25	19	7	13	234

Attachment to: 2025 Schedule MB (Form 5500), Line 3
Plan Name: U.A. Local No. 159 Defined Benefit Plan
Employer ID: 94-2859426
Plan Number: 001

Footnote

Line 3: Contributions were paid monthly pursuant to collective bargaining agreement.

Attachment to: 2025 Schedule MB (Form 5500), Lines 9c and 9h
Plan Name: U.A. Local No. 159 Defined Benefit Plan
Employer ID: 94-2859426
Plan Number: 001

Schedule of Funding Standard Account Bases

Type of Base		Description	Date Established	Beginning Of Year Balance	Remaining Period	Payment
Charges	3	Plan Amendment	1/1/1996	$ 83,832	1.00	$ 83,832
	3	Plan Amendment	1/1/1998	266,385	3.00	94,229
	3	Plan Amendment	1/1/1999	817,911	4.00	223,430
	3	Plan Amendment	1/1/2000	258,325	5.00	58,111
	3	Plan Amendment	1/1/2001	346,726	6.00	66,885
	4	Assumption Change	1/1/2004	1,639,536	9.00	229,344
	3	Plan Amendment	1/1/2005	391,406	10.00	50,646
	3	Plan Amendment	1/1/2006	573,278	11.00	69,289
	3	Plan Amendment	1/1/2006	25,017	11.00	3,023
	3	Plan Amendment	1/1/2007	327,372	12.00	37,256
	3	Plan Amendment	1/1/2007	158,472	12.00	18,035
	8	Net Investment Loss Incurred in 2008	1/1/2009	5,078,075	13.00	547,790
	8	Net Investment Loss Incurred in 2008	1/1/2010	1,142,474	13.00	123,242
	8	Net Investment Loss Incurred in 2008	1/1/2011	1,268,272	13.00	136,813
	4	Assumption Change	1/1/2012	623,358	2.00	321,124
	1	Experience Loss	1/1/2012	323,940	2.00	166,878
	1	Experience Loss	1/1/2013	1,012,909	3.00	358,299
	4	Assumption Change	1/1/2014	899,538	4.00	245,728
	1	Experience Loss	1/1/2015	349,702	5.00	78,667
	1	Experience Loss	1/1/2016	917,516	6.00	176,995
	1	Experience Loss	1/1/2017	954,754	7.00	162,402
	1	Experience Loss	1/1/2019	1,075,220	9.00	150,406
	4	Assumption Change	1/1/2021	5,352,377	11.00	646,915
	1	Experience Loss	1/1/2023	1,296,463	13.00	139,854
	4	Assumption Change	1/1/2023	39,673	13.00	4,279
	1	Experience Loss	1/1/2024	205,697	14.00	21,152
	1	Experience Loss	1/1/2025	718,674	15.00	70,786
	3	Plan Amendment	1/1/2025	74,824	1.00	74,824
				$ 26,221,726		$ 4,360,234

Type of Base		Description	Date Established	Beginning Of Year Balance	Remaining Period	Payment
Credits	1	Experience Gain	1/1/2011	$ (267,199)	1.00	$ (267,199)
	1	Experience Gain	1/1/2014	(28,331)	4.00	(7,739)
	4	Assumption Change	1/1/2017	(1,192,240)	7.00	(202,799)
	1	Experience Gain	1/1/2018	(185)	8.00	(29)
	1	Experience Gain	1/1/2020	(1,020,138)	10.00	(132,001)
	1	Experience Gain	1/1/2021	(3,656,105)	11.00	(441,895)
	1	Experience Gain	1/1/2022	(3,634,359)	12.00	(413,606)
	4	Assumption Change	1/1/2022	(5,874,656)	12.00	(668,562)
				$ (15,673,213)		$ (2,133,830)

Attachment to: 2025 Schedule MB (Form 5500), Line 11
Plan Name: U.A. Local No. 159 Defined Benefit Plan
Employer ID: 94-2859426
Plan Number: 001

Justification for Change in Actuarial Assumptions

The operating expense assumption was updated from $405,000 payable at the beginning of year to $445,000 payable at the beginning of year with 3% inflation in each future year effective January 1, 2025.

The current liability interest rate was changed from 3.29% to 4.01% and remains within the permissible corridor under IRC Section 431(c)(6)(E). Current liability mortality was changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

Attachment to: 2025 Schedule MB (Form 5500)
Plan Name: U.A. Local No. 159 Defined Benefit Plan
Employer ID: 94-2859426
Plan Number: 001

MB Actuary Signature

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
U.A. LOCAL NO. 159 DEFINED BENEFIT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
BOARD OF TRUSTEES OF
U.A. LOCAL NO. 159 PENSION TRUST

D Employer Identification Number (EIN)
94-2859426

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

1a	Enter the valuation date: Month 1 Day 1 Year 2025		
b	Assets		
	(1) Current value of assets	1b(1)	125,296,691
	(2) Actuarial value of assets for funding standard account	1b(2)	125,446,502
c	(1) Accrued liability for plan using immediate gain methods	1c(1)	118,678,553
	(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)	118,678,553
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)	163,704,325
	(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	4,187,318
	(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	7,060,116
	(3) Expected plan disbursements for the plan year	1d(3)	7,648,252

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: 9/22/2026

JOSHUA ALLMEN
Type or print name of actuary

26-08042
Most recent enrollment number

RAEL & LETSON
Firm name

(650) 341-3311
Telephone number (including area code)

160 BOVET ROAD, SUITE 203
SAN MATEO CA 94402
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**	125,296,691
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		301	84,239,266
(2) For terminated vested participants		173	25,931,095
(3) For active participants:			
(a) Non-vested benefits			10,137,973
(b) Vested benefits			43,395,991
(c) Total active		234	53,533,964
(4) Total		708	163,704,325
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
07/01/2025	3,486,690				

	Totals ►	**3(b)**	3,486,690	**3(c)**	0
(d) Total withdrawal liability amounts included in line 3(b) total				**3(d)**	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	105.7 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	N

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

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

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

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

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

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

i ☐ Other (specify):

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

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	**6a**	4.01 %	
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	A	A
(2) Females	**6c(2)**	A	A
d Valuation liability interest rate	**6d**	6.25 %	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)**	6.25%	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	6.0%	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	10.2%	
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)**	445,000	
(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	718,674	70,786
3	74,824	74,824

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	**9a**	0
b Employer's normal cost for plan year as of valuation date	**9b**	2,891,818

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)**	26,221,726		4,360,234
(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**	453,253
e Total charges. Add lines 9a through 9d			**9e**	7,705,305
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	17,316,462
g Employer contributions. Total from column (b) of line 3			**9g**	3,486,690
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	15,673,213		2,133,830
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	1,324,602
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	14,439,525		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	25,162,542		
(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**	24,261,584
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	16,556,279
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			**9n**	
o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the current plan year			**9o(1)**	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
(a) Reconciliation outstanding balance as of valuation date			**9o(2)(a)**	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))			**9o(2)(b)**	0
(3) Total as of valuation date			**9o(3)**	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)			**10**	0

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ..... [X] Yes [ ] No

UA LOCAL NO. 159 DEFINED BENEFIT PLAN

EIN / PN: 94-2859426 / 001

DECEMBER 31, 2025

SCHEDULE R LINE 13e – INFORMATION ON CONTRIBUTION RATES AND BASE UNITS

EMPLOYER NAME	HOURLY RATE
U.A. LOCAL 393 – SAN JOSE	$ 19.07
	$ 18.82

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
U. A. LOCAL NO. 159 DEFINED BENEFIT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/1976

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BOARD OF TRUSTEES OF U.A. LOCAL NO. 159 PENSION TRUST

4160 DUBLIN BOULEVARD, SUITE 100

DUBLIN CA 94568-7756

2b Employer Identification Number (EIN) 94-2859426

2c Plan Sponsor's telephone number (925)833-7300

2d Business code (see instructions) 238220

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	Alex Hall	10/15/2026	ALEX HALL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Nick Goodwin	10/15/2026	NICK GOODWIN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		
5	Total number of participants at the beginning of the plan year	**5**	715
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)**	234
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	195
b	Retired or separated participants receiving benefits	**6b**	276
c	Other retired or separated participants entitled to future benefits	**6c**	187
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	658
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	30
f	Total. Add lines **6d** and **6e**.	**6f**	688
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**	62

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

1B

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____