

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 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☒ 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.▶ ☒
D	Check box if filing under: ☒ 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 MILA NATIONAL HEALTH PLAN
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 03/15/1997
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) MANAGEMENT-ILA MANAGED HEALTH 55 BROADWAY - 27TH FLOOR NEW YORK, NY 10006
2b	Employer Identification Number (EIN) 13-3968546
2c	Plan Sponsor's telephone number 212-766-5700
2d	Business code (see instructions) 483000

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.	10/06/2025	ANISSA FRUCCI & BENNY HOLLAND
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor BOARD OF TRUSTEES MANAGEMENT-ILA MANAGED HEALTH CARE TRUST FUND 55 BROADWAY - 27TH FLOOR NEW YORK, NY 10006	3b Administrator's EIN 13-3968546 3c Administrator's telephone number 212-766-5700																						
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																						
5 Total number of participants at the beginning of the plan year	5 34925																						
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2" style="height: 20px;"></td></tr> <tr><td style="width: 15%;">6a(1)</td><td style="text-align: right;">22948</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">23890</td></tr> <tr><td>6b</td><td style="text-align: right;">12791</td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td style="text-align: right;">36681</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td style="text-align: right;">36681</td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>			6a(1)	22948	6a(2)	23890	6b	12791	6c		6d	36681	6e		6f	36681	6g(1)		6g(2)		6h	
6a(1)	22948																						
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6d	36681																						
6e																							
6f	36681																						
6g(1)																							
6g(2)																							
6h																							
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 0																						

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

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

4A

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☒ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan MILA NATIONAL HEALTH PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 MANAGEMENT-ILA MANAGED HEALTH	D Employer Identification Number (EIN) 13-3968546	

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.
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1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

(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
06-1050034	93629	017260		01/01/2024	12/31/2024

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

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
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(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	

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. **6d**
Specify nature of costs ▶

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** 39543026

c Additions: (1) Contributions deposited during the year **7c(1)**

(2) Dividends and credits..... **7c(2)**

(3) Interest credited during the year..... **7c(3)** 1466088

(4) Transferred from separate account **7c(4)**

(5) Other (specify below)..... **7c(5)**

▶

(6) Total additions **7c(6)** 1466088

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 41009114

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)** 22148

▶ **CONTRACT EXPENSE CHARGE**

(5) Total deductions **7e(5)** 22148

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 40986966

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. Specify nature of costs.	10b	

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 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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan MILA NATIONAL HEALTH PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 MANAGEMENT-ILA MANAGED HEALTH	D Employer Identification Number (EIN) 13-3968546	

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.
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1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY COMPANY

(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
06-1050034	93629	016867		01/01/2024	12/31/2024

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

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	

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	(c) Amount	(d) Purpose	

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(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	

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. **6d**
Specify nature of costs ▶

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	112258058
c Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account (5) Other (specify below)..... ▶	7c(1)	
	7c(2)	
	7c(3)	3102462
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	3102462
d Total of balance and additions (add lines 7b and 7c(6))	7d	115360520
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	60000000
(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)	60000000
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	55360520

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. Specify nature of costs.	10b	

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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan MILA NATIONAL HEALTH PLAN		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 MANAGEMENT-ILA MANAGED HEALTH		D Employer Identification Number (EIN) 13-3968546

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

CIGNA

900 COTTAGE GROVE ROAD
BLOOMFIELD, CT 06002-2920

75-1677631

(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?
12	BENEFIT SERVICES	9643232	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE LAMBOS FIRM, LLP

303 SOUTH BROADWAY
SUITE 410
TARRYTOWN, NY 10591

13-3864093

(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	ATTORNEY	360083	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OXER TECHNOLOGIES, INC.

59 FRANKLIN STREET
NEW YORK, NY 10013

13-3964793

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	CONSULTANT	311226	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THE SEGAL COMPANY

CHURCH STREET STATION
PO BOX 4058
NEW YORK, NY 10261-4058

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	CONSULTANT	466409	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REYNOLDS CONSULTING SERVICES, LLC

410 JERICHO TURNPIKE
SUITE 304
JERICHO, NY 11753

20-1899564

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	CONSULTANT	195611	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LORD ABBETT & CO.

90 HUDSON ST
JERSEY CITY, NJ 07302

13-5620131

(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	INVESTMENT MANAGER	119978	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CCC SERVICE CORPORATION

100 WOOD AVE SOUTH
SUITE 401
ISELIN, NJ 08830

04-3645006

(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	ASSESSMENT AUDITOR	450000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DESENA & COMPANY CPAS, LLC

100 EAGLE ROCK AVENUE
SUITE 110
EAST HANOVER, NJ 07936

20-0609534

(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	ACCOUNTING	204299	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAVERNE THOMPSON

55 BROADWAY - 27TH FLOOR
NEW YORK, NY 10006

13-3968546

(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?
30	EMPLOYEE	305166	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ROBIN CSABON

55 BROADWAY - 27TH FLOOR
NEW YORK, NY 10006

13-3968546

(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?
30	EMPLOYEE	272687	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SHARLEKA MILLINGTON

55 BROADWAY - 27TH FLOOR
NEW YORK, NY 10006

13-3968546

(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?
30	EMPLOYEE	109586	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAREMARK

PO BOX 848001
DALLAS, TX 75284-8001

75-2882129

(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?
12	BENEFIT SVC	535145	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

GLENN VANISH

55 BROADWAY - 27TH FLOOR
NEW YORK, NY 10006

13-3968546

(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?
30	EMPLOYEE	35146	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMALGAMATED BANK OF NEW YORK

TRUST FEE BILLING DEPARTMENT
275 7TH AVENUE 9TH FLOOR
NEW YORK, NY 10001

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	CUSTODIAL	309075	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNI PRINTING SOLUTIONS LLC

42 READS WAY
NEW CASTLE, DE 19720

27-1388446

(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?
36	PRINTING	262455	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ANGELINA KISHORE

55 BROADWAY - 27TH FLOOR
NEW YORK, NY 10006

13-3968546

(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?
30	EMPLOYEE	67244	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BIGNAULT & CARTER

7505 WATERS AVE
PARK SOUTH - UNIT F9
SAVANNAH, GA 31406

58-1310322

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	OTHER SERVICES	17467	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IMX MEDICAL MANAGEMENT SERVICE INC.

TWO BALA PLAZA SUITE 600
PO BOX 557
BALA CYNWYD, PA 19004

23-2804615

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	MEDICAL SERVICES	105020	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

AETNA

PO BOX 70944
CHICAGO, IL 60673-0944

(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?
12	BENEFIT SERVICES	694523	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EYEMED VISION CARE

FIRST AMERICAN ADMINISTRATORS
14670 COLLECTIONS CENTER DR
CHICAGO, IL 60693

31-1339854

(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?
12	BENEFIT SERVICES	112113	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOYD WATTERSON ASSET MGMT, LLC

1301 EAST 9TH ST STE 1301
CLEVELAND, OH 44114

45-2061717

(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	INVESTMENT MANAGER	1165631	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOOMIS, SAYLES & COMPANY, LP

PO BOX 7247-6804
PHILADELPHIA, PA 19170-6804

(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	INVESTMENT MANAGER	477342	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COGENT COMMUNICATIONS, INC

PO BOX 791087
BALTIMORE, MD 21279-1087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	OTHER SERVICES	10800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EBERTS AND HARRISON, INC.

1604 RIDGESIDE DRIVE STE 203
MOUNT AIRY, MD 21771

52-0816262

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22	INSURANCE AGENT/BROKER	171440	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SEGAL SELECT INSURANCE SVC INC

PO BOX 21420
NEW YORK, NY 10087-1393

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22	INSURANCE AGENT	106997	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE HANOVER INSURANCE GROUP

PO BOX 580045
CHARLOTTE, NC 28258-0045

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22	INSURANCE AGENT	11875	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NUVEEN ASSET MGMT LLC

25604 NETWORK PLACE
CHICAGO, IL 60673-1256

(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	INVESTMENT MANAGER	158679	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VISUAL VAULT, LLC

215 COLES ST
JERSEY CITY, NJ 07310

83-2882370

(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	DOCUMENT WEB HOSTING	8220	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MAZZOLA MARDON, PC

26 BROADWAY 17 FLOOR
NEW YORK, NY 10004

13-3303633

(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	ATTORNEY	343213	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LIVONGO HEALTH INC.

150 WEST EVELYN AVENUE SUITE 150
MOUNTAIN BIEW, CA 94041

(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?
12	BENEFIT SERVICES	1203982	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

OPEN TEXT, INC

2440 SAND HILL ROAD SUITE 302
MENLO PARK, CA 94025

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	CLOUD DEVELOPMENT AI	10118	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARCUM SEARCH LLC

10 MELVILLE PARK ROAD
MELVILLE, NY 11747

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	EMPLOYEE SEARCH SERVICE	25000	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
(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
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(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 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
		2024
		This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan MILA NATIONAL HEALTH PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 MANAGEMENT-ILA MANAGED HEALTH	D Employer Identification Number (EIN) 13-3968546	

Part I	Asset and Liability Statement
--------	-------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	76393472	77887990
(2) Participant contributions	1b(2)	-58475	-1173
(3) Other	1b(3)	71941728	51676759
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	39576685	53755938
(2) U.S. Government securities	1c(2)	30908216	30182491
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	28482100	29891847
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	149292720	147619449
(6) Real estate (other than employer real property)	1c(6)	99989508	95228229
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		0
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	151801084	96347487
(15) Other	1c(15)	884628399	1072331191

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	1652695	1462706
f Total assets (add all amounts in lines 1a through 1e)	1f	1534608132	1656382914
Liabilities			
g Benefit claims payable	1g	4294780	-1922252
h Operating payables	1h	150158	400473
i Acquisition indebtedness	1i		
j Other liabilities	1j	90360587	105551395
k Total liabilities (add all amounts in lines 1g through 1j)	1k	94805525	104029616
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1439802607	1552353298

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)	694715733	
(B) Participants	2a(1)(B)	890481	
(C) Others (including rollovers)	2a(1)(C)	23019926	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		718626140
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2087216	
(B) U.S. Government securities	2b(1)(B)	982745	
(C) Corporate debt instruments	2b(1)(C)	1434981	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	4572245	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		9077187
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	18149	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		18149
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	291371328	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	290326264	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1045064
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	180268701	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		180268701

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		115660735
d Total income. Add all income amounts in column (b) and enter total	2d		1024695976

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	903762452	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		903762452
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)	849945	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	169533	
(5) Investment advisory and investment management fees	2i(5)	3350079	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	509454	
(8) Legal fees	2i(8)	942720	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2561102	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		8382833
j Total expenses. Add all expense amounts in column (b) and enter total	2j		912145285

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		112550691
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) ☒ 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) ☒ 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: **DESENA & COMPANY CPAS, LLC**

(2) EIN: **20-0609534**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		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?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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.		☒	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ 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.) ☐ Yes ☐ No ☐ Not determined

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

Financial Statements

MANAGEMENT - ILA MANAGED HEALTH CARE TRUST FUND

As of December 31, 2024 and 2023 and
for the year ended December 31, 2024

MANAGEMENT - ILA MANAGED HEALTH CARE TRUST FUND
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100 Eagle Rock Avenue, Suite 110
East Hanover, NJ 07936
(973) 602-3300
Fax (973) 602-3317

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
Management-ILA Managed Health Care Trust Fund
55 Broadway – 27 Floor
New York, NY 10006

Opinion

We have audited the accompanying financial statements of Management-ILA ("MILA") Managed Health Care Trust Fund ("the 'Fund'"), a defined benefit health and welfare 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, 2024 and 2023, and the related statements of changes in net assets available for benefits for the year ended December 31, 2024, the statement of fund's benefit obligations as of December 31, 2024 and 2023, and the related statement of changes in fund's benefit obligations for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of MILA Fund as of December 31, 2024, and 2023, and the changes in its net assets available for benefits for the year ended December 31, 2024, the statement of fund's benefit obligations as of December 31, 2024 and 2023 and statement of changes in plan benefit obligations for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that

an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

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

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held for investment purposes and schedule of reportable transactions at year end of the Fund as of December 31, 2024 ("supplemental schedules") is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

DeSena & Company CPAs

DeSena & Company CPAs, LLC

East Hanover, NJ

August 25, 2025

MANAGEMENT-ILA MANAGED HEALTH CARE TRUST FUND
Statement of Net Assets Available For Benefits
December 31, 2024 and 2023

	2024	2023
ASSETS		
Cash & Equivalents	\$ 58,555,851	\$ 44,945,506
Investments		
Guaranteed Deposit Account - Prudential Financial	\$ 96,347,487	\$ 151,801,084
Boyd Waterson GSA Real Estate Investment	95,228,229	99,989,508
Limited Partnership Interest - Nuveen High Yield Income Fund, LP	43,305,717	39,392,624
Limited Partnership Interest - Life Settlements	38,377,362	48,807,831
Limited Partnership Interest - Ullico Infrastructure Tax-Exempt Fund, LP	65,936,370	61,092,265
Investments held at custodial bank at fair value		
Corporate Debt Obligations	29,891,847	28,482,100
U.S. Government Securities	30,182,491	30,908,216
Longview Index Fund	884,814,797	707,864,329
Loomis Investment Trust	187,516,394	176,764,071
Cash & Equivalents	(4,799,913)	(5,368,822)
	\$ 1,127,605,616	\$ 938,649,894
Total Investments	\$ 1,466,800,781	\$ 1,339,733,206
Receivables		
Man Hour Contributions Due MILA	\$ 39,340,857	\$ 39,014,603
Tonnage Contributions Due MILA	15,480,106	15,010,564
Due From Carrier-ILA Funds	23,067,027	22,368,305
Prescription Rebates Due MILA	25,276,065	48,719,373
Medical Benefits Advanced by MILA & Due From (To) Other Health & Welfare Funds	(755,366)	(632,817)
Medicare Part D Subsidy	2,059,257	2,369,027
Accrued Interest Receivable	109,776	-
Investment Income Receivable	1,975,665	1,992,189
Dental, Vision & Rx Deductible Payments Advanced by Mila & Due From (To) Other Health & Welfare Funds	1,145,445	1,320,575
CIGNA Cost Containment Receivable	21,758,441	18,060,325
Pharmaceutical Co-Pays Mail Order	57,864	57,864
Cobra Accounts Receivable	(1,173)	(58,475)
Other Sundry Receivables	49,612	55,192
Total Receivables	\$ 129,563,576	\$ 148,276,725
Prepaid Expenses		
Prepaid Insurance	\$ 55,821	\$ 55,725
Other Prepaid Expenses	109,504	121,508
Total Prepaid Expenses	\$ 165,325	\$ 177,233
Fixed Assets		
Computer Equipment & Software	\$ 135,690	\$ 133,493
Furniture & Fixtures	34,161	34,161
Office Equipment	1,702	1,702
Leasehold Improvements	31,573	31,573
Accumulated Depreciation & Amortization	(137,790)	(113,707)
Net Fixed Assets	\$ 65,336	\$ 87,222
Other Assets		
Right of Use Asset - Office Lease	\$ 1,184,600	\$ 1,327,576
Right of Use Asset - Office Equipment Lease	14,183	19,097
Right of Use Asset - Truck Lease	6,409	14,714
Security Deposit - Office Lease	\$ 26,853	\$ 26,853
TOTAL ASSETS	\$ 1,656,382,914	\$ 1,534,608,132

See Accountant's Report and Notes to Financial Statements.

MANAGEMENT-ILA MANAGED HEALTH CARE TRUST FUND
Statement of Net Assets Available For Benefits
December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
LIABILITIES		
Accounts Payable - MILA Administrative Expenses	\$ 400,473	\$ 150,158
Long Term Liability Operating Leases	1,218,150	1,376,774
Short Term Liability Operating Leases	158,624	153,590
Deferred Benefit Obligations - Participation Agreement	1,318,197	1,468,640
Accrued Professional Fees	638,853	577,818
Accrued Investment Management Fees	633,663	824,237
Other Accrued Expenses	<u>\$ 259,896</u>	<u>\$ 232,239</u>
TOTAL LIABILITIES	<u>\$ 4,627,856</u>	<u>\$ 4,783,456</u>
TOTAL NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 1,651,755,058</u>	<u>\$ 1,529,824,676</u>

MANAGEMENT-ILA MANAGED HEALTH CARE TRUST FUND
Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2024

Additions:

Contributions:

Employer Contributions - Man Hours	\$ 267,375,313
Employer Contributions - Tonnage	171,468,928
Carrier-ILA Funds - CR4	255,871,492
Contributions Participation Agreement	23,019,926
COBRA Contributions	890,481
Total Contributions	\$ 718,626,140
Investment Income:	
Net increase (decrease) in fair market value of investments	\$ 181,313,765
Interest & Dividend Income Earned	7,059,826
Less: Investment Expenses	\$ 3,350,079
Net Investment Income (Loss)	\$ 185,023,512

Other Additions:

Medicare Part D Subsidy	\$ 9,148,672
Pharmaceutical Rebates	100,048,530
Medical Benefits Reimbursed by Other Health & Welfare Funds	2,244,634
Other Benefits Reimbursed by Other Health & Welfare Funds	4,218,899
Interest Income - Operating & Money Market Funds	2,035,510
Total Other Additions	\$ 117,696,245
Total Additions	\$ 1,021,345,897

Deductions:

Benefit Costs Paid:

Medical Benefits	\$ 578,898,180
Prescription Benefits	251,521,853
Dental & Vision Benefits	38,808,263
Behavioral Health Benefits	24,130,002
Medical Benefits - Lesser Plans	288,978
Medicare Part B Premium Reimbursement	735,486
Total Benefit Costs Paid	\$ 894,382,762
Administrative Expenses	\$ 5,032,753
Total Deductions	\$ 899,415,515

Net Increase (Decrease) During Year	\$ 121,930,382
Net Assets Available For Benefits:	
Beginning of Year	\$ 1,529,824,676
End of Year	\$ 1,651,755,058

MANAGEMENT-ILA MANAGED HEALTH CARE TRUST FUND
Statement of Plan Benefit Obligations
December 31, 2024 and 2023

	2024	2023
Amounts currently payable		
Accrued Prescription Benefits & Expenses	\$ 11,176,312	\$ 9,734,789
Medical Claims & Expenses Payable	(2,535,093)	3,561,804
Lesser Plan Claims Payable	13,876	137,988
Claims Payable - Vision Benefits	220,698	241,898
Claims Payable - Dental Benefits	342,412	44,515
Mental Health Claims & Expenses Payable	(108,042)	150,615
Claims Payable Medicare Part B Reimbursements	143,897	157,960
Claims incurred but not reported	90,147,700	75,992,500
	<u>\$ 99,401,760</u>	<u>\$ 90,022,069</u>
Postemployment benefit obligations, net of amounts currently payable		
Accumulated eligibility credits	\$ 534,220,500	\$ 497,081,200
	<u>\$ 534,220,500</u>	<u>\$ 497,081,200</u>
Total obligations other than postretirement benefit obligations	<u>\$ 633,622,260</u>	<u>\$ 587,103,269</u>
Postretirement Benefit obligations		
Current retirees, beneficiaries, and dependents	\$ 1,689,481,796	\$ 1,850,424,687
Other participants fully eligible for benefits	1,165,761,524	1,073,132,232
Other participants not yet fully eligible for benefits	1,749,591,275	1,876,829,664
Total Postretirement Benefit Obligations	<u>\$ 4,604,834,595</u>	<u>\$ 4,800,386,583</u>
PLAN'S TOTAL BENEFIT OBLIGATIONS	<u>\$ 5,238,456,855</u>	<u>\$ 5,387,489,852</u>

MANAGEMENT-ILA MANAGED HEALTH CARE TRUST FUND
Statement of Changes in Plan's Benefit Obligations
December 31, 2024

2024

Amounts currently payable

Balance at beginning of year	\$ 90,022,069
Claims reported and approved for payment	802,438,441
Prescription Benefit Obligations	11,176,312
Claims incurred but not reported	90,147,700
Benefit claims and costs paid	(894,382,762)
Balance at end of year	<u>\$ 99,401,760</u>

Other obligations for current benefit coverage, at estimated amounts

Balance at beginning of year	\$ 497,081,200
Net change during year:	
Accumulated eligibility credits	37,139,300
Balance at end of year	<u>\$ 534,220,500</u>

Postretirement benefit obligation

Balance at beginning of year	\$ 4,800,386,583
Increase (decrease) during the year attributable to:	
Benefits earned net of benefits paid	308,762,834
Changes in actuarial assumptions	(504,314,822)
	<u>\$ 4,604,834,595</u>

**PLAN'S TOTAL BENEFIT OBLIGATIONS
AT END OF YEAR**

\$ 5,238,456,855

MANAGEMENT – ILA MANAGED HEALTH CARE TRUST FUND

Notes to Financial Statements

NOTE A-DESCRIPTION OF FUND

The following description of the Management - ILA ("MILA") Managed Health Care Trust Fund (the "Fund" or "Plan") provides only general information. Participants should refer to the Fund Agreement and other pertinent agreements for a complete description of the Fund's provisions.

The Fund and related Trust were established on March 19, 1997, pursuant to a collective bargaining agreement between Carriers Container Council, Inc., New York Shipping Association, Inc., Boston Shipping Association, Inc., Hampton Roads Shipping Association, New Orleans Steamship Association, Philadelphia Marine Trade Association, South Atlantic Employers Negotiating Committee, South East Florida Port Employers Association, Steamship Trade Association of Baltimore, West Gulf Maritime Association, Ceres Terminals, Cooper/T. Smith Stevedoring, Fairway Terminal Corp., International Terminal Operating Co., Maher Terminals, Stevedoring Services of America, Stevens Shipping & Terminal Company, Universal Maritime Service Corp. (hereinafter collectively referred to as "Management") and the International Longshoremen's Association, AFL-CIO (hereinafter referred to as the "ILA"). This collective bargaining agreement, and each successor thereto, is often called the "Master Contract."

Effective October 1, 2004, the collective bargaining agreement referenced above was extended and replaced with a new agreement. All the parties noted above, except Carriers Container Council, Inc. are parties to the new agreement. United States Maritime Alliance, Ltd. ("USMX") replaced Carriers Container Council, Inc. in the new agreement.

Additionally, effective October 1, 2007, Mobile Container Terminal, LLC, CSA Equipment Co. LLC and the deep-sea local union in the port of Mobile, AL, subscribed to and were added as parties to the collective bargaining agreement referenced above.

Effective October 1, 2009, the collective bargaining agreement referenced above was extended through September 30, 2012. The parties to the extension are the same parties noted above.

Effective October 1, 2012, the collective bargaining agreement was extended on an on-going basis. In March 2013 a new collective bargaining agreement was ratified by Management and the ILA. The term is for the period October 1, 2012, until September 30, 2018.

Effective October 1, 2018, the ILA and USMX reached an agreement on a Master Contract that replaced the existing agreement that expired on September 30, 2018. The term of the agreement was effective for the period of October 1, 2018 through September 30, 2024.

MANAGEMENT – ILA MANAGED HEALTH CARE TRUST FUND

Notes to Financial Statements

On March 11, 2025, the ILA and USMX announced they reached a Master Contract Memorandum of Settlement Agreement that will extend and modify the existing Master Contract that expired on September 30, 2024. The term of this new agreement is for the period October 1, 2024 to September 30, 2030. This agreement is for the period October 1, 2024 through September 30, 2030 was ratified by ILA members at ports from Maine to Texas and by the USMX membership. This agreement will continue the MILA program.

The purpose of the Fund is to provide eligible employees, retirees and their dependents a uniform health care system. From March 19, 1997 (the inception date of MILA) to September 30, 1999, MILA acted only as the administrator of benefit programs established under the uniform health care system. Initially, during this period and up until December 31, 1999, MILA administered a Medicare Risk Health Maintenance Organization ("HMO") program. On June 1, 1998, all retirees age 65 or over had the option to enroll in the Medicare Risk HMO. Also, during the period March 19, 1997, through September 30, 1999, MILA administered a National Pharmacy program. On June 1, 1998, the National Pharmacy program was implemented for all eligible individuals employed under the terms of the Master Contract and for retirees who do not enroll in the Medicare Risk HMO. MILA continued to administer this National Pharmacy program through September 30, 1999.

On January 1, 2000, the MILA – National Choice Plan was fully implemented, and MILA began paying all prescription, medical, mental health and chemical dependency benefits that were covered under the MILA - National Choice Plan.

Based on the collective bargaining agreements, MILA Fund documents, and Board of Trustee resolutions, no benefit obligations were paid from the fund until October 1, 1999. For the twelve months ended December 31, 2024, benefit costs paid out of the Fund amounted to \$899,415,515 and for the twelve months ended December 31, 2023, benefit costs paid out of the Fund amounted to \$842,049,656.

Funding & Contributions

During the twelve months ended December 31, 2024, amounts collected and due MILA from the Second Container Royalty (or its equivalent) and hourly contributions (which increased as of October 1, 2001, October 1, 2002, and October 1, 2004) described in the Master Agreement between Management and the ILA amounted to \$267,375,313 and \$171,468,928, respectively.

Also, during 2024 the Fund recognized \$255,871,492 in contributions from other Carrier-ILA Funds. Specifically, during 2024, all of the \$255,871,492 in contributions was received from the Carrier-ILA Container Royalty Fund ("CR4").

The new collective bargaining agreement that expired on September 30, 2018, did not change the funding for MILA. The new agreement for the period October 1, 2018, through September 30, 2024, increases CR4 from \$1.15 a ton to \$1.50 a ton.

MANAGEMENT – ILA MANAGED HEALTH CARE TRUST FUND

Notes to Financial Statements

The new agreement effective October 1, 2024 did not change the funding for MILA, The CR4 contribution remained at \$1.50 per ton and the Second Container Royalty and hourly contributions remained unchanged at \$5.00 per hour.

Other

The Fund's Board of Trustees, as Sponsor, has the right under the Fund Agreement to modify the benefits provided to participants as long as the modification does not conflict with the terms of the collective bargaining agreement. The Fund may only be terminated by a joint agreement between Management and the ILA, subject to the provisions set forth in the Employee Retirement Income Security Act of 1974 ("ERISA").

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. Basis of Accounting

The Financial Statements of the Fund are prepared using the accrual method of accounting. It should be noted, however, that for presentation purposes, benefit costs paid as shown on the accompanying Statement of Changes in Net Assets Available for Benefits, are presented on the cash basis of accounting. The corresponding payables and accrued liabilities for the benefit claims and costs are shown on the accompanying Statement of Plan Benefit Obligations.

2. Use of Estimates in the Preparation of Financial Statements

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America, requires management of the Fund to make estimates and assumptions that affect certain reported amounts of assets, liabilities, benefit obligations; changes therein, incurred but not reported claims ("IBNR"), eligibility credits, claims payable, contingent assets and liabilities as well as other disclosures. Accordingly, actual results may differ from those estimates.

3. Cash & Equivalents

As of December 31, 2024, other than the cash held at the custodial bank, the Fund had operating cash and money market fund deposits with three financial institutions. At times the Fund may hold cash balances in excess of federally insured limits. Generally, funds in excess of federally insured limits are transferred and held in money markets that invest in U.S. Treasury funds, until when those funds are needed for benefit payments and operating expenses. As of December 31, 2024 and December 31, 2023, funds held in money market accounts invested in U.S. Treasury funds amounted to \$3,738,500 and \$44,852,383, respectively.

In September 2024, the Fund began to utilize Wells Fargo Bank, N.A. for processing of operating bank activity. On a daily basis, funds in excess of required cash needs were transferred into a sweep account maintained by Wells Fargo Bank, N.A. This sweep account

MANAGEMENT – ILA MANAGED HEALTH CARE TRUST FUND

Notes to Financial Statements

was only insured up to the FDIC limit of \$250,000. As of December 31, 2024, funds in excess of the FDIC limit with Wells Fargo Bank, N.A. was \$54,370,082. Beginning in August 2025, excess funds with Wells Fargo Bank, N.A. are to be invested in money market accounts that invest in U.S. Treasury and Government Agency funds.

4. Depreciation and Amortization

Depreciation of office equipment, furniture and fixtures and amortization of leasehold improvements are computed on a straight-line basis over their estimated useful lives. Depreciation and amortization expense amounted to \$25,927 for the year ended December 31, 2024.

5. Investment Valuation and Income Recognition

The Fund's investments are stated at fair value except for the Guaranteed Deposit Account investment contracts with Empower Annuity Insurance Company of America, which are valued at Contract Value (See Note F). Many factors are considered in arriving at fair value. In general, however, corporate bonds are valued based on yields currently available on comparable securities of issues with similar credit ratings. Cash equivalents are stated at cost, which approximates fair value. U.S. Government Obligations, corporate debt securities and mutual fund investments are stated at fair value, based on closing market quotations at year-end and limited partnership interests are valued by their issuers on a quarterly and annual basis. Purchases and sales of investments are recorded on a trade date basis and interest income is recorded on the accrual basis.

6. Postretirement Benefit Obligations

In calendar year 2000, the Fund adopted the provisions of Statement of Position 92-6, "Accounting and Reporting by Health and Welfare" ("SOP 92-6") and changed the basis of presentation of its financial statements to comply with SOP 92-6. Effective in calendar year 2010, The Financial Accounting Standards Board ("FASB") released Accounting Standards Codification ("ASC") 965 to replace SOP 92-6. As a result, during 2010 the Fund adopted the provisions of ASC 965 to account for its Postretirement Benefit Obligations.

Postretirement benefit obligations represent the actuarial present value of those estimated future benefits that are attributed to employee service rendered to December 31, 2024, and 2023. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with the participating employers. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to

MANAGEMENT – ILA MANAGED HEALTH CARE TRUST FUND

Notes to Financial Statements

historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

For measurement purposes for 2024, the following percentage increases in the per capita cost of covered health care benefits were assumed:

Assumptions	2023	2024
Health trend rates:		
Pre 65 Medical & Hospital	6.0% in 2025 decreasing by 0.5% per year to 4.5% in 2028 and thereafter	7.0% in 2025 decreasing by 0.5% per year to 4.5% in 2030 and thereafter
Prescription Drugs	8.0% in 2025 decreasing by 0.5% per year to 4.5% in 2032 and thereafter	9.0% in 2025 decreasing by 0.5% per year to 4.5% in 2034 and thereafter
Post 65 Medical & Medicare Part B Premium	Same as current year	4.50%
Medicare Part D Subsidy	8.0% in 2025 decreasing by 0.5% per year to 4.5% in 2032 and thereafter	9.0% in 2025 decreasing by 0.5% per year to 4.5% in 2034 and thereafter
Vision & dental	Same as current year	3.00%
Administrative expense increase rate	Same as current year	3.00%

The following were other significant assumptions used in the valuations as of December 31, 2024, and 2023:

Weighted-average discount rate: 5.50% – 2024; 4.75% – 2023

Average expected retirement age: 66.6 – 2024; 66.6 - 2023

Mortality Tables: Healthy Pre-retirement – headcount-weighted RP-2006 Blue Collar Employee Mortality Table with sex-distinct rates, projected generationally from 2006 with Scale MP-2021.

Healthy Post-retirement – headcount-weighted RP-2006 Blue Collar Healthy Annuitant Mortality Table with sex-distinct rates, projected generationally from 2006 with Scale MP 2021.

Disabled Post-retirement – headcount-weighted RP-2006 Disabled Retiree Mortality Table with sex-distinct rates, projected generationally from 2006 with Scale MP 2021.

MANAGEMENT – ILA MANAGED HEALTH CARE TRUST FUND

Notes to Financial Statements

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation.

7. Leases

In February 2016, the Financial Accounting Standards Board (“FASB”) issued guidance under Accounting Standards Codification ASC 842, Leases, to increase transparency and comparability among organizations by requiring the recognition of right-of-use (“ROU”) assets and lease liabilities on the balance sheet. Most prominent among the changes in the standard is the recognition of ROU assets and lease liabilities by lessees for those leases classified as operating leases. Under the standard, disclosures are required to meet the objective of enabling users of financial statements to assess the amount, timing, and uncertainty of cash flows arising from leases.

MILA adopted the standard effective January 1, 2022, and recognized and measured leases existing on January 1, 2022 (the beginning of the period of adoption) through a cumulative effect adjustment with certain practical expedients available. MILA elected the available practical expedients to account for their operating leases as operating leases (MILA did not have any capital leases classified as financing leases as of January 1, 2022), under the new guidance, without reassessing (a) whether the contracts contain leases under the new standard, (b) whether classification of capital leases or operating leases would be different in accordance with the new guidance, or (c) whether the unamortized initial direct costs before transition adjustments would have met the definition of initial direct costs in the new guidance at lease commencement.

In addition, MILA elected the hindsight practical expedient to determine the lease term for existing leases. The election of the hindsight practical expedient may have resulted in the shortening of lease terms for certain existing leases since the adoption of the new standard was as of January 1, 2022, and certain leases may have commenced prior to January 1, 2022. Lastly, in the application of hindsight, MILA used the determination that most renewal options would not be reasonably certain in determining the expected lease term unless the lease was renewed during 2024 and 2023 or as a subsequent event through the date the financial statements were issued for 2024 in 2025.

As a result of the adoption of the new lease accounting guidance, MILA recognized on January 1, 2022, a lease liability at the carrying amount of their operating lease obligations of \$1,671,976, and a right-of-use asset of \$1,616,597. The lease liability MILA recognized on January 1, 2022, of \$1,616,976, represents the present value of the remaining operating lease payments, discounted using an average “risk-free treasury rate” of 1.63%, and the right-of-use asset of \$1,616,597, represents the operating lease liability of \$1,671,976 adjusted for the balance of deferred rent as of January 1, 2022 of \$55,379. The difference between the right of use assets and operating lease liabilities as of January 1, 2022, was recorded as an adjustment to Fund Balance.

MANAGEMENT – ILA MANAGED HEALTH CARE TRUST FUND

Notes to Financial Statements

The implementation of the new standard had a material impact on MILA's Statement of Net Assets Available for Benefits but did not have an impact on MILA's Statement of Changes in Net Assets Available for Benefits, nor Statements of Plan Benefit Obligations or Statement of Changes in Plan's Benefit Obligations for 2022. The most significant impact was the recognition of ROU assets and lease liabilities for operating leases.

NOTE C – OTHER BENEFIT OBLIGATIONS

Current & Other Benefit Obligations

The Fund's benefit liabilities currently payable at December 31, 2024 and December 31, 2023 represent claims currently reported and approved for payment as well as accrued prescription benefit obligations. Additionally, Fund benefit obligations at December 31, 2024 and 2023 include health claims incurred by participants but not reported as of those dates. These amounts were estimated by the Fund's benefit consultant utilizing actuarial methods that take into consideration prior claims experience and the expected time period from the date such claims are incurred to the date that the related claims are submitted and paid. The Fund's current benefit obligations also include estimated costs relating to accumulated eligibility credits earned by participants, at December 31, 2024 and 2023, which were estimated by the Fund's benefit consultant. Due to these accumulated eligibility credits, the Fund may provide benefits to participants during periods of unemployment, provided they have accumulated in the prior year measurement period (October 1 through September 30 of the preceding calendar year) credit amounts (expressed in hours) in excess of the hours required for current coverage. As of December 31, 2024, and 2023, the accumulated eligibility credits represent an obligation of the Fund arising from prior service for which contributions have been received.

The estimated amounts for incurred but not reported claims and accumulated eligibility credits reported in the accompanying Statement of the Plan's Benefit Obligations at present value, based on a 5.50% discount rate for 2024 and a 4.75% discount rate for 2023.

NOTE D - TOTAL BENEFIT OBLIGATIONS

The Fund's deficiency of net assets over benefit obligations at December 31, 2024 and 2023, relates primarily to the postretirement benefit obligation, the funding of which is not covered by the contribution rate provided by the current collective bargaining agreement.

The weighted-average health care cost-trend rate assumption (see NOTE B) has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point, it would increase the accumulated postretirement benefit obligation as of December 31, 2024, to \$5,479,999,626, an increase of \$875,165,031 over the reported number of \$4,604,834,595.

NOTE E – CHANGES IN ACCOUNTING PRINCIPLES

In May 2015, the FASB issued ASU 2015-07, Fair Value Measurements (Topic 820): Disclosures for Investments in Certain Entities that Calculate Net Asset Value

MANAGEMENT – ILA MANAGED HEALTH CARE TRUST FUND

Notes to Financial Statements

for Share (or Its Equivalent), which exempts investments measured using net asset (NAV) practical expedient in ASC 820, Fair Value Measurement, from categorization within the fair value hierarchy. The guidance requires retrospective application and is effective for public business entities for fiscal years, and interim periods within those years, beginning after December 31, 2015. For all other entities, the guidance is effective

for fiscal years, and interim periods within those years, beginning after December 15, 2016.

In July 2015, the FASB issued ASU 2015-12, Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Plans (Topic 962), and Health and Welfare Plans (Topic 965): Part (I) Fully Benefit –Responsive Investment Contracts, Part (II) Plan Investment Disclosures, Part (III) Measurement Date Practical Expedient. This three-part standard simplifies employee benefit plan reporting with respect to fully responsive-benefit investment contracts and plan investment disclosures and provides for a measurement date practical expedient. Parts I and II are effective for fiscal years beginning after December 15, 2015 and should be applied retrospectively. Management has adopted Part II, and the amendments were retrospectively applied resulting in a change in the presentation of investments on the statements of net assets available for benefits and in Notes I which was effective for the year ended December 31, 2016. Part I of the standard required reporting investment contracts at contract value (See Note 5). As a result, an amendment and retrospective charge was not required for Part I. Lastly, Item III is not applicable to this plan.

NOTE F – ASSETS HELD FOR INVESTMENT

The Fund's assets held for investment consisted of money market mutual funds that had a fair market value and cost of (\$4,799,913) as of December 31, 2024, and (\$5,368,821) as of December 31, 2023. Additionally, as of December 31, 2024, the assets held for investment included two Guaranteed Deposit Account ("GDA") contracts with Empower Annuity Insurance Company of America that have a total contract value of \$96,347,487, various investments held by Amalgamated Bank with a fair value of \$1,133,182,783, an investment in Boyd Watterson GSA Fund, L.P. real estate investment with a fair value of \$95,228,229, Nuveen High Yield Income Fund, L.P. (Formerly Symphony Asset Management LLC), with a fair value of \$43,305,717, and investments in CCA Black, L.P., with a fair value of \$35,205,579 and an investment in CCA Longevity VI, L.P. with a fair value of \$3,171,783. As of December 31, 2023, the assets held for investment also included two Guaranteed Deposit Account ("GDA") contracts with Empower Annuity Insurance Company of America that have a total contract value of \$151,801,084, various investments held by Amalgamated Bank with a fair value of \$938,649,894, an investment in Boyd Watterson GSA Fund, L.P. real estate investment with a fair value of \$99,989,508, Nuveen High Yield Income Fund, L.P., with a fair value of \$39,392,624, and an investment in the CCA Black, L.P., with a fair value of \$44,593,709 and an investment in the CCA Longevity VI L.P. of \$4,214,122 (See Notes G and H, respectively).

MANAGEMENT – ILA MANAGED HEALTH CARE TRUST FUND

Notes to Financial Statements

NOTE G – GDA WITH EMPOWER

In December of 2001, the Plan entered an investment contract (“GDA #1”) with Empower Annuity Insurance Company of America (“Empower”), Prudential Financial (“Prudential”), formerly Connecticut General Life Insurance Company (“CIGNA”). Also, in November of 2006, the Plan entered a second investment contract (“GDA #2”) with Empower. Empower maintains the contributions of both contracts in a pooled account. Both accounts are credited

with earnings on the underlying investments and charged for Plan withdrawals and administrative expenses charged by Empower. The contracts are included in the financial statements at contract value, (which represents contributions made under the contract, plus earnings, less withdrawals, and administrative expenses), because it is benefit responsive. Subject to certain limitations, the Fund may transfer or withdraw all or a portion of the investment contract to pay for benefit expenses at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contracts on December 31, 2024, and 2023 were \$96,347,487 and \$142,368,410, respectively.

For 2024, funds deposited into GDA #1 during calendar year 2024 were guaranteed at 4.20%, and prior year deposits were guaranteed at a 3.70% yield, net of contract administrative charges. Funds deposited into GDA # 2 during 2023 were guaranteed at a 3.65% yield net of administrative charges and prior year deposits were guaranteed at a 3.70% yield. The credited interest is based on an agreed upon formula with the issuer but cannot be less than the guaranteed amounts noted above for each GDA. For 2023, funds deposited into GDA #1 during calendar year 2023 were guaranteed at 3.50%, and prior year deposits were guaranteed at a 2.60% yield, net of contract administrative charges. Funds deposited into GDA # 2 during 2022 were guaranteed at a 2.60% yield net of administrative charges and prior year deposits were guaranteed at a 2.65% yield. The credited interest is based on an agreed upon formula with the issuer but cannot be less than the guaranteed amounts noted above for each GDA.

NOTE H – INVESTMENTS HELD AT CUSTODIAL BANK & OTHER INVESTMENTS

Certain investment assets of the Fund are held by Amalgamated Bank under the terms of a custodial agreement. The Fund used two money managers during calendar year’s 2024 and 2023 to manage and direct investments. Lord Abbett and Loomis Sayles & Company each directed a portion of the investments held by the custodial bank during calendar year’s 2024 and 2023. The remainder of investments held at the custodial bank were assets invested in the Longview Index Fund and Loomis Investment Trust.

The following information, included in the Fund’s financial statements as of December 31, 2024, was prepared by Amalgamated Bank and furnished to the Administrator. The Administrator has obtained certification from the bank that such information is complete and accurate:

MANAGEMENT – ILA MANAGED HEALTH CARE TRUST FUND

Notes to Financial Statements

	<u>Fair Value</u>	<u>Historical Cost</u>
U.S. Government Obligations	\$ 30,182,491	\$ 31,040,099
Corporate Debt Securities	29,891,847	31,718,240
Longview VEBA Index Fund	884,814,797	195,538,043
Loomis Investment Trust	187,516,394	149,370,787
Cash & Equivalents	<u>(4,799,913)</u>	<u>(4,825,182)</u>
Totals	<u>\$1,127,605,616</u>	<u>\$ 402,841,987</u>

As of December 31, 2024, the Fund also held a Real Estate Investment in the Boyd Waterson GSA Fund, L.P. The fair value of this investment was valued by the issuer on December 31, 2024, as \$95,228,229 and the historical cost of this investment was \$93,486,537. As of December 31, 2024, the Fund also held a Limited Partnership interest in the Nuveen High Yield Income Fund, L.P., which primarily, but not solely, invests in high yield bonds, senior loans, convertible securities and derivatives (such as return and default swaps). The fair value of this investment was valued by the issuer on December 31, 2024, as \$43,305,717 and the historical cost of this investment was \$25,000,000. As of December 31, 2024, the Fund also held a Limited Partnership interest in CCA Black, L.P., and CCA Longevity VI, L.P., which primarily invests in non-variable in-force universal life insurance policies. The fair value of these investments was valued by the issuer at December 31, 2024 as \$35,205,579 and \$3,171,783, respectively and the historical cost of these investments was \$26,390,586 and \$3,066,000, respectively. Lastly, as of December 31, 2024 the Fund also held a Limited Partnership interest in the Ullico Infrastructure Tax-Exempt Fund, L.P., which primarily invests in core and core plus infrastructure investments. The fair value of this investment was valued by the issuer on December 31, 2024, as \$65,936,370 and the historical cost of this investment was \$54,050,990 as of December 31, 2024.

The following investments, which include investments noted above as well as investments described in NOTES F and I, represent 5 percent or more of the net assets available for benefits of the Fund at December 31, 2024:

<u>Description</u>	<u>Historical Cost</u>	<u>Fair Value</u>
Longview VEA Index Fund	\$ 195,538,043	\$ 884,814,797
Loomis Investment Trust	\$ 149,370,787	\$ 187,516,394
Empower - Guaranteed Deposit Account	\$ 96,347,487	\$ 92,945,690
Boyd Waterson GSA	\$ 93,486,537	\$ 95,228,229

For the year January 1, 2024, through December 31, 2024, the Fund's investments held at the custodial bank, in the Boyd Waterson GSA Real Estate Investment, in the Empower Guaranteed Deposit Accounts and in the three Limited Partnership Interests noted above (including investments sold, as well as held during the year) increased in value by \$185,023,512.

MANAGEMENT – ILA MANAGED HEALTH CARE TRUST FUND

Notes to Financial Statements

Note I – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (“FASB”), Accounting Standards Codification (“ASC”), 820 (“FASB ASC 820”), *Fair Value Measurements*, established a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2024 and December 31, 2023.

Longview Index Fund: Valued at the net asset value (“NAV”) of shares held by the Plan at year end.

Loomis Investment Trust: Valued at the net asset value (“NAV”) of shares held by the Plan at year end.

Equities: Valued at the closing prices reported in the active market in which the equity is traded.

MANAGEMENT – ILA MANAGED HEALTH CARE TRUST FUND

Notes to Financial Statements

Corporate Debt Securities: Valued at the closing prices reported in the active market in which the bond is traded.

Guaranteed Deposit Accounts (“GDA”) - Empower: The underlying investments held in Common/Collective trust funds are valued by issuer at the net asset values of shares held by the Plan at year end. However, since the GDA accounts are benefit responsive, the contracts are included in the financial statements at contract value, which represents contributions made under the contract, plus earnings less withdrawals and administrative expenses. The Fair value is only disclosed in the footnotes of the financial statements (see Notes G & H).

U.S. Government Securities: Valued at the closing price reported in the active market in which the individual security is traded.

Boyd Waterson GSA Fund, L.P.: The underlying investments held in real estate are valued by their issuers on a quarterly and annual basis.

Nuveen High Yield Income Fund, L.P.: The underlying investments held in high yield bonds, senior loans, convertible securities and derivatives (such as return and default swaps) are valued by their issuers on a quarterly and annual basis.

CCA Black, L.P. and CCA Longevity Fund VI, L.P.: The underlying investments held in non-variable universal life insurance policies that are in-force are valued by their issuers on a quarterly and annual basis.

Ullico Infrastructure Tax-Exempt Fund, L.P.: The underlying investments held in core and core plus infrastructure investments and are valued by their issuers on a quarterly and annual basis.

The preceding methods described may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

MANAGEMENT – ILA MANAGED HEALTH CARE TRUST FUND

Notes to Financial Statements

The following tables set forth by level, within the fair value hierarchy, list the Plan's assets at fair value as of December 31, 2024 and December 31, 2023.

Assets at Fair Value as of December 31, 2024

	Level 1	Level 2	Net Asset Value (a)	Total
Guaranteed Deposit Accounts - Empower	\$ -	\$ 96,347,487	\$ -	\$ 96,347,487
Corporate Bonds	29,891,847			29,891,847
U.S. Government Securities	30,182,491			30,182,491
Longview Index Fund			884,814,797	884,814,797
Loomis Investment Trust			187,516,394	187,516,394
Real Estate Investment			95,228,229	95,228,229
Limited Partnership - Nuveen High Yield Income Fund, L.P.			43,305,717	43,305,717
Limited Partnership - Life Settlements			38,377,362	38,377,362
Limited partnership - Ullico Infra- structure Tax-Exempt Fund, L.P.			65,936,370	65,936,370
Cash & Equivalents	(4,799,913)			(4,799,913)
Total Assets at Fair Value	<u>\$ 55,274,425</u>	<u>\$ 96,347,487</u>	<u>\$ 1,315,178,869</u>	<u>\$ 1,466,800,781</u>

Assets at Fair Value as of December 31, 2023

	Level 1	Level 2	Net Asset Value (a)	Total
Guaranteed Deposit Accounts - Empower	\$ -	\$ 151,801,084	\$ -	\$ 151,801,084
Corporate Bonds	28,482,100			28,482,100
U.S. Government Securities	30,908,216			30,908,216
Longview Index Fund			707,864,329	707,864,329
Loomis Investment Trust			176,764,071	176,764,071
Real Estate Investment			99,989,508	99,989,508
Limited Partnership - Nuveen High Yield Income Fund, L.P.			39,392,624	39,392,624
Limited Partnership - Life Settlements			48,807,831	48,807,831
Limited Partnership - Ullico Infra- structure Tax-Exempt Fund, L.P.			61,092,265	61,092,265
Cash & Equivalents	(5,368,822)			(5,368,822)
Total Assets at Fair Value	<u>\$ 54,021,494</u>	<u>\$ 151,801,084</u>	<u>\$ 1,133,910,628</u>	<u>\$ 1,339,733,206</u>

(a) In accordance with ASU 2015-07, investments measured at fair value using NAV per share as a practical expedient have not been characterized in the fair value hierarchy.

Based upon practical expedient guidance, in 2024 and 2023 the Fund used NAV per share or its equivalent to determine the fair value of all the underlying investments which: (a) do not have a readily determinable fair value and (b) prepare their financial statements consistent with the measurement principles of an investment company or have the attributes of an investment company. The following tables list such investments by major categories.

MANAGEMENT – ILA MANAGED HEALTH CARE TRUST FUND

Notes to Financial Statements

2024								
Type	Strategy	NAV in Funds	# of Funds	Remaining Life	\$ Amount of Unfunded Commitments	Redemption Terms	Redemption Restrictions	
Collective Trust Funds	Seeks maximum total return by investing in securities that track the performance of domestic and international equity and fixed income indices.	\$ 1,072,331,191	2	Perpetual subject to determination of the respective fund manager.	None	Funds have daily redemption upon immediate notice	None	
Limited Partnerships	Actively invest in real estate, trade life insurance policies, infrastructure investments, and in high yield bonds, convertible securities & derivatives (e.g. default swaps), and senior loans.	\$ 242,847,678	5	Nuveen High Yld LP, Real Estate LP & Ullico LP are perpetual. Life Settlements have 2 remaining years plus 2 one year extensions.	None	30 or 60 days or quarterly with written notice.	Exit queues are "gated" and vary at discretion of fund managers.	
		<u>\$ 1,315,178,869</u>						

2023								
Type	Strategy	NAV in Funds	# of Funds	Remaining Life	\$ Amount of Unfunded Commitments	Redemption Terms	Redemption Restrictions	
Collective Trust Funds	Seeks maximum total return by investing in securities that track the performance of domestic and international equity and fixed income indices.	\$ 884,628,400	2	Perpetual subject to determination of the respective fund manager.	None	Funds have daily redemption upon immediate notice	None	
Limited Partnerships	Actively invest in real estate, trade life insurance policies, infrastructure investments, and in high yield bonds, convertible securities & derivatives (e.g. default swaps), and senior loans.	\$ 249,282,228	5	Nuveen High Yld LP, Real Estate LP & Ullico LP are perpetual. Life Settlements have 2 remaining years plus 2 one year extensions.	None	30 or 60 days or quarterly with written notice.	Exit queues are "gated" and vary at discretion of fund managers.	
		<u>\$ 1,133,910,628</u>						

MANAGEMENT – ILA MANAGED HEALTH CARE TRUST FUND

Notes to Financial Statements

NOTE J - TAX STATUS

The Trust established under the Fund to hold the Fund's assets is qualified pursuant to Section 501(c)(9) of the Internal Revenue Code as a tax-exempt organization. The trust has obtained a favorable tax determination from the Internal Revenue Service, dated September 30, 1997, and the Fund Sponsor believes that the trust continues to qualify and to operate in accordance with applicable provisions of the Internal Revenue Code.

NOTE K - SIMPLIFIED EMPLOYEE PENSION PLAN ("SEP")

On August 1, 1997, MILA adopted a SEP for all employees who are over 18 years of age. Employer contributions are based upon 13% of each covered employee's salary and totaled \$110,493 for the twelve months ended December 31, 2024.

NOTE L- OPERATING LEASES

MILA leases office space, office equipment and a utility vehicle. MILA determines if an arrangement is a lease at inception. Any leases for operating leases that did not extend for more than a year after January 1, 2022, or that were considered immaterial were accounted for and are disclosed in these financial statements under the prior lease standard ASC 840. Operating leases that commenced prior to January 1, 2022, and any new leases after January 1, 2022, that expire more than twelve months after January 1, 2022 are classified and disclosed under the lease accounting standard (ASC 842) as operating lease right-of-use ("ROU") assets, and included as other assets, and operating lease liabilities on the Statement of Net Assets Available for Benefits. MILA did not have any finance leases classified as capital leases as of December 31, 2024 and 2023. ROU assets represent MILA's right to use an underlying asset for the lease term and lease liabilities represent its obligation to make lease payments arising from the lease. Operating lease ROU assets and liabilities are recognized at commencement date based on the present value of lease payments over the lease term. MILA has elected to use the risk-free treasury rate based on the information available at the commencement date of each lease in determining the present value of lease payments. The operating lease ROU asset also includes any lease payments made and excludes lease incentives. MILA's lease terms may include options to extend or terminate the lease when it is certain that the option will be exercised. Lease expense for lease payments is recognized on a straight-line basis over the lease term as an administrative expense. Additionally, MILA's office space lease has variable lease payments, for utilities, and are passed on from the lessor in proportion to the space leased, these expenses are recognized as administrative operating expenses in the period in which the obligation for those payments was incurred.

MANAGEMENT – ILA MANAGED HEALTH CARE TRUST FUND

Notes to Financial Statements

Leases Accounted for Under ASC 842

Office Lease - 55 Broadway

Operating lease expense	<u>\$ 166,136</u>
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Other Information:

Operating cash outflows from office operating lease	\$ 165,438
ROU asset obtained in exchange for new operating lease liability	-
Weighted-average remaining lease term in years for operating lease	7.67
Weighted-average discount rate for operating lease	1.63%

Maturity Analysis:

	December 31,
2025	\$ 168,747
2026	172,122
2027	179,617
2028	191,316
2029	195,143
Thereafter	<u>539,215</u>
Total undiscounted cash flows	1,446,160
Less: present value discount	<u>(89,111)</u>
Total lease liability	<u>\$ 1,357,049</u>

Office Equipment Lease

Operating lease expense	<u>\$ 5,618</u>
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Other Information:

Operating cash outflows from office equipment operating lease	\$ 5,618
ROU asset obtained in exchange for new operating lease liability	-
Weighted-average remaining lease term in years for operating lease	2.67
Weighted-average discount rate for operating lease	4.29%

Maturity Analysis:

	December 31,
2025	\$ 5,618
2026	5,618
2027	<u>3,745</u>
Total undiscounted cash flows	14,981
Less: present value discount	<u>(798)</u>
Total lease liability	<u>\$ 14,183</u>

MANAGEMENT – ILA MANAGED HEALTH CARE TRUST FUND

Notes to Financial Statements

Vehicle Lease

Operating lease expense	\$ 8,687
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Other Information:

Operating cash outflows from vehicle operating lease	\$ 6,780
ROU asset obtained in exchange for new operating lease liability	-
Weighted-average remaining lease term in years for operating lease	0.83
Weighted-average discount rate for operating lease	4.24%

Maturity Analysis:

2025	December 31,
	\$ 5,650
Total undiscounted cash flows	5,650
Less: present value discount	(108)
Total lease liability	\$ 5,542

Leases Accounted for Under ASC 840

Postage Meter

In November of 2022, MILA entered into a 24-month non-cancelable rental agreement with Francotyp-Postalia, Inc. d/b/a FP Mailing Solutions, Inc. for postage meter equipment. The agreement includes an automatic renewal for two additional periods of one year without any action by either party. Rental expense for this lease amounted to approximately \$466 for the year ended December 31, 2024. Future minimum lease payments under this lease amount to \$356.

NOTE M – MILA Payables and Benefit Obligations Relating to Prescription Benefit Managers

Since February of 1998, MILA entered into agreements with Prescription Benefit Managers to administer the National Pharmacy Program. The terms of these agreements authorized payments from MILA to the Prescription Benefit Managers for administrative fees, prescription drug costs, and dispensing fees for members.

In June of 2010 MILA entered into an agreement with CaremarkPCS Health, L.P. to administer its mail order program for the period January 1, 2010 through December 31, 2011. In January of 2012 this agreement was extended through December 2014. In December of 2014 this agreement with Caremark was extended again through December of 2017. Effective January 1, 2018, the agreement with Caremark was amended and extended through December 31, 2020. In December of 2020 the agreement with Caremark was amended and extended through December 31, 2023. In December of 2023, the agreement with Caremark was amended and extended through December 31, 2026. The terms of these agreements authorized payments from MILA to Caremark, Inc. and CaremarkPCS Health, L.P. for

MANAGEMENT – ILA MANAGED HEALTH CARE TRUST FUND

Notes to Financial Statements

administrative fees, mail order prescription drug costs, and other related fees that are disclosed in the agreement.

As of December 31, 2024, \$11,176,312 was accrued in the 2024 Statement of Plan Benefit Obligations for prescription benefit claims (includes both retail and mail order prescription claims) processed through December 31, 2024, but not paid by MILA to Caremark, Inc. until 2025. As of December 31, 2023, \$9,734,789 was accrued in the 2023 Statement of Plan Benefit Obligations for prescription benefit claims (includes both retail and mail order prescription claims) processed through December 31, 2023, but not paid by MILA to the Prescription Benefit Manager until 2024.

NOTE N – Participation Agreement

Commencing on January 1, 2000, and for the duration of the Management-ILA Master Contract and any renewals or extensions thereof, certain “Participating Employers” have the option of enrolling their employees in the MILA – National Choice Plan. The Participating Employers will be required to pay to MILA all contributions, on a prepaid quarterly or monthly basis, which the MILA Trustees determine are required to provide the benefits that MILA will provide to the Participating Employers’ employees. For the twelve months ended December 31, 2024 participating employer contributions amounted to \$23,019,926.

NOTE O – Prescription Rebates

According to the agreement between MILA and the Prescription Benefit Manager, MILA is entitled to prescription drug rebates that are paid by pharmaceutical companies for specific drugs. As of the date of our audit report, MILA has received and accrued \$100,048,530 (accrual based on guaranteed rebates that are part of the Caremark PBM agreement that commenced January 1, 2012 and extended as of January 1, 2015 through December of 2017, extended again in January 2018 through December 31, 2020, extended again in December 2020 through December 31, 2023, and extended again in December 2023 through December 31, 2026) in pharmaceutical rebates that relate to the four quarters of 2024 and these rebates have been reflected as a net asset addition to the fund for 2024. It is possible that MILA will receive additional rebates relating to calendar year 2024. However, as of the date of our report sufficient data is not available to substantiate an additional accrual in these financial statements.

NOTE P – Accrued Professional Fees

Accrued professional fees represent accrued Actuarial and Benefit Consulting, Legal, Accounting, and Investment Consulting in the amount of \$294,807, \$179,937, \$109,132, and \$54,977, respectively. The accrual relates to actual services that relate to calendar year 2024 and prior, which were not invoiced to or paid by MILA until after 2024.

MANAGEMENT – ILA MANAGED HEALTH CARE TRUST FUND

Notes to Financial Statements

NOTE Q – Related Party Transactions

Commencing in July of 2002 MILA entered into an agreement with CCC Service Corporation (which is a related entity to United States Maritime Alliance, Ltd. – a management organization for the longshore and maritime industry) to provide the Fund with professional services relating to the auditing of Man Hour and Tonnage contributions received by MILA from the Second Container Royalty and Container Royalty No. 4 and hourly contributions described in the Master Contract between USMX and the ILA. For the performance of the services noted above, the Fund paid CCC Service Corp. a fixed fee of \$37,500 a month for the period of January 2024 to December 2024.

NOTE R – Supplemental Schedules Required Under ERISA

If applicable, ERISA requires the reporting and disclosure of the following: 1) Assets held For Investment Purposes; 2) Loans or Fixed Income Obligations; 3) Leases In Default or Classified as Uncollectable; 4) Reportable Transactions; and 5) Nonexempt Transactions. The Fund did have Assets held For Investment Purposes and Reportable Transactions, during the twelve months ended December 31, 2024; those are disclosed in the Supplemental Schedules of this report.

NOTE S – Other Information

On July 6, 2005, the United States Attorney for the Eastern District of New York filed a complaint against the ILA, its executive officers and members of its Executive Council, various employee benefit plans, including MILA, and several organized crime members who were previously tried and convicted of various crimes in the United States District Court for the Eastern District of New York. MILA and the MILA Board of Trustees were served copies of the Complaint on July 8, 2005.

The civil action was brought pursuant to the Racketeer Influenced and Corrupt Organization Act (“RICO”) and alleges that certain defendants conspired to conduct a waterfront enterprise consisting of labor unions, employee benefit plans (including MILA) and businesses in the Port of New York and New Jersey (“PONY/NJ”) and in the Port of Miami through a pattern of racketeering activity.

It should be noted that both MILA and its Board of Trustees are noted as nominal defendants in the above Complaint. There are no allegations in the Complaint of any wrongdoing either by MILA or its collective Board of Trustees.

Although there are no allegations of any wrongdoing by MILA or its collective Board of Trustees, the Complaint seeks various types of relief with respect to MILA and the MILA Board of Trustees. The costs that could result from the relief sought by the Government cannot be gauged at this time. MILA believes it has several defenses.

MANAGEMENT – ILA MANAGED HEALTH CARE TRUST FUND

Notes to Financial Statements

On May 19, 2006, MILA and its Board of Trustees filed a motion to dismiss the complaint. Oral argument was heard on July 31, 2007, before District Court Judge I. Leo Glasser. On November 1, 2007, Judge Glasser dismissed the complaint. In his decision, he granted the government the right to file an amended complaint.

The government filed its amended complaint on December 31, 2007. On February 11, 2008, MILA filed a motion to dismiss the amended complaint. The government responded on May 16, 2008 and MILA filed its response on the government's reply on June 30, 2008. The parties are still awaiting a decision from Judge Glasser.

NOTE T – Significant Plan Amendments

Effective January 1, 2018, MILA increased dental and vision benefit coverage. Effective July 1, 2018, MILA added treatment for male sexual dysfunction. MILA instituted a new program for MILA members with diabetes. Effective January 1, 2022, the program is administered through Livongo.

Effective January 1, 2019, MILA made the following changes to the dental program: removed the missing tooth exclusion, added coverage for adult orthodontia, when medically necessary with a \$1,500 per person per lifetime maximum and added dental implants (when medically necessary) subject to a \$5,000 per person per calendar year maximum.

Effective January 1, 2019, MILA increased the frame allowance from \$100 to \$130, once every 24-months under the vision benefit coverage.

Effective March 2020 through the end of the National Public Health Emergency, MILA will cover the cost for the testing and treatment of COVID-19.

Effective January 1, 2022, MILA will cover myoelectric prosthetic devices, when medically necessary. Also, effective January 1, 2022, benefits for the treatment of kidney dialysis will be provided for network only services under the Premier plan.

Effective July 1, 2023, MILA removed coverage of infertility under the CVS and Cigna. Coverage of infertility will be covered under Progyny subject to a two-cycle per lifetime.

Effective April 1, 2025, MILA increased the plan's maximum benefit under the Medicare wrap-around plan. The maximum benefit of \$500,000 during a person's retirement was increased to \$750,000.

Eligible members who retire on or after October 1, 2023, and their eligible spouses will be reimbursed for the cost of their Medicare Part B premiums, including any applicable IRMMA amounts, for up to two years.

MANAGEMENT – ILA MANAGED HEALTH CARE TRUST FUND

Notes to Financial Statements

Effective August 1, 2025, MILA will provide Core Plan benefits to new employees prior to their first anniversary.

Effective January 1, 2026, MILA will have a new tier of medical coverage called the Super Tier. The Super Tier will be for members who earn 2,000 or more hours in the previous Contract Year.

The MILA Consultants expect that current MILA reserves and funding levels will be sufficient to cover the current costs of benefits, including the new benefits implemented in 2026.

NOTE U – LEGAL MATTERS

As of the date of our audit report for 2024 MILA is currently involved in the following legal matters:

Medicare Part D Reimbursement Claims

MILA received letters during the 2020 calendar year from three operators of Medicare Part D plans - Express Scripts, Blue Cross Blue Shield/Prime Therapeutics, and Mutual of Omaha - seeking to have MILA reimburse those plans for pharmaceutical benefits provided by those plans to approximately 200 MILA participants in an amount exceeding \$800,000. After investigating those claims with the assistance of CVS Caremark, MILA's third-party administrator for pharmaceutical benefits, it appears that those participants failed to notify MILA that they had enrolled in Medicare Part D plans. Under the MILA Plan, participants who enroll in Medicare Part D plans are no longer eligible to receive pharmaceutical benefits from MILA. MILA has retroactively terminated the eligibility of the relevant participants back to the date on which the participants enrolled in their respective Medicare Part D plans.

Same Day Procedures

Same Day Procedures (“SDP”), a health-care provider located in New Jersey, filed an action against Cigna, several Cigna-related entities and vendors, MILA, and several entities for which Cigna provides insurance or serves as a third-party administrator in the Superior Court of New Jersey, Essex County on or about February 10, 2022. The complaint alleges that Cigna and its vendors have established an unlawful program in which they underpay out-of-network providers, such as SDP, in order to obtain larger commissions from MILA and the other defendant plans and employers. The complaint alleges that MILA and the other plans and employers are aware of the arrangement between Cigna and its vendors and allow it to continue because they benefit from it.

The complaint alleges that the claims of four MILA participants were underpaid. The total amount billed by the provider for those claims was \$306,256.09 and Cigna paid \$52,641.79. MILA has accepted Cigna's offer to defend MILA at no cost to MILA. Cigna's counsel subsequently advised MILA that SDP has provided information that the claims of

MANAGEMENT – ILA MANAGED HEALTH CARE TRUST FUND

Notes to Financial Statements

more than four MILA participants may be at issue. MILA does not have information concerning those additional claims. The parties are currently engaged in discovery.

MedRevenue Solutions

MedRevenue Solutions sent a letter dated June 15, 2023, to MILA and Cigna stating that it had not received a response to its prior correspondence seeking information that MedRevenue Solutions asserts must be provided under federal law. MILA has no record of having ever received prior correspondence from MedRevenue Solutions. The letter further alleges that amounts reflected in Cigna's response to the claims were purportedly invoiced using a misleading cost containment, plan-savings, or other repricing scheme, similar to allegations raised in the Same Day Procedures matter. The letter also alleges that by purportedly permitting Cigna to engage in this alleged scheme MILA has engaged in a breach of fiduciary duty. Cigna has informed MILA that the underlying claim is covered by the federal No Surprises Act and must be resolved under the processes established by that law. MILA has received two additional letters, dated April 29, 2024 and August 9, 2024, which have been forward to Cigna for appropriate response. MILA is awaiting a response from Cigna as to both letters.

Since August 2024, MILA has received letters from MedRevenue Solutions dated December 13, 2024, January 13, 2025, March 17, 2025, and April 30, 2025. MILA has responded to each of those letters without any direct response from MedRevenue Solutions to MILA's letters. In response to the most recent letter from MedRevenue Solutions, Cigna told MILA that its "legal counsel [had] review[ed] the 'allegations' made, and they have advised that 'MedRevenue's letter is almost impossible to decipher – it is full of jargon and inapplicable legal citations.'"

NOTE V - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the accompanying 2024 and 2023 financial statements to the Schedule H of Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 1,651,755,058	\$ 1,529,824,676
Benefit obligations currently payable (excluding accumulated eligibility credits)	<u>(99,401,760)</u>	<u>(90,022,069)</u>
Net assets available for benefits per Schedule H of Form 5500	<u>\$ 1,552,353,298</u>	<u>\$ 1,439,802,607</u>

The following is a reconciliation of benefits paid to participants per the financial statements to Schedule H of Form 5500 for the years ended December 31, 2024, and 2023:

MANAGEMENT – ILA MANAGED HEALTH CARE TRUST FUND

Notes to Financial Statements

	<u>2024</u>	<u>2023</u>
Benefits paid to participants per the financial Statements	\$ 894,382,762	\$ 837,348,894
Add: Amounts payable at end of year	99,401,760	90,022,069
Less: Amounts payable at beginning of year	<u>(90,022,069)</u>	<u>(87,181,093)</u>
Benefits paid to participants per Schedule H of Form 5500	<u>\$ 903,762,453</u>	<u>\$ 840,189,870</u>

Amounts currently payable to or for participants are recorded on Schedule H of Form 5500 for benefit claims that have been processed and approved for payment prior to December 31 but not yet paid as of that date. Additionally, estimates for IBNR and other accrued benefit obligations are also included on Schedule H of Form 5500.

NOTE W - SUBSEQUENT EVENTS

In May 2010, the FASB issued FASB ASC 855, “Subsequent Events” (“ASC 855”), to incorporate the accounting and disclosure requirements for subsequent events into U.S. generally accepted accounting principles. This standard introduces new terminology, defines a date through which management must evaluate subsequent events, and lists the

circumstances under which an entity must recognize and disclose events or transactions occurring after the balance sheet date. The Fund adopted ASC 855 as of December 31, 2010.

The Fund evaluated its December 31, 2024, financial statements for subsequent events through August 25, 2025, the date the financial statements were available to be issued and determined that there were no subsequent events that required recognition or disclosure in the accompanying financial statements under ASB ASC 855.

MANAGEMENT-ILA MANAGED HEALTH CARE TRUST FUND
Schedule of Paid Medical Benefits
For the Year Ended December 31, 2024

	2024
Medical Claims & Costs To Provide Medical Benefits	\$ 569,753,382
Medical Claim Administration Expenses (Per Member Fees)	9,144,798
Total	\$ 578,898,180

MANAGEMENT-ILA MANAGED HEALTH CARE TRUST FUND
Schedule of Prescription Benefits Paid
For the Year Ended December 31, 2024

Prescription Benefit Claims	\$ 250,986,708
Prescription Benefit Administrative Costs	535,145
Total	<u>\$ 251,521,853</u>

MANAGEMENT-ILA MANAGED HEALTH CARE TRUST FUND
Schedule of Dental & Vision Benefits Paid
For the Year Ended December 31, 2024

	2024
Dental Benefits	\$ 34,988,319
Dental Administrative Costs	694,523
Vision Benefits	3,014,158
Vision Administrative Costs	111,263
Total	\$ 38,808,263

MANAGEMENT-ILA MANAGED HEALTH CARE TRUST FUND
Schedule of Paid Behavioral Health Benefits
For the Year Ended December 31, 2024

Behavioral Health Claims	\$ 23,631,568
Behavioral Health Administrative Expense	<u>498,434</u>
Total	<u><u>\$ 24,130,002</u></u>

MANAGEMENT-ILA MANAGED HEALTH CARE TRUST FUND
Schedule of Administrative Expenses
For the Year Ended December 31, 2024

Salaries & Wages	\$ 849,945
Legal Fees	667,607
Assessment Auditor	450,000
Actuarial & Benefit Consulting Fees	509,454
Computer Consulting	305,333
Legal Fees - Subrogation	275,113
Health Care Reform Fees	234,676
Investment Consultant	217,110
Member Communication Expenses	179,663
Office Rental & Utility Charges	174,797
Audit & Accounting Fees	169,533
Fiduciary Insurance	167,366
Claims Audit Fees	125,816
Cyber Liability Insurance	112,489
Simplified Employee Pension Plan	110,493
Office Supplies & Expenses	101,877
Payroll Audit Fees & Costs	76,080
Computer Software Maintenance	73,103
Payroll Taxes	54,176
Life, Disability, Optical & Dental Insurance	35,301
Litigation Settlements	(33,145)
Depreciation Expense	25,927
Travel Expenses	25,697
Employee Recruiting Fees	25,169
Meeting & Conference Expenses	19,999
Miscellaneous	14,512
Computer On-Line Services	13,450
Auto Lease Expense	8,687
Telephone & Data Lines	6,444
Auto Insurance	6,408
Leased Equipment & Service Contracts	6,054
Commercial Policy Insurance	5,448
Cellular Phone Service	4,341
Postage	2,600
Employee Transportation Expenses	2,397
Payroll Service	2,352
Subscriptions & Memberships	2,342
Parking	1,564
Workers Compensation Insurance	1,541
Leasehold Improvements & Other Fixed Assets Abandoned	461
Federal Express	424
Auto Expenses	149
Total	\$ <u>5,032,753</u>

Schedule of Assets Held for Investment Purposes at December 31, 2024

Plan Name: MILA National Choice Plan

Plan Sponsor: Management-ILA Managed Healthcare Trust Fund

Plan Number: 501

EIN: 13-3968546

Attachment for Schedule H, Line 4i of Form 5500

(a)	(b)	(c)		
			(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
CASH & EQUIVALENTS				
*	FLAGSTAR BANK, N.A.	MONEY MARKET ACCOUNT, AVERAGE INTEREST RATE FOR 2024 - 3.2%	\$ 1,835	\$ 1,835
*	FLAGSTAR BANK, N.A.	FIDELITY TREASURY MONEY MARKET FUNDS, AVERAGE INTEREST RATE FOR 2024 - 3.65%	298,156	298,156
*	BofA SECURITIES, INC.	JPMORGAN TR II US GOV'T MONEY MKT FD CAP, AVERAGE INTEREST RATE FOR 2024 - 5.246%	3,440,343	3,440,343
*	WELLS FARGO BANK N.A.	STAGECOACH SWEEP PREFERRED, AVERAGE INTEREST RATE FOR DECEMBER 2024 - 3.77%	54,619,463	54,619,463
	CASH & EQUIVALENTS		58,359,798	58,359,798
	CASH PAYABLE - PENDING TRADES	PENDING TRADES PAYABLE CERTIFIED PER CUSTODIAL BANK - AMALGAMATED BANK	(12,145,682)	(12,145,682)
	U.S. TREASURY BILLS	PAR VALUE 99.86, 2,850,000, MATURITY DATE 01/14/2025	2,831,750	2,846,010
	U.S. TREASURY BILLS	PAR VALUE 98.97, 3,221,000, MATURITY DATE 04/01/2025	3,176,830	3,187,856
*	JPMORGAN PRIME MONEY MARKET FUND	JPMORGAN PRIME MONEY MARKET FUND, 5.24%, 100% PAR VALUE 1,311,378.36	1,311,920	1,311,903
	CASH & EQUIVALENTS - AMALGAMATED BANK		(4,825,182)	(4,799,913)
TOTAL CASH & EQUIVALENTS			\$ 53,534,616	\$ 53,559,885
CORPORATE DEBT OBLIGATIONS				
	ACCENTURE CAPITAL INC	ACCENTURE CAPITAL INC 4.25% 10/4/2031	126,794	122,038
	AEP TRANSMISSION	AEP TRANSMISSION CO 5.15% 4/1/2034	123,480	121,009
	AIR LEASE CORP	AIR LEASE CORP SR 5.2% 7/15/2031	234,301	231,206
	ALLY AUTO RECV	ALLY AUTO RECV 5.46% 05/15/2028	416,975	418,976
	AMERICAN TOWER CORP	AMERICAN TOWER CORP 2.95% 01/15/2025	43,854	44,971
	AMERICAN TOWER CORP	AMERICAN TOWER CORP 3.8% 08/15/2029	187,539	193,121
	AMERICAN TOWER CORP	AMERICAN TOWER CORP 5.55% 07/15/2033	159,743	158,168
	AMERICREDIT AM	AMERICREDIT AM RECV 5.89% 02/18/2028	94,437	94,428
	APACHE CORP	APACHE CORP 4.75% 4/15/2043	185,722	179,667
	ASSURANT INC SR NT	ASSURANT INC SR NT 2.65% 01/15/2032	202,395	179,144
	ATLASSIAN CORPORATION	ATLASSIAN CORPORATION 5.5% 5/15/2034	130,445	128,559
	BANK 2018 CMO	BANK 2018-BN15 XA CMO 0.4308% 11/15/2061	70,776	25,858
	BANK OF AMERICA CORP	BANK OF AMERICA CORP 3.593% 07/21/2028	273,633	259,491
	BAT CAPITAL CORP SR	BAT CAPITAL CORP SR 5.834% 02/20/2031	104,369	106,315
	BAT CAPITAL CORP SR	BAT CAPITAL CORP SR 6.343% 08/02/2030	202,727	214,508
	BAXALTA INC	BAXALTA INC 4% 06/23/2025	33,912	33,884
	BENCHMARK MORTGAGE	BENCHMARK MORTGAGE TR VAR 05/17/2056	219,379	218,309
	BMO 2023-C5	BMO 2023-C5 A4 5.4943% 6/15/2056	49,490	49,459
	BMO MORTGAGE TR 2024-5C8 VAR	BMO 2024-5C8 5.6309% 12/17/2057	72,100	71,289
	BMW VEH LEASE TR	BMW VEH LEASE TR 5.16% 11/25/2025	66,313	66,834
	BMWLT 2023-2 A3	BMWLT 2023-2 A3 5.99% 09/25/2026	238,463	240,041
	BOEING CO CR	BOEING CO CR SEN 6.388% 05/01/2031	135,073	135,918
	BROADCOM INC	BROADCOM INC 4.15% 11/15/30	229,868	219,123
	BROADCOM INC	BROADCOM INC SR 4.8% 10/15/34	115,760	111,939

Schedule of Assets Held for Investment Purposes at December 31, 2024

Plan Name: MILA National Choice Plan

Plan Number: 501

Plan Sponsor: Management-ILA Managed Healthcare Trust Fund

EIN: 13-3968546

Attachment for Schedule H, Line 4i of Form 5500

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	BROWN & BROWN INC	BROWN & BROWN INC 5.65% 06/11/2034	95,753	96,104
	CADENCE DESIGN SYSTEM	CADENCE DESIGN SYSTEM 4.7% 09/10/2034	78,850	75,740
	CAPITAL ONE MULTI	CAPITAL ONE MULTI 3.49% 05/15/2027	173,630	179,294
	CAPITAL ONE MULTI	CAPITAL ONE MULTI TR 2.8% 3/15/2027	253,632	259,030
	CARMAX AUTO OWN	CARMAX AUTO OWN 00.00% 10/15/2027	158,689	172,638
	CARMAX AUTO OWNER TR	CARMAX AUTO OWNER TR 4.98% 01/16/2029	186,705	190,454
	CARMAX AUTO OWNER TRUST	CARMAX AUTO OWNER TRUST 4.48% 12/15/2027	244,983	243,121
	CARVANA AUTO REC TR	CARVANA AUTO REC TR 4.61% 11/10/2027	194,301	196,299
	CARVANA AUTO REC TR	CARVANA AUTO REC TR 5.67% 11/10/2027	107,922	108,432
	CENTERPOINT ENERGY RES	CENTERPOINT ENERGY RES 1.75% 10/01/30	329,130	283,345
	CHENIERE ENERGY INC	CHENIERE ENERGY INC SR 4.625% 10/15/2028	46,729	46,959
	CITIGROUP COML MTG TR CMO	CITIGROUP COML MTG TR CMO 11/10/2048	57,097	2,401
	CITIGROUP INC	CITIGROUP INC 3.887% 01/10/2028	359,961	331,321
	COCA COLA CONS INC	COCA COLA CONS INC SR 5.45% 06/01/2034	284,337	276,790
	COLUMBIA PIPELINE GROUP	COLUMBIA PIPELINE GROUP 4.5% 06/01/2025	71,095	72,807
	COMM MTG TR 2015-LC21 VAR	COMM MTG TR 2015-LC21 VAR 07/10/2048	102,741	105,800
	CONSUMERS ENERGY CO	CONSUMERS ENERGY CO 4.7% 01/15/2030	137,690	137,040
	CONTINENTAL RESOURCES	CONTINENTAL RESOURCES 4.375% 01/15/2028	186,312	192,519
	CONTINENTAL RESOURCES INC	CONTINENTAL RESOURCES INC 4.9% 06/01/44	168,372	161,782
	COTERRA ENERGY INC	COTERRA ENERGY INC 5.6% 03/15/2034	226,904	224,971
	CROWN CASTLE INTL CORP	CROWN CASTLE INTL CORP 2.1% 04/01/2031	123,411	126,632
	CROWN CASTLE INTL CORP	CROWN CASTLE INTL CORP 3.3% 7/1/2030	262,894	272,577
	DISCOVER CARD	DISCOVER CARD 4.31% 3/15/2028	129,771	129,707
	DTE ELEC CO	DTE ELEC CO 1M -C BD 5.2% 03/01/2034	89,958	89,661
	DTE ENERGY CO	DTE ENERGY CO 4.95% 07/01/2027	136,837	137,514
	DUKE ENERGY IND	DUKE ENERGY IND 5.25% 03/01/2034	113,623	113,958
	DUKE ENERGY FLA LLC	DUKE ENERGY FLA LLC 6.2% 11/15/2053	131,197	139,110
	DUKE ENERGY IND LLC	DUKE ENERGY IND LLC 5.4% 04/01/2053	130,923	131,662
	EASTERN GAS TRAN	EASTERN GAS TRAN 3.00% 11/15/2029	259,050	269,266
	ENCANA CORP	ENCANA CORP 6.500% 02/01/38	60,182	60,072
	ENTERGY CORP NEW	ENTERGY CORP NEW 0.9% 09/15/2025	165,101	176,991
	ENTERGY LA LLC	ENTERGY LA LLC 1M BD 5.35% 03/15/2034	243,566	243,785
	ENTERGY LA LLC	ENTERGY LA LLC 1ST MTG 5.7% 03/15/2054	80,883	80,041
	EVERGY METRO INC	EVERGY METRO INC -2023 4.95% 04/15/2033	212,729	207,737
	EXETER AUTO RECV	EXETER AUTO RECV 4.48% 4/16/2029	124,996	124,277
	EXETER AUTO RECV TR	EXETER AUTO RECV TR 1.40% 04/15/2027	39,612	38,680
	EXETER AUTO RECV TR	EXETER AUTO RECV TR 5.29% 8/15/2030	281,006	281,710
	EXETER AUTO RECV TR	EXETER AUTO RECV TR 5.83% 5/15/2029	269,993	273,311
	EXETER AUTO RECV TR	EXETER AUTO RECV TR 6.32% 8/15/2029	55,241	55,896

Schedule of Assets Held for Investment Purposes at December 31, 2024

Plan Name: MILA National Choice Plan

Plan Sponsor: Management-ILA Managed Healthcare Trust Fund

Plan Number: 501

EIN: 13-3968546

Attachment for Schedule H, Line 4i of Form 5500

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	FACTSET RESH SYS INC	FACTSET RESH SYS INC 3.45% 03/01/2032	197,777	181,787
	FIFTH THIRD AUTO	FIFTH THIRD AUTO TR 5.53% 8/15/2028	263,138	262,856
	FIRST NATIONAL MASTER	FIRST NATIONAL MASTER 6.03% 09/17/2029	186,521	188,711
	FIRST NATL MSTR	FIRST NATL MSTR NOTE 5.13% 4/16/2029	164,755	165,961
	FIRST NATL MSTR	FIRST NATL MSTR NT TR 5.34% 5/15/2030	209,963	211,946
	FIRST UNION CORP	FIRST UNION CORP 7.574% 8/01/26	518,617	422,458
	FORD CR AUTO LEASE	FORD CR AUTO LEASE 4.99% 1/15/2028	159,983	160,872
	FORD CR AUTO LEASE	FORD CR AUTO LEASE 5.54% 12/15/2026	110,653	110,362
	GALLAGHER ARTHUR J & CO	GALLAGHER ARTHUR J & CO 5.00% 12/15/2032	91,050	89,815
	GENERAL MTRS FINL CO	GENERAL MTRS FINL CO 5.95% 04/04/2034	199,116	201,044
	GM FIN ATMBL LEASE TR	GM FIN ATMBL LEASE TR 5.74% 01/20/2027	289,891	291,332
	GM FINL AUTO LEASING	GM FINL AUTO LEASING 5.54% 05/20/2027	185,032	186,234
	GM FINL CON AUT	GM FINL CON AUT RECV 5.45% 6/16/2028	191,039	192,053
	GS MORTGAGE SECS TR CMO	GS MORTGAGE SECS TR CMO 0.8447% 11/10/48	77,529	4,437
	HEICO CORP NEW SR NT	HEICO CORP NEW SR NT 5.35% 08/01/2033	259,905	267,359
	HUMANA INC SR GLBL NT	HUMANA INC SR GLBL NT 1.35% 02/03/2027	131,161	145,966
	HYUNDAI AUTO REC TR	HYUNDAI AUTO REC TR 4.84% 3/15/2029	164,975	165,850
	INTERCONTINENTAL	INTERCONTINENTAL 5.25% 06/15/2031	126,879	128,225
	INTUIT SR NT	INTUIT SR NT 5.125% 09/15/2028	305,373	310,581
	IPALCO ENTERPRISES	IPALCO ENTERPRISES 4.25% 05/01/2030	415,027	373,839
	JPMBB COML MTG SEC	JPMBB COML MTG SEC 3.7996% 01/17/2048	141,640	147,664
	JPMORGAN CHASE & CO	JPMORGAN CHASE & CO 3.782% 02/01/2028	967,993	897,550
	KENTUCKY UTIL CO	KENTUCKY UTIL CO 5.45% 04/15/2033	321,649	325,410
	L3HARRIS TECHNOLOGIES	L3HARRIS TECHNOLOGIES 5.4% 07/31/2033	215,132	211,621
	MARSH & MCLENNAN COS	MARSH & MCLENNAN COS 4.85% 11/15/2031	157,877	156,025
	MERCEDES-BENZ AUTO	MERCEDES-BENZ AUTO 5.32% 2/15/2030	269,953	273,288
	MERCK & CO INC SR NT	MERCK & CO INC SR NT 2.15% 12/10/2031	220,346	228,313
	MIDAMERICAN ENERGY	MIDAMERICAN ENERGY 5.85% 09/15/2054	76,911	78,256
	MORGAN STANLEY BAML CMO	MORGAN STANLEY BAML CMO 0.7724% 7/15/50	147,956	1,258
	NATIONAL FUEL GAS CO	NATIONAL FUEL GAS CO 3.95% 09/15/2027	430,939	388,648
	NETFLIX INC	NETFLIX INC SR NT 4.9% 08/15/2034	166,697	163,543
	NSTAR ELEC CO	NSTAR ELEC CO SR 5.4% 06/01/2034	126,813	127,627
	OGLETHORPE POWER CORP	OGLETHORPE POWER CORP 5.05% 10/01/48	162,861	117,109
	OGLETHORPE POWER CORP	OGLETHORPE POWER CORP 5.95% 11/01/2039	267,722	205,975
	OHIO EDISON CO	OHIO EDISON CO 8.25% 10/15/2038	313,805	246,748
	ORACLE CORP	ORACLE CORP 3.85% 07/15/2036	76,956	77,963
	ORACLE CORP	ORACLE CORP 6.125% 07/08/39	152,728	117,052
	ORACLE CORP SR GLBL NT	ORACLE CORP SR GLBL NT 6.9% 11/09/2052	50,421	54,867
	OTIS WORLDWIDE CORP SR	OTIS WORLDWIDE CORP SR 5.125% 11/19/2031	43,997	44,018

Schedule of Assets Held for Investment Purposes at December 31, 2024

Plan Name: MILA National Choice Plan

Plan Sponsor: Management-ILA Managed Healthcare Trust Fund

Plan Number: 501

EIN: 13-3968546

Attachment for Schedule H, Line 4i of Form 5500

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	OVINTIV INC GBL NT	OVINTIV INC GBL NT 7.1% 07/15/2053	161,880	151,135
	PHILIP MORRIS INTL INC	PHILIP MORRIS INTL INC 5.625% 11/17/2029	303,533	311,066
	PIEDMONT NAT GAS	PIEMONT NAT GAS 2.5% 03/15/2031	165,690	136,590
	PUBLIC SVC ELEC & GAS	PUBLIC SVC ELEC & GAS 4.85% 08/01/2034	105,702	103,052
	PUGET ENERGY INC SR SEC	PUGET ENERGY INC SR SEC 4.1% 06/15/2030	247,858	206,478
	RENOLDS AMERICAN INC	RENOLDS AMERICAN INC 4.45% 06/12/2025	253,629	260,272
	SABINE PASS LIQUEFACTION	SABINE PASS LIQUEFACTION 5.625% 03/01/25	6,146	6,002
	SANTANDER DR AUT RCV	SANTANDER DR AUT RCV 4.72% 06/15/2027	223,071	223,061
	SANTANDER DRIVE	SANTANDER DRIVE 5.78% 7/16/2029	189,992	193,098
	SANTANDER DRIVE	SANTANDER DRIVE 6.28% 8/15/2031	139,980	144,020
	SANTANDER DRIVE AUTO	SANTANDER DRIVE AUTO 5.45% 3/15/2030	261,464	264,912
	SANTANDER DRIVE AUTO TR	SANTANDER DRIVE AUTO TR 6.69% 03/17/2031	324,381	323,454
	SANTANDER DRIVE AUTO	SANTANDER DRIVE AUTO 5.88% 4/17/2028	189,990	190,830
	SOUTHWEST GAS CORP SR	SOUTHWEST GAS CORP SR 4.05% 03/15/2032	75,169	74,297
	SPIRMIS	SPIRMIS 5.15% 08/15/2034	46,840	46,633
	SPRINT CAP CORP	SPRINT CAP CORP 8.750% 3/15/32	465,559	473,978
	T MOBILE USA INC SR	T MOBILE USA INC SR 3.875% 04/15/2030	74,768	73,397
	TARGA RES PARTNERS	TARGA RES PARTNERS 4.875% 02/01/2031	261,690	273,248
	TARGA RES PARTNERS	TARGA RES PARTNERS 5.5% 03/01/2030	252,710	250,788
	TOYOTA MTR CR CORP	TOYOTA MTR CR CORP FR 4.8% 01/05/2034	108,880	105,898
	UNIVERSAL HLTH SVCS	UNIVERSAL HLTH SVCS 5.05% 10/15/2034	32,896	30,791
	VWALT 2024-A	VWALT 2024-A A3 5.21% 6/21/2027	399,966	403,760
	WACHOVIA BANK NA	WACHOVIA BANK NA 5.85% 02/01/2037	94,432	73,439
	WARNERMEDIA HLDGS INC	WARNERMEDIA HLDGS INC 3.788% 03/15/2025	253,373	261,209
	WELLS FARGO & COMPANY	WELLS FARGO & COMPANY 3.584% 05/22/28	273,776	241,291
	WELLS FARGO CML MTG CMO	WELLS FARGO CML MTG CMO 0.6222% 04/15/50	682,624	17,758
	WELLS FARGO COML TR	WELLS FARGO COML TR VAR 09/17/2057	127,223	131,247
	WF CARD ISSUANCE	WF CARD ISSUANCE TR 4.29% 10/15/2029	114,983	114,220
	WORLD FIN NTWRK	WORLD FIN NTWRK CR 5.02% 3/15/2030	189,020	191,007
	WORLD FINANCIAL	WORLD FINANCIAL 6.25% 2/15/2031	81,358	82,330
	WORLD OMNI SET AUTO	WORLD OMNI SET AUTO TR 4.98% 2/15/2030	199,957	200,989
	AMERICAN EXPRESS CO	AMERICAN EXPRESS CO VAR 07/26/2035	197,000	194,827
	BANK NEW YORK MELLON CORP	BANK NEW YORK MELLON CORP VAR 07/26/2030	263,815	267,669
	BANK NEW YORK MELLON	BANK NEW YORK MELLON VAR 04/26/2034	93,000	91,143
	BANK OF AMERICA CORP FLTG	BANK OF AMERICA CORP FLTG 03/05/2029	260,303	219,182
	BBCMS MTG TR	BBCMS MTG TR 2024-5C31 VAR 12/17/2057	103,095	102,026
	BENCHMARK	BENCHMARK 2024-12 VAR 12/17/2057	72,100	71,758
	BK OF AMERICA CORP	BK OF AMERICA CORP 1.658% 03/11/2027	50,569	52,997
	BK OF AMERICA CORP FR	BK OF AMERICA CORP FR VAR 04/22/2032	298,496	261,315

Schedule of Assets Held for Investment Purposes at December 31, 2024

Plan Name: MILA National Choice Plan

Plan Sponsor: Management-ILA Managed Healthcare Trust Fund

Plan Number: 501

EIN: 13-3968546

Attachment for Schedule H, Line 4i of Form 5500

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	CITIGROUP INC FLTG	CITIGROUP FLTG 03/20/2030	300,960	270,191
	CITIGROUP INC SUB	CITIGROUP INC SUB VAR 02/13/2035	138,000	137,325
	CREDIT SUISSE AG	CREDIT SUISSE AG 5.00% 07/09/2027	981,310	1,005,860
	FHLMC REMIC SERIES	FHLMC REMIC SERIES VAR 08/25/2032	176,321	173,506
	GOLDMAN SACHS GROUP	GOLDMAN SACH GROUP VAR 07/21/2021	521,579	460,870
	JPMORGAN CHASE & CO SR NT	JPMORGAN CHASE & CO SR NT VAR 04/22/2032	130,493	110,657
	JPMORGAN CHASE & CO	JPMORGAN CHASE & CO VAR 01/25/2033	195,556	178,060
	JPMORGAN CHASE & CO	JPMORGAN CHASE & CO VAR 10/22/2035	170,849	168,616
	MORGAN STANLEY	MORGAN STANLEY VAR 04/20/2028	77,073	78,854
	MORGAN STANLEY	MORGAN STANLEY VAR 04/20/2037	99,232	100,073
	MORGAN STANLEY	MORGAN STANLEY VAR 07/19/2035	172,308	167,214
	MORGAN STANLEY	MORGAN STANLEY VARIABLE 01/23/2030	596,083	551,838
	PNC FINL SVCS GROUP INC	PNC FINL SVCS GROUP INC VAR 10/28/2033	144,282	137,640
	PNC FINL SVCS GROUP	PNC FINL SVCS GROUP VAR 01/22/2035	133,087	131,502
	PNC FINL SVCS GROUP	PNC FINL SVCS GROUP VAR 10/21/2032	140,000	136,258
	TRUIST FINL CORP	TRUIST FINL CORP FR VAR 01/24/2035	237,629	236,798
	TRUIST FINL CORP	TRUIST FINL CORP FR VAR 06/08/2034	135,731	135,407
	US BANCORP NTS	US BANCORP NTS USD VAR 02/01/2034	309,049	299,613
	US BANCORP FR	US BANCORP FR VAR 01/23/2035	116,000	116,979
	US BANCORP	US BANCORP VAR 07/22/2033	135,129	127,395
	WELLS FARGO COM	WELLS FARGO COM MT TR VAR 07/17/2057	113,299	113,356
	WELLS FARGO & COMPANY	WELLS FARGO & COMPANY VAR 03/02/2033	120,000	105,198
	WELLS FARGO & COMPANY	WELLS FARGO & COMPANY VAR 04/30/2026	117,884	128,824
	WELLS FARGO & COMPANY	WELLS FARGO & COMPANY VAR 06/02/2028	155,334	140,333
	TOTAL CORPORATE DEBT OBLIGATIONS		\$ 31,718,240	\$ 29,891,847

GOVERNMENT & AGENCIES DEBT OBLIGATIONS

FHLB	FHLB VAR 04/01/2025	2,870,000	2,870,144
FHLMC POOL	FHLMC POOL #SB-1248 6.00% 08/01/2039	128,054	125,614
FHLMC POOL	FHLMC POOL #SB-1258 6.00% 08/01/2039	130,300	128,319
FHLMC POOL	FHLMC POOL #SD-1466 5.00% 08/01/2052	220,288	207,622
FHLMC POOL	FHLMC POOL #SI-2075 2.00% 09/01/2050	48,084	49,100
FHLMC POOL	FHLMC POOL #ZS-9627 3.5% 02/01/2046	77,679	72,852
FHLMC POOL	FHLMC POOL #SD-0685 3.5% 09/01/2051	409,638	367,350
FHLMC POOL	FHLMC POOL #SD-1300 5.00% 07/01/2052	95,560	90,163
FHLMC POOL	FHLMC POOL #SD-1358 5.00% 08/01/2052	150,441	139,532
FHLMC POOL	FHLMC POOL #SD-4333 6.5% 11/01/2053	217,740	216,466
FHLMC POOL	FHLMC POOL #WN-5166 4.15% 10/01/2029	58,767	58,228
FHLMC POOL	FHLMC POOL #WN-5168 4.15% 10/01/2029	68,570	67,900

Schedule of Assets Held for Investment Purposes at December 31, 2024

Plan Name: MILA National Choice Plan

Plan Sponsor: Management-ILA Managed Healthcare Trust Fund

Plan Number: 501

EIN: 13-3968546

Attachment for Schedule H, Line 4i of Form 5500

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	FHLMC POOL	FHLMC POOL #WN-5180 4.1% 10/01/2029	107,534	106,511
	FHLMC REMIC SERIES	FHLMC REMIC SERIES 2.25% 01/25/2032	136,975	135,131
	FHLMC REMIC SERIES	FHLMC REMIC SERIES VAR 01/25/2033	564,241	558,728
	FHLMC REMIC SERIES	FHLMC REMIC SERIES VAR 03/25/2032	211,755	211,954
	FHLMC REMIC SERIES	FHLMC REMIC SERIES VAR 05/25/2032	274,779	277,329
	FHLMC REMIC SERIES	FHLMC REMIC SERIES VAR 06/25/2032	133,664	131,769
	FHLMC REMIC SERIES	FHLMC REMIC SERIES VAR 08/25/2032	205,036	203,764
	FHLMC REMIC SERIES	FHLMC REMIC SERIES VAR 09/25/2032	232,461	230,803
	FHLMC REMIC SERIES	FHLMC REMIC SERIES VAR 10/25/2032	160,245	157,855
	FHLMC REMIC SERIES	FHLMC REMIC SERIES VAR 12/25/2032	132,240	129,978
	FNMA POOL #CA6709	FNMA POOL #CA6709 2.5% 08/01/2050	236,325	211,839
	FNMA POOL #CA6947	FNMA POOL #CA6947 2.5% 09/01/2050	425,129	377,830
	FNMA POOL #CB2371	FNMA POOL #CB2371 2.5% 12/01/2051	157,480	141,428
	FNMA POOL #CB3610	FNMA POOL #CB3610 4.00% 05/01/2052	97,299	89,905
	FNMA POOL #CB3611	FNMA POOL #CB3611 4.00% 05/01/2052	72,594	67,114
	FNMA POOL #FM4158	FNMA POOL #FM4158 2.5% 08/01/2050	284,960	255,890
	FNMA POOL #FM4314	FNMA POOL #FM4314 2.5% 08/01/2050	66,863	60,055
	FNMA POOL #FM7518	FNMA POOL #FM7518 2.5% 06/01/2051	141,490	141,544
	FNMA POOL #FM8471	FNMA POOL #FM8471 2.5% 09/01/2036	496,192	482,161
	FNMA POOL #FM8815	FNMA POOL #FM8815 3.5% 09/01/2051	37,979	34,119
	FNMA POOL #FM9416	FNMA POOL #FM9416 3.5% 07/01/2045	91,982	84,970
	FNMA POOL #FS0273	FNMA POOL #FS0273 2.5% 12/01/2051	97,937	88,408
	FNMA POOL #FS1456	FNMA POOL #FS1456 3.00% 12/01/2048	419,821	375,852
	FNMA POOL #FS2060	FNMA POOL #FS2060 4.00% 06/01/2052	186,251	170,545
	FNMA POOL #FS2232	FNMA POOL #FS2232 3.5% 04/01/2052	162,161	151,268
	FNMA POOL #FS2409	FNMA POOL #FS2409 5.00% 07/01/2052	55,351	52,331
	FNMA POOL #FS2458	FNMA POOL #FS2458 5.00% 07/01/2052	71,453	67,350
	FNMA POOL #FS2479	FNMA POOL #FS2479 2.5% 01/01/2051	187,260	167,136
	FNMA POOL #FS2604	FNMA POOL #FS2604 5.00% 08/01/2052	198,109	186,399
	FNMA POOL #FS3303	FNMA POOL #FS3303 2.5% 05/01/2052	80,595	78,278
	FNMA POOL #FS7207	FNMA POOL #FS7207 6.00% 02/01/2039	34,847	34,314
	FNMA POOL #FS8382	FNMA POOL #FS8382 3.00% 03/01/2037	67,084	66,817
	FNMA POOL #SB1260	FNMA POOL #SB1260 6.00% 09/01/2039	63,082	62,079
	FNMA 15YR TBA	FNMA 15YR TBA 5.00% 01/15/2038	199,027	198,982
	FNMA 30YR TBA	FNMA 30YR TBA 5.50% 02/13/2036	756,450	754,328
	FNMA 30YR TBA	FNMA 30YR TBA 6.00% 02/13/2036	674,062	673,516
	FNMA 30YR TBA	FNMA 30YR TBA 6.00% 11/01/2035	544,692	543,494
	FNMA TBA	FNMA TBA 4.50% 01/01/2041	99,880	98,749
	FNMA TBA	FNMA TBA 4.50% 02/13/2036	104,687	103,413

Schedule of Assets Held for Investment Purposes at December 31, 2024

Plan Name: MILA National Choice Plan

Plan Sponsor: Management-ILA Managed Healthcare Trust Fund

Plan Number: 501

EIN: 13-3968546

Attachment for Schedule H, Line 4i of Form 5500

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	FNMA TBA	FNMA TBA 5.00% 02/15/2038	473,284	470,280
	FNMA TBA	FNMA TBA 5.500% 01/01/2036	353,648	353,257
	FNMA TBA	FNMA TBA 7.00% 01/01/2036	106,548	106,790
	FNMA TBA	FNMA TBA 7.00% 02/15/2036	544,436	544,983
	FNMA TBA 30YR	FNMA TBA 30YR 3% 01/14/2043	61,653	61,144
	FNMA TBA 30YR	FNMA TBA 30YR 3.5% 01/12/2041	49,377	48,643
	FNMA TBA 30YR	FNMA TBA 30YR 4% 01/13/2039	77,458	76,808
	FNMA TBA 30YR	FNMA TBA 30YR 5.00% 01/14/2038	228,482	228,724
	FNMA TBA 30YR	FNMA TBA 30YR 5.00% 02/12/2038	50,893	51,124
	FNMA TBA 30YR	FNMA TBA 30YR 6.5% 01/13/2041	46,909	46,949
	FNMA TBA 30YR	FNMA TBA 30YR 6.5% 2/10/2041	190,789	190,704
	FNMA UMBS POOL #BT2761	FNMA UMBS POOL #BT2761 2.5% 08/01/2051	44,018	42,486
	FNMA UMBS POOL #BU5917	FNMA UMBS POOL #BU5917 2.5% 12/01/2051	135,235	131,071
	FNMA UMBS POOL #CA9140	FNMA UMBS POOL #CA9140 2.00% 02/01/2036	100,317	96,981
	GNMA II 30YR TBA	GNMA II 30YR TBA 2.5% 01/15/2051	188,838	186,205
	GNMA II 30YR TBA	GNMA II 30YR TBA 5.5% 01/22/2037	225,862	225,123
	GNMA II TBA	GNMA II TBA 5.5% 02/20/2037	513,072	509,271
	GNMA II TBA 30 YR	GNMA II TBA 30 YR 4.5% 01/21/39	68,654	67,106
	GNMA II TBA 30 YR	GNMA II TBA 30 YR 3.5% 02/21/2042	612,643	604,337
	GNMA II TBA 30YR	GNMA II TBA 30YR 3% 01/22/2043	60,145	59,825
	GNMA II TBA 30YR	GNMA II TBA 30YR 3% 02/19/2043	215,947	213,299
	GNMA II TBA 30YR	GNMA II TBA 30YR 3.5% 01/23/2041	423,896	418,294
	GNMAII JUMBO TBA	GNMAII JUMBO TBA 30YR 2.00% 01/15/2051	145,526	143,930
	GNMAII JUMBO TBA	GNMAII JUMBO TBA 30YR 6.00% 01/15/2053	250,709	250,633
	GNMAII JUMBO TBA	GNMAII JUMBO TBA 30YR 6.00% 02/15/2053	1,417,546	1,415,209
	GNMAII JUMBO TBA 30YR	GNMAII JUMBO TBA 30YR 6.5% 01/15/2054	109,572	109,849
	GNMAII JUMBO TBA 30YR	GNMAII JUMBO TBA 30YR 6.5% 02/15/2054	130,065	130,031
	U.S. TREASURY BOND	U.S. TREASURY BOND 2.375% 02/15/2042	837,735	772,368
	U.S. TREASURY BOND	U.S. TREASURY BOND 3.875% 02/15/2043	1,481,623	1,379,964
	U.S. TREASURY BOND	U.S. TREASURY BOND 2.875% 05/15/2052	849,925	756,116
	U.S. TREASURY BOND	U.S. TREASURY BOND 4.25% 02/15/2054	746,097	704,257
	U.S. TREASURY NOTE	U.S. TREASURY NOTE 1.875% 02/28/2029	534,119	538,897
	UMBS TBA	UMBS TBA 6.00% 01/15/2039	60,005	59,984
	UMBS TBA	UMBS TBA 5.5% 02/15/2039	1,041,659	1,039,095
	UMBS TBA 15YR	UMBS TBA 15YR 5.5% 01/15/2039	344,318	344,230
	UMBS TBA 15YR	UMBS TBA 15YR 6.00% 02/15/2039	140,413	140,259
	UMBS TBA 15YR	UMBS TBA 15YR 2.00% 02/15/2036	751,602	747,399
	UMBS TBA 30YR	UMBS TBA 30YR 4% 02/15/2052	195,412	194,729
	UMBS TBA 30YR	UMBS TBA 30YR TBA 2.00% 02/15/2051	600,276	596,941

Schedule of Assets Held for Investment Purposes at December 31, 2024

Plan Name: MILA National Choice Plan

Plan Sponsor: Management-ILA Managed Healthcare Trust Fund

Plan Number: 501

EIN: 13-3968546

Attachment for Schedule H, Line 4i of Form 5500

(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
	UMBS TBA 30YR	UMBS TBA 30YR TBA 2.5% 01/15/2051	12,370	12,216
	UMBS TBA 30YR	UMBS TBA 30YR TBA 2.5% 02/15/2051	90,570	89,601
	US TREASURY BOND	US TREASURY BOND 4.125% 08/15/2044	2,110,164	2,046,137
	US TREASURY BOND	US TREASURY BOND 4.25% 08/15/2054	1,673,193	1,620,017
	TOTAL GOVERNMENT & AGENCIES DEBT OBLIGATIONS		\$ 31,040,099	\$ 30,182,494
COLLECTIVE INVESTMENT TRUSTS				
	LONGVIEW LARGE CAP 500 VEBA INDEX FUND	LONGVIEW LARGE CAP 500 VEBA INDEX, NAV PER SHARE - \$953.1, SHARES - 928,353.38	\$ 195,538,043	\$ 884,814,797
	LOOMIS SAYLES CORE PLUS FULL DISC	LOOMIS INVESTMENT TRUST, NAV PER SHARE - \$14.37, SHARES - 13,049,157.53	149,370,787	187,516,394
	TOTAL COLLECTIVE INVESTMENT TRUSTS		\$ 344,908,830	\$ 1,072,331,190
GUARANTEED DEPOSIT ACCOUNTS				
	EMPOWER ANNUITY INSURANCE CO OF AMERICA GDA #1	GUARANTEED DEPOSIT ACCOUNT, 4.95% NET OF ADMIN. CHGS. FOR YEAR 2024 DEPOSITS AND 4.70% FOR PRIOR YEAR DEPOSITS	\$ 40,986,967	\$ 39,556,890
	EMPOWER ANNUITY INSURANCE CO OF AMERICA GDA #2	GUARANTEED DEPOSIT ACCOUNT, 4.15% NET OF ADMIN. CHGS. FOR YEAR 2024 DEPOSITS AND 4.20% FOR PRIOR YEAR DEPOSITS	55,360,520	53,388,800
	TOTAL GUARANTEED DEPOSIT ACCOUNTS		\$ 96,347,486	\$ 92,945,690
REAL ESTATE INVESTMENT				
	BOYD WATTERSON GSA FUND, LP	BOYD WATTERSON GSA FUND, LP, NAV PER UNIT \$986.35, UNITS HELD - 96,545.95	\$ 93,486,537	\$ 95,228,229
	TOTAL REAL ESTATE INVESTMENT		\$ 93,486,537	\$ 95,228,229
LIMITED PARTNERSHIP INTEREST				
	NUVEEN HIGH YIELD INCOME FUND, LP	LIMITED PARTNERSHIP INTEREST INVESTING IN HIGH YIELD BONDS, SENIOR LOANS, CONVERTIBLE SECURITIES & DERIVATES, FMV DETERMINED BY ISSUER AT NAV	\$ 25,000,000	\$ 43,305,717
	TOTAL LIMITED PARTNERSHIP INTEREST - NUVEEN HIGH YIELD		\$ 25,000,000	\$ 43,305,717
	CCA BLACK, L.P. CLASS A	LIMITED PARTNERSHIP INTEREST INVESTING IN NON-VARIABLE IN FORCE UNIVERSAL LIFE POLICIES, LIFE SETTLEMENTS, FMV DETERMINED BY ISSUER AT NAV	\$ 20,641,547	\$ 29,628,412
	CCA BLACK, L.P. CLASS B	LIMITED PARTNERSHIP INTEREST INVESTING IN NON-VARIABLE IN FORCE UNIVERSAL LIFE POLICIES, LIFE SETTLEMENTS, FMV DETERMINED BY ISSUER AT NAV	\$ 5,749,039	\$ 5,577,167
	CCA LONGEVITY FUND VI, L.P.	LIMITED PARTNERSHIP INTEREST INVESTING IN NON-VARIABLE IN FORCE UNIVERSAL LIFE POLICIES, LIFE SETTLEMENTS, FMV DETERMINED BY ISSUER AT NAV	3,066,000	3,171,783
	TOTAL LIMITED PARTNERSHIP INTEREST - LIFE SETTLEMENTS		\$ 29,456,586	\$ 38,377,362
	ULLICO LLC			

Schedule of Assets Held for Investment Purposes at December 31, 2024

Plan Name: MILA National Choice Plan

Plan Sponsor: Management-ILA Managed Healthcare Trust Fund

Plan Number: 501

EIN: 13-3968546

Attachment for Schedule H, Line 4i of Form 5500

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
TOTAL LIMITED PARTNERSHIP INTEREST - ULLICO INFRASTRUC' ULLICO INFRASTRUCTURE TAX-EXEMPT FUND LP, NAV PER UNIT \$297.66337, SHARES - 221,513.21346			\$ 54,050,990	\$ 65,936,370
			<u>\$ 54,050,990</u>	<u>\$ 65,936,370</u>
LESS: DIFFERENCE IN COST AND CURRENT VALUE OF EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA GDA #1 AND GDA #2				<u>\$ 3,401,796</u>
TOTAL ASSETS HELD FOR INVESTMENT PURPOSES - (Per Schedule)			\$ 759,543,384	\$ 1,525,160,579
LESS: CASH INCLUDED IN CASH & EQUIVALENTS ON FINANCIAL STATEMENTS				<u>58,359,798</u>
TOTAL ASSETS HELD FOR INVESTMENT PURPOSES - (Per Financial Statement)				<u>\$ 1,466,800,781</u>

Management-ILA Managed Healthcare Trust Fund
Schedule of Reportable Transactions for the Year Ended December 31, 2024

Plan Name: MILA National Choice Plan
Plan Sponsor: Management-ILA Managed Healthcare Trust Fund
Attachment for Schedule H, line 4j of Form 5500

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	asset on transaction date	asset on transaction date
* Prudential Financial GDA #2	Guaranteed Deposit Account, 4.15% Net of Admin. Chgs. for Year 2024 Deposits & 4.20% for Prior Year Deposits		60,000,000	60,000,000	60,000,000	60,000,000
* Wells Fargo Bank NA Stagecoach Sweep Account	21 purchases for the month of December 2024 average interest rate for December 2024 was 3.76987%	716,080,371		716,080,371	716,080,371	
* Wells Fargo Bank NA Stagecoach Sweep Account	21 sales for the month of December 2024 average interest rate for December 2024 was 3.76987%		716,190,147	716,080,371	716,190,147	716,190,147
* Wells Fargo Bank NA Stagecoach Sweep Account	19 purchases for the month of November 2024 average interest rate for November 2024 was 3.94550%	609,792,099		609,792,099	609,792,099	
* Wells Fargo Bank NA Stagecoach Sweep Account	19 sales for the month of November 2024 average interest rate for November 2024 was 3.94550%		609,902,114	609,792,099	609,902,114	609,902,114
* Wells Fargo Bank NA Stagecoach Sweep Account	22 purchases for the month of October 2024 average interest rate for October 2024 was 4.10640%	741,308,882		741,308,882	741,308,882	
* Wells Fargo Bank NA Stagecoach Sweep Account	22 sales for the month of October 2024 average interest rate for October 2024 was 4.10640%		741,426,976	741,308,882	741,426,976	741,426,976
* Wells Fargo Bank NA Stagecoach Sweep Account	12 purchases for the month of September 2024 average interest rate for September 2024 was 4.13770%	30,237,806		30,237,806	30,237,806	
* Wells Fargo Bank NA Stagecoach Sweep Account	12 sales for the month of September 2024 average interest rate for September 2024 was 4.13770%		30,241,508	30,237,806	30,241,508	30,241,508

(a) Represents a transaction or a series of transactions in securities of the same issue in excess of 5% of the plan's assets as of December 31, 2022.

*A party of interest as defined by ERISA.

Schedule of Assets Held for Investment Purposes at December 31, 2024

Plan Name: MILA National Choice Plan

Plan Sponsor: Management-ILA Managed Healthcare Trust Fund

Plan Number: 501

EIN: 13-3968546

Attachment for Schedule H, Line 4i of Form 5500

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
CASH & EQUIVALENTS				
*	FLAGSTAR BANK, N.A.	MONEY MARKET ACCOUNT, AVERAGE INTEREST RATE FOR 2024 - 3.2%	\$ 1,835	\$ 1,835
*	FLAGSTAR BANK, N.A.	FIDELITY TREASURY MONEY MARKET FUNDS, AVERAGE INTEREST RATE FOR 2024 - 3.65%	298,156	298,156
*	BofA SECURITIES, INC.	JPMORGAN TR II US GOV'T MONEY MKT FD CAP, AVERAGE INTEREST RATE FOR 2024 - 5.246%	3,440,343	3,440,343
*	WELLS FARGO BANK N.A.	STAGECOACH SWEEP PREFERRED, AVERAGE INTEREST RATE FOR DECEMBER 2024 - 3.77%	54,619,463	54,619,463
	CASH & EQUIVALENTS		58,359,798	58,359,798
	CASH PAYABLE - PENDING TRADES	PENDING TRADES PAYABLE CERTIFIED PER CUSTODIAL BANK - AMALGAMATED BANK	(12,145,682)	(12,145,682)
	U.S. TREASURY BILLS	PAR VALUE 99.86, 2,850,000, MATURITY DATE 01/14/2025	2,831,750	2,846,010
	U.S. TREASURY BILLS	PAR VALUE 98.97, 3,221,000, MATURITY DATE 04/01/2025	3,176,830	3,187,856
*	JPMORGAN PRIME MONEY MARKET FUND	JPMORGAN PRIME MONEY MARKET FUND, 5.24%, 100% PAR VALUE 1,311,378.36	1,311,920	1,311,903
	CASH & EQUIVALENTS - AMALGAMATED BANK		(4,825,182)	(4,799,913)
	TOTAL CASH & EQUIVALENTS		\$ 53,534,616	\$ 53,559,885
CORPORATE DEBT OBLIGATIONS				
	ACCENTURE CAPITAL INC	ACCENTURE CAPITAL INC 4.25% 10/4/2031	126,794	122,038
	AEP TRANSMISSION	AEP TRANSMISSION CO 5.15% 4/1/2034	123,480	121,009
	AIR LEASE CORP	AIR LEASE CORP SR 5.2% 7/15/2031	234,301	231,206
	ALLY AUTO RECV	ALLY AUTO RECV 5.46% 05/15/2028	416,975	418,976
	AMERICAN TOWER CORP	AMERICAN TOWER CORP 2.95% 01/15/2025	43,854	44,971
	AMERICAN TOWER CORP	AMERICAN TOWER CORP 3.8% 08/15/2029	187,539	193,121
	AMERICAN TOWER CORP	AMERICAN TOWER CORP 5.55% 07/15/2033	159,743	158,168
	AMERICREDIT AM	AMERICREDIT AM RECV 5.89% 02/18/2028	94,437	94,428
	APACHE CORP	APACHE CORP 4.75% 4/15/2043	185,722	179,667
	ASSURANT INC SR NT	ASSURANT INC SR NT 2.65% 01/15/2032	202,395	179,144
	ATLASSIAN CORPORATION	ATLASSIAN CORPORATION 5.5% 5/15/2034	130,445	128,559
	BANK 2018 CMO	BANK 2018-BN15 XA CMO 0.4308% 11/15/2061	70,776	25,858
	BANK OF AMERICA CORP	BANK OF AMERICA CORP 3.593% 07/21/2028	273,633	259,491
	BAT CAPITAL CORP SR	BAT CAPITAL CORP SR 5.834% 02/20/2031	104,369	106,315
	BAT CAPITAL CORP SR	BAT CAPITAL CORP SR 6.343% 08/02/2030	202,727	214,508
	BAXALTA INC	BAXALTA INC 4% 06/23/2025	33,912	33,884
	BENCHMARK MORTGAGE	BENCHMARK MORTGAGE TR VAR 05/17/2056	219,379	218,309
	BMO 2023-C5	BMO 2023-C5 A4 5.4943% 6/15/2056	49,490	49,459
	BMO MORTGAGE TR 2024-5C8 VAR	BMO 2024-5C8 5.6309% 12/17/2057	72,100	71,289
	BMW VEH LEASE TR	BMW VEH LEASE TR 5.16% 11/25/2025	66,313	66,834
	BMWLT 2023-2 A3	BMWLT 2023-2 A3 5.99% 09/25/2026	238,463	240,041
	BOEING CO CR	BOEING CO CR SEN 6.388% 05/01/2031	135,073	135,918
	BROADCOM INC	BROADCOM INC 4.15% 11/15/30	229,868	219,123
	BROADCOM INC	BROADCOM INC SR 4.8% 10/15/34	115,760	111,939

Schedule of Assets Held for Investment Purposes at December 31, 2024

Plan Name: MILA National Choice Plan

Plan Number: 501

Plan Sponsor: Management-ILA Managed Healthcare Trust Fund

EIN: 13-3968546

Attachment for Schedule H, Line 4i of Form 5500

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	BROWN & BROWN INC	BROWN & BROWN INC 5.65% 06/11/2034	95,753	96,104
	CADENCE DESIGN SYSTEM	CADENCE DESIGN SYSTEM 4.7% 09/10/2034	78,850	75,740
	CAPITAL ONE MULTI	CAPITAL ONE MULTI 3.49% 05/15/2027	173,630	179,294
	CAPITAL ONE MULTI	CAPITAL ONE MULTI TR 2.8% 3/15/2027	253,632	259,030
	CARMAX AUTO OWN	CARMAX AUTO OWN 00.00% 10/15/2027	158,689	172,638
	CARMAX AUTO OWNER TR	CARMAX AUTO OWNER TR 4.98% 01/16/2029	186,705	190,454
	CARMAX AUTO OWNER TRUST	CARMAX AUTO OWNER TRUST 4.48% 12/15/2027	244,983	243,121
	CARVANA AUTO REC TR	CARVANA AUTO REC TR 4.61% 11/10/2027	194,301	196,299
	CARVANA AUTO REC TR	CARVANA AUTO REC TR 5.67% 11/10/2027	107,922	108,432
	CENTERPOINT ENERGY RES	CENTERPOINT ENERGY RES 1.75% 10/01/30	329,130	283,345
	CHENIERE ENERGY INC	CHENIERE ENERGY INC SR 4.625% 10/15/2028	46,729	46,959
	CITIGROUP COML MTG TR CMO	CITIGROUP COML MTG TR CMO 11/10/2048	57,097	2,401
	CITIGROUP INC	CITIGROUP INC 3.887% 01/10/2028	359,961	331,321
	COCA COLA CONS INC	COCA COLA CONS INC SR 5.45% 06/01/2034	284,337	276,790
	COLUMBIA PIPELINE GROUP	COLUMBIA PIPELINE GROUP 4.5% 06/01/2025	71,095	72,807
	COMM MTG TR 2015-LC21 VAR	COMM MTG TR 2015-LC21 VAR 07/10/2048	102,741	105,800
	CONSUMERS ENERGY CO	CONSUMERS ENERGY CO 4.7% 01/15/2030	137,690	137,040
	CONTINENTAL RESOURCES	CONTINENTAL RESOURCES 4.375% 01/15/2028	186,312	192,519
	CONTINENTAL RESOURCES INC	CONTINENTAL RESOURCES INC 4.9% 06/01/44	168,372	161,782
	COTERRA ENERGY INC	COTERRA ENERGY INC 5.6% 03/15/2034	226,904	224,971
	CROWN CASTLE INTL CORP	CROWN CASTLE INTL CORP 2.1% 04/01/2031	123,411	126,632
	CROWN CASTLE INTL CORP	CROWN CASTLE INTL CORP 3.3% 7/1/2030	262,894	272,577
	DISCOVER CARD	DISCOVER CARD 4.31% 3/15/2028	129,771	129,707
	DTE ELEC CO	DTE ELEC CO 1M -C BD 5.2% 03/01/2034	89,958	89,661
	DTE ENERGY CO	DTE ENERGY CO 4.95% 07/01/2027	136,837	137,514
	DUKE ENERGY IND	DUKE ENERGY IND 5.25% 03/01/2034	113,623	113,958
	DUKE ENERGY FLA LLC	DUKE ENERGY FLA LLC 6.2% 11/15/2053	131,197	139,110
	DUKE ENERGY IND LLC	DUKE ENERGY IND LLC 5.4% 04/01/2053	130,923	131,662
	EASTERN GAS TRAN	EASTERN GAS TRAN 3.00% 11/15/2029	259,050	269,266
	ENCANA CORP	ENCANA CORP 6.500% 02/01/38	60,182	60,072
	ENTERGY CORP NEW	ENTERGY CORP NEW 0.9% 09/15/2025	165,101	176,991
	ENTERGY LA LLC	ENTERGY LA LLC 1M BD 5.35% 03/15/2034	243,566	243,785
	ENTERGY LA LLC	ENTERGY LA LLC 1ST MTG 5.7% 03/15/2054	80,883	80,041
	EVERGY METRO INC	EVERGY METRO INC -2023 4.95% 04/15/2033	212,729	207,737
	EXETER AUTO RECV	EXETER AUTO RECV 4.48% 4/16/2029	124,996	124,277
	EXETER AUTO RECV TR	EXETER AUTO RECV TR 1.40% 04/15/2027	39,612	38,680
	EXETER AUTO RECV TR	EXETER AUTO RECV TR 5.29% 8/15/2030	281,006	281,710
	EXETER AUTO RECV TR	EXETER AUTO RECV TR 5.83% 5/15/2029	269,993	273,311
	EXETER AUTO RECV TR	EXETER AUTO RECV TR 6.32% 8/15/2029	55,241	55,896

Schedule of Assets Held for Investment Purposes at December 31, 2024

Plan Name: MILA National Choice Plan

Plan Number: 501

Plan Sponsor: Management-ILA Managed Healthcare Trust Fund

EIN: 13-3968546

Attachment for Schedule H, Line 4i of Form 5500

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	FACTSET RESH SYS INC	FACTSET RESH SYS INC 3.45% 03/01/2032	197,777	181,787
	FIFTH THIRD AUTO	FIFTH THIRD AUTO TR 5.53% 8/15/2028	263,138	262,856
	FIRST NATIONAL MASTER	FIRST NATIONAL MASTER 6.03% 09/17/2029	186,521	188,711
	FIRST NATL MSTR	FIRST NATL MSTR NOTE 5.13% 4/16/2029	164,755	165,961
	FIRST NATL MSTR	FIRST NATL MSTR NT TR 5.34% 5/15/2030	209,963	211,946
	FIRST UNION CORP	FIRST UNION CORP 7.574% 8/01/26	518,617	422,458
	FORD CR AUTO LEASE	FORD CR AUTO LEASE 4.99% 1/15/2028	159,983	160,872
	FORD CR AUTO LEASE	FORD CR AUTO LEASE 5.54% 12/15/2026	110,653	110,362
	GALLAGHER ARTHUR J & CO	GALLAGHER ARTHUR J & CO 5.00% 12/15/2032	91,050	89,815
	GENERAL MTRS FINL CO	GENERAL MTRS FINL CO 5.95% 04/04/2034	199,116	201,044
	GM FIN ATMBL LEASE TR	GM FIN ATMBL LEASE TR 5.74% 01/20/2027	289,891	291,332
	GM FINL AUTO LEASING	GM FINL AUTO LEASING 5.54% 05/20/2027	185,032	186,234
	GM FINL CON AUT	GM FINL CON AUT RECV 5.45% 6/16/2028	191,039	192,053
	GS MORTGAGE SECS TR CMO	GS MORTGAGE SECS TR CMO 0.8447% 11/10/48	77,529	4,437
	HEICO CORP NEW SR NT	HEICO CORP NEW SR NT 5.35% 08/01/2033	259,905	267,359
	HUMANA INC SR GLBL NT	HUMANA INC SR GLBL NT 1.35% 02/03/2027	131,161	145,966
	HYUNDAI AUTO REC TR	HYUNDAI AUTO REC TR 4.84% 3/15/2029	164,975	165,850
	INTERCONTINENTAL	INTERCONTINENTAL 5.25% 06/15/2031	126,879	128,225
	INTUIT SR NT	INTUIT SR NT 5.125% 09/15/2028	305,373	310,581
	IPALCO ENTERPRISES	IPALCO ENTERPRISES 4.25% 05/01/2030	415,027	373,839
	JPMBB COML MTG SEC	JPMBB COML MTG SEC 3.7996% 01/17/2048	141,640	147,664
	JPMORGAN CHASE & CO	JPMORGAN CHASE & CO 3.782% 02/01/2028	967,993	897,550
	KENTUCKY UTIL CO	KENTUCKY UTIL CO 5.45% 04/15/2033	321,649	325,410
	L3HARRIS TECHNOLOGIES	L3HARRIS TECHNOLOGIES 5.4% 07/31/2033	215,132	211,621
	MARSH & MCLENNAN COS	MARSH & MCLENNAN COS 4.85% 11/15/2031	157,877	156,025
	MERCEDES-BENZ AUTO	MERCEDES-BENZ AUTO 5.32% 2/15/2030	269,953	273,288
	MERCK & CO INC SR NT	MERCK & CO INC SR NT 2.15% 12/10/2031	220,346	228,313
	MIDAMERICAN ENERGY	MIDAMERICAN ENERGY 5.85% 09/15/2054	76,911	78,256
	MORGAN STANLEY BAML CMO	MORGAN STANLEY BAML CMO 0.7724% 7/15/50	147,956	1,258
	NATIONAL FUEL GAS CO	NATIONAL FUEL GAS CO 3.95% 09/15/2027	430,939	388,648
	NETFLIX INC	NETFLIX INC SR NT 4.9% 08/15/2034	166,697	163,543
	NSTAR ELEC CO	NSTAR ELEC CO SR 5.4% 06/01/2034	126,813	127,627
	OGLETHORPE POWER CORP	OGLETHORPE POWER CORP 5.05% 10/01/48	162,861	117,109
	OGLETHORPE POWER CORP	OGLETHORPE POWER CORP 5.95% 11/01/2039	267,722	205,975
	OHIO EDISON CO	OHIO EDISON CO 8.25% 10/15/2038	313,805	246,748
	ORACLE CORP	ORACLE CORP 3.85% 07/15/2036	76,956	77,963
	ORACLE CORP	ORACLE CORP 6.125% 07/08/39	152,728	117,052
	ORACLE CORP SR GLBL NT	ORACLE CORP SR GLBL NT 6.9% 11/09/2052	50,421	54,867
	OTIS WORLDWIDE CORP SR	OTIS WORLDWIDE CORP SR 5.125% 11/19/2031	43,997	44,018

Schedule of Assets Held for Investment Purposes at December 31, 2024

Plan Name: MILA National Choice Plan

Plan Sponsor: Management-ILA Managed Healthcare Trust Fund

Plan Number: 501

EIN: 13-3968546

Attachment for Schedule H, Line 4i of Form 5500

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	OVINTIV INC GLBL NT	OVINTIV INC GLBL NT 7.1% 07/15/2053	161,880	151,135
	PHILIP MORRIS INTL INC	PHILIP MORRIS INTL INC 5.625% 11/17/2029	303,533	311,066
	PIEDMONT NAT GAS	PIEMONT NAT GAS 2.5% 03/15/2031	165,690	136,590
	PUBLIC SVC ELEC & GAS	PUBLIC SVC ELEC & GAS 4.85% 08/01/2034	105,702	103,052
	PUGET ENERGY INC SR SEC	PUGET ENERGY INC SR SEC 4.1% 06/15/2030	247,858	206,478
	RENOLDS AMERICAN INC	RENOLDS AMERICAN INC 4.45% 06/12/2025	253,629	260,272
	SABINE PASS LIQUEFACTION	SABINE PASS LIQUEFACTION 5.625% 03/01/25	6,146	6,002
	SANTANDER DR AUT RCV	SANTANDER DR AUT RCV 4.72% 06/15/2027	223,071	223,061
	SANTANDER DRIVE	SANTANDER DRIVE 5.78% 7/16/2029	189,992	193,098
	SANTANDER DRIVE	SANTANDER DRIVE 6.28% 8/15/2031	139,980	144,020
	SANTANDER DRIVE AUTO	SANTANDER DRIVE AUTO 5.45% 3/15/2030	261,464	264,912
	SANTANDER DRIVE AUTO TR	SANTANDER DRIVE AUTO TR 6.69% 03/17/2031	324,381	323,454
	SANTANDER DRIVE AUTO	SANTANDER DRIVE AUTO 5.88% 4/17/2028	189,990	190,830
	SOUTHWEST GAS CORP SR	SOUTHWEST GAS CORP SR 4.05% 03/15/2032	75,169	74,297
	SPIRMIS	SPIRMIS 5.15% 08/15/2034	46,840	46,633
	SPRINT CAP CORP	SPRINT CAP CORP 8.750% 3/15/32	465,559	473,978
	T MOBILE USA INC SR	T MOBILE USA INC SR 3.875% 04/15/2030	74,768	73,397
	TARGA RES PARTNERS	TARGA RES PARTNERS 4.875% 02/01/2031	261,690	273,248
	TARGA RES PARTNERS	TARGA RES PARTNERS 5.5% 03/01/2030	252,710	250,788
	TOYOTA MTR CR CORP	TOYOTA MTR CR CORP FR 4.8% 01/05/2034	108,880	105,898
	UNIVERSAL HLTH SVCS	UNIVERSAL HLTH SVCS 5.05% 10/15/2034	32,896	30,791
	VWALT 2024-A	VWALT 2024-A A3 5.21% 6/21/2027	399,966	403,760
	WACHOVIA BANK NA	WACHOVIA BANK NA 5.85% 02/01/2037	94,432	73,439
	WARNERMEDIA HLDGS INC	WARNERMEDIA HLDGS INC 3.788% 03/15/2025	253,373	261,209
	WELLS FARGO & COMPANY	WELLS FARGO & COMPANY 3.584% 05/22/28	273,776	241,291
	WELLS FARGO CML MTG CMO	WELLS FARGO CML MTG CMO 0.6222% 04/15/50	682,624	17,758
	WELLS FARGO COML TR	WELLS FARGO COML TR VAR 09/17/2057	127,223	131,247
	WF CARD ISSUANCE	WF CARD ISSUANCE TR 4.29% 10/15/2029	114,983	114,220
	WORLD FIN NTRWK	WORLD FIN NTRWK CR 5.02% 3/15/2030	189,020	191,007
	WORLD FINANCIAL	WORLD FINANCIAL 6.25% 2/15/2031	81,358	82,330
	WORLD OMNI SET AUTO	WORLD OMNI SET AUTO TR 4.98% 2/15/2030	199,957	200,989
	AMERICAN EXPRESS CO	AMERICAN EXPRESS CO VAR 07/26/2035	197,000	194,827
	BANK NEW YORK MELLON CORP	BANK NEW YORK MELLON CORP VAR 07/26/2030	263,815	267,669
	BANK NEW YORK MELLON	BANK NEW YORK MELLON VAR 04/26/2034	93,000	91,143
	BANK OF AMERICA CORP FLTG	BANK OF AMERICA CORP FLTG 03/05/2029	260,303	219,182
	BBCMS MTG TR	BBCMS MTG TR 2024-5C31 VAR 12/17/2057	103,095	102,026
	BENCHMARK	BENCHMARK 2024-12 VAR 12/17/2057	72,100	71,758
	BK OF AMERICA CORP	BK OF AMERICA CORP 1.658% 03/11/2027	50,569	52,997
	BK OF AMERICA CORP FR	BK OF AMERICA CORP FR VAR 04/22/2032	298,496	261,315

Schedule of Assets Held for Investment Purposes at December 31, 2024

Plan Name: MILA National Choice Plan

Plan Sponsor: Management-ILA Managed Healthcare Trust Fund

Plan Number: 501

EIN: 13-3968546

Attachment for Schedule H, Line 4i of Form 5500

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	CITIGROUP INC FLTG	CITIGROUP FLTG 03/20/2030	300,960	270,191
	CITIGROUP INC SUB	CITIGROUP INC SUB VAR 02/13/2035	138,000	137,325
	CREDIT SUISSE AG	CREDIT SUISSE AG 5.00% 07/09/2027	981,310	1,005,860
	FHLMC REMIC SERIES	FHLMC REMIC SERIES VAR 08/25/2032	176,321	173,506
	GOLDMAN SACHS GROUP	GOLDMAN SACH GROUP VAR 07/21/2021	521,579	460,870
	JPMORGAN CHASE & CO SR NT	JPMORGAN CHASE & CO SR NT VAR 04/22/2032	130,493	110,657
	JPMORGAN CHASE & CO	JPMORGAN CHASE & CO VAR 01/25/2033	195,556	178,060
	JPMORGAN CHASE & CO	JPMORGAN CHASE & CO VAR 10/22/2035	170,849	168,616
	MORGAN STANLEY	MORGAN STANLEY VAR 04/20/2028	77,073	78,854
	MORGAN STANLEY	MORGAN STANLEY VAR 04/20/2037	99,232	100,073
	MORGAN STANLEY	MORGAN STANLEY VAR 07/19/2035	172,308	167,214
	MORGAN STANLEY	MORGAN STANLEY VARIABLE 01/23/2030	596,083	551,838
	PNC FINL SVCS GROUP INC	PNC FINL SVCS GROUP INC VAR 10/28/2033	144,282	137,640
	PNC FINL SVCS GROUP	PNC FINL SVCS GROUP VAR 01/22/2035	133,087	131,502
	PNC FINL SVCS GROUP	PNC FINL SVCS GROUP VAR 10/21/2032	140,000	136,258
	TRUIST FINL CORP	TRUIST FINL CORP FR VAR 01/24/2035	237,629	236,798
	TRUIST FINL CORP	TRUIST FINL CORP FR VAR 06/08/2034	135,731	135,407
	US BANCORP NTS	US BANCORP NTS USD VAR 02/01/2034	309,049	299,613
	US BANCORP FR	US BANCORP FR VAR 01/23/2035	116,000	116,979
	US BANCORP	US BANCORP VAR 07/22/2033	135,129	127,395
	WELLS FARGO COM	WELLS FARGO COM MT TR VAR 07/17/2057	113,299	113,356
	WELLS FARGO & COMPANY	WELLS FARGO & COMPANY VAR 03/02/2033	120,000	105,198
	WELLS FARGO & COMPANY	WELLS FARGO & COMPANY VAR 04/30/2026	117,884	128,824
	WELLS FARGO & COMPANY	WELLS FARGO & COMPANY VAR 06/02/2028	155,334	140,333
	TOTAL CORPORATE DEBT OBLIGATIONS		\$ 31,718,240	\$ 29,891,847

GOVERNMENT & AGENCIES DEBT OBLIGATIONS

FHLB	FHLB VAR 04/01/2025	2,870,000	2,870,144
FHLMC POOL	FHLMC POOL #SB-1248 6.00% 08/01/2039	128,054	125,614
FHLMC POOL	FHLMC POOL #SB-1258 6.00% 08/01/2039	130,300	128,319
FHLMC POOL	FHLMC POOL #SD-1466 5.00% 08/01/2052	220,288	207,622
FHLMC POOL	FHLMC POOL #SI-2075 2.00% 09/01/2050	48,084	49,100
FHLMC POOL	FHLMC POOL #ZS-9627 3.5% 02/01/2046	77,679	72,852
FHLMC POOL	FHLMC POOL #SD-0685 3.5% 09/01/2051	409,638	367,350
FHLMC POOL	FHLMC POOL #SD-1300 5.00% 07/01/2052	95,560	90,163
FHLMC POOL	FHLMC POOL #SD-1358 5.00% 08/01/2052	150,441	139,532
FHLMC POOL	FHLMC POOL #SD-4333 6.5% 11/01/2053	217,740	216,466
FHLMC POOL	FHLMC POOL #WN-5166 4.15% 10/01/2029	58,767	58,228
FHLMC POOL	FHLMC POOL #WN-5168 4.15% 10/01/2029	68,570	67,900

Schedule of Assets Held for Investment Purposes at December 31, 2024

Plan Name: MILA National Choice Plan

Plan Sponsor: Management-ILA Managed Healthcare Trust Fund

Plan Number: 501

EIN: 13-3968546

Attachment for Schedule H, Line 4i of Form 5500

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	FHLMC POOL	FHLMC POOL #WN-5180 4.1% 10/01/2029	107,534	106,511
	FHLMC REMIC SERIES	FHLMC REMIC SERIES 2.25% 01/25/2032	136,975	135,131
	FHLMC REMIC SERIES	FHLMC REMIC SERIES VAR 01/25/2033	564,241	558,728
	FHLMC REMIC SERIES	FHLMC REMIC SERIES VAR 03/25/2032	211,755	211,954
	FHLMC REMIC SERIES	FHLMC REMIC SERIES VAR 05/25/2032	274,779	277,329
	FHLMC REMIC SERIES	FHLMC REMIC SERIES VAR 06/25/2032	133,664	131,769
	FHLMC REMIC SERIES	FHLMC REMIC SERIES VAR 08/25/2032	205,036	203,764
	FHLMC REMIC SERIES	FHLMC REMIC SERIES VAR 09/25/2032	232,461	230,803
	FHLMC REMIC SERIES	FHLMC REMIC SERIES VAR 10/25/2032	160,245	157,855
	FHLMC REMIC SERIES	FHLMC REMIC SERIES VAR 12/25/2032	132,240	129,978
	FNMA POOL #CA6709	FNMA POOL #CA6709 2.5% 08/01/2050	236,325	211,839
	FNMA POOL #CA6947	FNMA POOL #CA6947 2.5% 09/01/2050	425,129	377,830
	FNMA POOL #CB2371	FNMA POOL #CB2371 2.5% 12/01/2051	157,480	141,428
	FNMA POOL #CB3610	FNMA POOL #CB3610 4.00% 05/01/2052	97,299	89,905
	FNMA POOL #CB3611	FNMA POOL #CB3611 4.00% 05/01/2052	72,594	67,114
	FNMA POOL #FM4158	FNMA POOL #FM4158 2.5% 08/01/2050	284,960	255,890
	FNMA POOL #FM4314	FNMA POOL #FM4314 2.5% 08/01/2050	66,863	60,055
	FNMA POOL #FM7518	FNMA POOL #FM7518 2.5% 06/01/2051	141,490	141,544
	FNMA POOL #FM8471	FNMA POOL #FM8471 2.5% 09/01/2036	496,192	482,161
	FNMA POOL #FM8815	FNMA POOL #FM8815 3.5% 09/01/2051	37,979	34,119
	FNMA POOL #FM9416	FNMA POOL #FM9416 3.5% 07/01/2045	91,982	84,970
	FNMA POOL #FS0273	FNMA POOL #FS0273 2.5% 12/01/2051	97,937	88,408
	FNMA POOL #FS1456	FNMA POOL #FS1456 3.00% 12/01/2048	419,821	375,852
	FNMA POOL #FS2060	FNMA POOL #FS2060 4.00% 06/01/2052	186,251	170,545
	FNMA POOL #FS2232	FNMA POOL #FS2232 3.5% 04/01/2052	162,161	151,268
	FNMA POOL #FS2409	FNMA POOL #FS2409 5.00% 07/01/2052	55,351	52,331
	FNMA POOL #FS2458	FNMA POOL #FS2458 5.00% 07/01/2052	71,453	67,350
	FNMA POOL #FS2479	FNMA POOL #FS2479 2.5% 01/01/2051	187,260	167,136
	FNMA POOL #FS2604	FNMA POOL #FS2604 5.00% 08/01/2052	198,109	186,399
	FNMA POOL #FS3303	FNMA POOL #FS3303 2.5% 05/01/2052	80,595	78,278
	FNMA POOL #FS7207	FNMA POOL #FS7207 6.00% 02/01/2039	34,847	34,314
	FNMA POOL #FS8382	FNMA POOL #FS8382 3.00% 03/01/2037	67,084	66,817
	FNMA POOL #SB1260	FNMA POOL #SB1260 6.00% 09/01/2039	63,082	62,079
	FNMA 15YR TBA	FNMA 15YR TBA 5.00% 01/15/2038	199,027	198,982
	FNMA 30YR TBA	FNMA 30YR TBA 5.50% 02/13/2036	756,450	754,328
	FNMA 30YR TBA	FNMA 30YR TBA 6.00% 02/13/2036	674,062	673,516
	FNMA 30YR TBA	FNMA 30YR TBA 6.00% 11/01/2035	544,692	543,494
	FNMA TBA	FNMA TBA 4.50% 01/01/2041	99,880	98,749
	FNMA TBA	FNMA TBA 4.50% 02/13/2036	104,687	103,413

Schedule of Assets Held for Investment Purposes at December 31, 2024

Plan Name: MILA National Choice Plan

Plan Sponsor: Management-ILA Managed Healthcare Trust Fund

Plan Number: 501

EIN: 13-3968546

Attachment for Schedule H, Line 4i of Form 5500

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	FNMA TBA	FNMA TBA 5.00% 02/15/2038	473,284	470,280
	FNMA TBA	FNMA TBA 5.500% 01/01/2036	353,648	353,257
	FNMA TBA	FNMA TBA 7.00% 01/01/2036	106,548	106,790
	FNMA TBA	FNMA TBA 7.00% 02/15/2036	544,436	544,983
	FNMA TBA 30YR	FNMA TBA 30YR 3% 01/14/2043	61,653	61,144
	FNMA TBA 30YR	FNMA TBA 30YR 3.5% 01/12/2041	49,377	48,643
	FNMA TBA 30YR	FNMA TBA 30YR 4% 01/13/2039	77,458	76,808
	FNMA TBA 30YR	FNMA TBA 30YR 5.00% 01/14/2038	228,482	228,724
	FNMA TBA 30YR	FNMA TBA 30YR 5.00% 02/12/2038	50,893	51,124
	FNMA TBA 30YR	FNMA TBA 30YR 6.5% 01/13/2041	46,909	46,949
	FNMA TBA 30YR	FNMA TBA 30YR 6.5% 2/10/2041	190,789	190,704
	FNMA UMBS POOL #BT2761	FNMA UMBS POOL #BT2761 2.5% 08/01/2051	44,018	42,486
	FNMA UMBS POOL #BU5917	FNMA UMBS POOL #BU5917 2.5% 12/01/2051	135,235	131,071
	FNMA UMBS POOL #CA9140	FNMA UMBS POOL #CA9140 2.00% 02/01/2036	100,317	96,981
	GNMA II 30YR TBA	GNMA II 30YR TBA 2.5% 01/15/2051	188,838	186,205
	GNMA II 30YR TBA	GNMA II 30YR TBA 5.5% 01/22/2037	225,862	225,123
	GNMA II TBA	GNMA II TBA 5.5% 02/20/2037	513,072	509,271
	GNMA II TBA 30 YR	GNMA II TBA 30 YR 4.5% 01/21/39	68,654	67,106
	GNMA II TBA 30 YR	GNMA II TBA 30 YR 3.5% 02/21/2042	612,643	604,337
	GNMA II TBA 30YR	GNMA II TBA 30YR 3% 01/22/2043	60,145	59,825
	GNMA II TBA 30YR	GNMA II TBA 30YR 3% 02/19/2043	215,947	213,299
	GNMA II TBA 30YR	GNMA II TBA 30YR 3.5% 01/23/2041	423,896	418,294
	GNMAII JUMBO TBA	GNMAII JUMBO TBA 30YR 2.00% 01/15/2051	145,526	143,930
	GNMAII JUMBO TBA	GNMAII JUMBO TBA 30YR 6.00% 01/15/2053	250,709	250,633
	GNMAII JUMBO TBA	GNMAII JUMBO TBA 30YR 6.00% 02/15/2053	1,417,546	1,415,209
	GNMAII JUMBO TBA 30YR	GNMAII JUMBO TBA 30YR 6.5% 01/15/2054	109,572	109,849
	GNMAII JUMBO TBA 30YR	GNMAII JUMBO TBA 30YR 6.5% 02/15/2054	130,065	130,031
	U.S. TREASURY BOND	U.S.TREASURY BOND 2.375% 02/15/2042	837,735	772,368
	U.S. TREASURY BOND	U.S. TREASURY BOND 3.875% 02/15/2043	1,481,623	1,379,964
	U.S. TREASURY BOND	U.S. TREASURY BOND 2.875% 05/15/2052	849,925	756,116
	U.S. TREASURY BOND	U.S. TREASURY BOND 4.25% 02/15/2054	746,097	704,257
	U.S. TREASURY NOTE	U.S. TREASURY NOTE 1.875% 02/28/2029	534,119	538,897
	UMBS TBA	UMBS TBA 6.00% 01/15/2039	60,005	59,984
	UMBS TBA	UMBS TBA 5.5% 02/15/2039	1,041,659	1,039,095
	UMBS TBA 15YR	UMBS TBA 15YR 5.5% 01/15/2039	344,318	344,230
	UMBS TBA 15YR	UMBS TBA 15YR 6.00% 02/15/2039	140,413	140,259
	UMBS TBA 15YR	UMBS TBA 15YR 2.00% 02/15/2036	751,602	747,399
	UMBS TBA 30YR	UMBS TBA 30YR 4% 02/15/2052	195,412	194,729
	UMBS TBA 30YR	UMBS TBA 30YR TBA 2.00% 02/15/2051	600,276	596,941

Schedule of Assets Held for Investment Purposes at December 31, 2024

Plan Name: MILA National Choice Plan

Plan Sponsor: Management-ILA Managed Healthcare Trust Fund

Plan Number: 501

EIN: 13-3968546

Attachment for Schedule H, Line 4i of Form 5500

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	UMBS TBA 30YR	UMBS TBA 30YR TBA 2.5% 01/15/2051	12,370	12,216
	UMBS TBA 30YR	UMBS TBA 30YR TBA 2.5% 02/15/2051	90,570	89,601
	US TREASURY BOND	US TREASURY BOND 4.125% 08/15/2044	2,110,164	2,046,137
	US TREASURY BOND	US TREASURY BOND 4.25% 08/15/2054	1,673,193	1,620,017
	TOTAL GOVERNMENT & AGENCIES DEBT OBLIGATIONS		\$ 31,040,099	\$ 30,182,494
COLLECTIVE INVESTMENT TRUSTS				
	LONGVIEW LARGE CAP 500 VEBA INDEX FUND	LONGVIEW LARGE CAP 500 VEBA INDEX, NAV PER SHARE - \$953.1, SHARES - 928,353.38	\$ 195,538,043	\$ 884,814,797
	LOOMIS SAYLES CORE PLUS FULL DISC	LOOMIS INVESTMENT TRUST, NAV PER SHARE - \$14.37, SHARES - 13,049,157.53	149,370,787	187,516,394
	TOTAL COLLECTIVE INVESTMENT TRUSTS		\$ 344,908,830	\$ 1,072,331,190
GUARANTEED DEPOSIT ACCOUNTS				
	EMPOWER ANNUITY INSURANCE CO OF AMERICA GDA #1	GUARANTEED DEPOSIT ACCOUNT, 4.95% NET OF ADMIN. CHGS. FOR YEAR 2024 DEPOSITS AND 4.70% FOR PRIOR YEAR DEPOSITS	\$ 40,986,967	\$ 39,556,890
	EMPOWER ANNUITY INSURANCE CO OF AMERICA GDA #2	GUARANTEED DEPOSIT ACCOUNT, 4.15% NET OF ADMIN. CHGS. FOR YEAR 2024 DEPOSITS AND 4.20% FOR PRIOR YEAR DEPOSITS	55,360,520	53,388,800
	TOTAL GUARANTEED DEPOSIT ACCOUNTS		\$ 96,347,486	\$ 92,945,690
REAL ESTATE INVESTMENT				
	BOYD WATTERSON GSA FUND, LP	BOYD WATTERSON GSA FUND, LP, NAV PER UNIT \$986.35, UNITS HELD - 96,545.95	\$ 93,486,537	\$ 95,228,229
	TOTAL REAL ESTATE INVESTMENT		\$ 93,486,537	\$ 95,228,229
LIMITED PARTNERSHIP INTEREST				
	NUVEEN HIGH YIELD INCOME FUND, LP	LIMITED PARTNERSHIP INTEREST INVESTING IN HIGH YIELD BONDS, SENIOR LOANS, CONVERTIBLE SECURITIES & DERIVATES, FMV DETERMINED BY ISSUER AT NAV	\$ 25,000,000	\$ 43,305,717
	TOTAL LIMITED PARTNERSHIP INTEREST - NUVEEN HIGH YIELD INCOME FUND, LP		\$ 25,000,000	\$ 43,305,717
	CCA BLACK, L.P. CLASS A	LIMITED PARTNERSHIP INTEREST INVESTING IN NON-VARIABLE IN FORCE UNIVERSAL LIFE POLICIES, LIFE SETTLEMENTS, FMV DETERMINED BY ISSUER AT NAV	\$ 20,641,547	\$ 29,628,412
	CCA BLACK, L.P. CLASS B	LIMITED PARTNERSHIP INTEREST INVESTING IN NON-VARIABLE IN FORCE UNIVERSAL LIFE POLICIES, LIFE SETTLEMENTS, FMV DETERMINED BY ISSUER AT NAV	\$ 5,749,039	\$ 5,577,167
	CCA LONGEVITY FUND VI, L.P.	LIMITED PARTNERSHIP INTEREST INVESTING IN NON-VARIABLE IN FORCE UNIVERSAL LIFE POLICIES, LIFE SETTLEMENTS, FMV DETERMINED BY ISSUER AT NAV	3,066,000	3,171,783
	TOTAL LIMITED PARTNERSHIP INTEREST - LIFE SETTLEMENTS		\$ 29,456,586	\$ 38,377,362
	ULLICO LLC			

Schedule of Assets Held for Investment Purposes at December 31, 2024

Plan Name: MILA National Choice Plan

Plan Sponsor: Management-ILA Managed Healthcare Trust Fund

Plan Number: 501

EIN: 13-3968546

Attachment for Schedule H, Line 4i of Form 5500

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	TOTAL LIMITED PARTNERSHIP INTEREST - ULLICO INFRASTRU ULLICO INFRASTRUCTURE TAX-EXEMPT FUND LP, NAV PER UNIT \$297.66337, SHARES - 221,513.21346		\$ 54,050,990	\$ 65,936,370
			<u>\$ 54,050,990</u>	<u>\$ 65,936,370</u>
	LESS: DIFFERENCE IN COST AND CURRENT VALUE OF EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA GDA #1 AND GDA #2			<u>\$ 3,401,796</u>
	TOTAL ASSETS HELD FOR INVESTMENT PURPOSES - (Per Schedule)		\$ 759,543,384	\$ 1,525,160,579
	LESS: CASH INCLUDED IN CASH & EQUIVALENTS ON FINANCIAL STATEMENTS			<u>58,359,798</u>
	TOTAL ASSETS HELD FOR INVESTMENT PURPOSES - (Per Financial Statement)			<u>\$ 1,466,800,781</u>

Management-ILA Managed Healthcare Trust Fund
Schedule of Reportable Transactions for the Year Ended December 31, 2024

Plan Name: MILA National Choice Plan
Plan Sponsor: Management-ILA Managed Healthcare Trust Fund
Attachment for Schedule H, line 4j of Form 5500

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	asset on transaction date	asset on transaction date
* Prudential Financial GDA #2	Guaranteed Deposit Account, 4.15% Net of Admin. Chgs. for Year 2024 Deposits & 4.20% for Prior Year Deposits		60,000,000	60,000,000	60,000,000	60,000,000
* Wells Fargo Bank NA Stagecoach Sweep Account	21 purchases for the month of December 2024 average interest rate for December 2024 was 3.76987%	716,080,371		716,080,371	716,080,371	
* Wells Fargo Bank NA Stagecoach Sweep Account	21 sales for the month of December 2024 average interest rate for December 2024 was 3.76987%		716,190,147	716,080,371	716,190,147	716,190,147
* Wells Fargo Bank NA Stagecoach Sweep Account	19 purchases for the month of November 2024 average interest rate for November 2024 was 3.94550%	609,792,099		609,792,099	609,792,099	
* Wells Fargo Bank NA Stagecoach Sweep Account	19 sales for the month of November 2024 average interest rate for November 2024 was 3.94550%		609,902,114	609,792,099	609,902,114	609,902,114
* Wells Fargo Bank NA Stagecoach Sweep Account	22 purchases for the month of October 2024 average interest rate for October 2024 was 4.10640%	741,308,882		741,308,882	741,308,882	
* Wells Fargo Bank NA Stagecoach Sweep Account	22 sales for the month of October 2024 average interest rate for October 2024 was 4.10640%		741,426,976	741,308,882	741,426,976	741,426,976
* Wells Fargo Bank NA Stagecoach Sweep Account	12 purchases for the month of September 2024 average interest rate for September 2024 was 4.13770%	30,237,806		30,237,806	30,237,806	
* Wells Fargo Bank NA Stagecoach Sweep Account	12 sales for the month of September 2024 average interest rate for September 2024 was 4.13770%		30,241,508	30,237,806	30,241,508	30,241,508

(a) Represents a transaction or a series of transactions in securities of the same issue in excess of 5% of the plan's assets as of December 31, 2022.

*A party of interest as defined by ERISA.