

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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
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1a Name of plan <u>NYSA-ILA WELFARE FUND AND PLAN</u>	1b Three-digit plan number (PN) ▶ <u>501</u>
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) <u>BOARD OF TRUSTEES</u> <u>C/O EXECUTIVE SECRETARY</u> <u>10 EXCHANGE PLACE SUITE 1400</u> <u>JERSEY CITY, NJ 07302</u>	1c Effective date of plan <u>01/01/1957</u> 2b Employer Identification Number (EIN) <u>13-5638505</u> 2c Plan Sponsor's telephone number <u>201-479-3605</u> 2d Business code (see instructions) <u>483000</u>

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.	10/10/2025	JOHN NARDI & HAROLD J. DAGGETT
	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 <input type="checkbox"/> Same as Plan Sponsor BOARD OF TRUSTEES C/O EXECUTIVE SECRETARY 10 EXCHANGE PLACE SUITE 1400 JERSEY CITY, NJ 07302		3b Administrator's EIN 13-5638505	
		3c Administrator's telephone number 201-479-3605	
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	8059
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).			
6a(1) Total number of active participants at the beginning of the plan year		6a(1)	3713
6a(2) Total number of active participants at the end of the plan year		6a(2)	4331
b Retired or separated participants receiving benefits.....		6b	3844
c Other retired or separated participants entitled to future benefits		6c	
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	8175
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	
f Total. Add lines 6d and 6e		6f	8175
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)		6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	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 4B 4D 4E 4F

9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust	(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules		b General Schedules	
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)	(2) <input type="checkbox"/> I (Financial Information – Small Plan)	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>2</u>	(3) <input checked="" type="checkbox"/> C (Service Provider Information)	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>2</u>
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(4) <input type="checkbox"/> D (DFE/Participating Plan Information)	(4) <input type="checkbox"/> G (Financial Transaction Schedules)	(4) <input type="checkbox"/> C (Service Provider Information)
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____			(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)			(6) <input type="checkbox"/> 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

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan NYS-ILA WELFARE FUND AND PLAN		B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES		D Employer Identification Number (EIN) 13-5638505	

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE 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
13-5581829	65978	0158671	4333	10/01/2023	09/30/2024

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
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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

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

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

8 Benefit and contract type (check all applicable boxes)

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

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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	48901
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. ▶

<p>SCHEDULE A (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan NYSA-ILA WELFARE FUND AND PLAN</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES</p>	<p>D Employer Identification Number (EIN) 13-5638505</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE 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
13-5581829	65978	0245428	15014	10/01/2023	09/30/2024

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
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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	

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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	3445058
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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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 NYSA-ILA WELFARE FUND AND PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES	D Employer Identification Number (EIN) 13-5638505	

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)

MEGAN CALLAGHAN

10 EXCHANGE PLACE - SUITE 1400
JERSEY CITY, NJ 07302

13-5638505

(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	95139	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ELYSE LEVINE

10 EXCHANGE PLACE - SUITE 1400
JERSEY CITY, NJ 07302

13-5638505

(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	74824	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THOMAS OMIA TEK

10 EXCHANGE PLACE - SUITE 1400
JERSEY CITY, NJ 07302

13-5638505

(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	279694	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

PEARLINE BENNETT

10 EXCHANGE PLACE - SUITE 1400
JERSEY CITY, NJ 07302

13-5638505

(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	85050	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BRENDA DANIELS

10 EXCHANGE PLACE - SUITE 1400
JERSEY CITY, NJ 07302

13-5638505

(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	92915	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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	NYSA COUNSEL	91800	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

MAZZOLA MARDON, P.C.

26 BROADWAY 17TH 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	ILA COUNSEL	91031	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DESENA & CO. 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	AUDITOR	36967	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE SEGAL COMPANY

PO BOX 4058 CHURCH STREET STATION
NEW YORK, NY 10261

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?
11	ACTUARY	17380	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

ADP, INC.

PO BOX 9001006
LEXINGTON, KY 40290-1006

22-3006057

(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	PAYROLL	12125	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PREMIER BENEFIT PLANS, INC.

35 PINELAWN ROAD
SUITE 208 EAST
MELVILLE, NY 11747

11-3293819

(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?
23	INSURANCE CONSULTANT	62398	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE LOOMIS COMPANY

PO BOX 14132
READING, PA 19612

23-2238132

(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	THIRD PARTY ADMINISTRATOR	44340	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

MILA MANAGED HEALTH CARE

55 BROADWAY
27TH FLOOR
NEW YORK, NY 10006-1901

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?
49	OTHER SERVICES	5906374	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JACQUELINE SCARPARI

10 EXCHANGE PLACE - SUITE 1400
JERSEY CITY, NJ 07302

13-5638505

(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	191719	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BILLIE JEAN EASLEY

10 EXCHANGE PLACE - SUITE 1400
JERSEY CITY, NJ 07302

13-5638505

(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	112612	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

MET LIFE

MELLON BANK
DEPT CH 10579
CHICAGO, IL 60055

13-5581829

(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?
23	INSURANCE	3475003	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JENNIFER FREEDBERG-BERKOFF

10 EXCHANGE PLACE - SUITE 1400
JERSEY CITY, NJ 07302

13-5638505

(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	228661	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ROBERT FIORE

10 EXCHANGE PLACE - SUITE 1400
JERSEY CITY, NJ 07302

13-5638505

(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	179183	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

ADRIANA COSTA

10 EXCHANGE PLACE - SUITE 1400
JERSEY CITY, NJ 07302

13-5638505

(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	80886	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

J. GRAHAM INC

8011 BROOKS CHAPEL ROAD 4035
BRENTWOOD, TN 37027

(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	AUDITOR	7500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
 (complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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 NYSA-ILA WELFARE FUND AND PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES	D Employer Identification Number (EIN) 13-5638505

Part I	Asset and Liability Statement
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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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	2273653	1158000
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	711882	775619
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	8038724	9464970
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)		
(15) Other.....	1c(15)	512826	503898

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		
f Total assets (add all amounts in lines 1a through 1e).....	1f	11537085	11902487
Liabilities			
g Benefit claims payable.....	1g	1439950	1620828
h Operating payables.....	1h	2123942	2307524
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	3563892	3928352
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	7973193	7974135

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)	18158856	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		18158856
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)	440204	
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	15221	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		455425
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(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		
d Total income. Add all income amounts in column (b) and enter total	2d		18614281

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6473599	
(2) To insurance carriers for the provision of benefits	2e(2)	3475003	
(3) Other	2e(3)	5895718	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		15844320
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)	1054219	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	59439	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	17290	
(7) Actuarial fees	2i(7)	19060	
(8) Legal fees	2i(8)	184716	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1434295	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2769019
j Total expenses. Add all expense amounts in column (b) and enter total	2j		18613339

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		942
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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		2500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

NYSA-ILA

Welfare Fund

As of December 31, 2024 and 2023
And for the Year Ended December 31, 2024

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees
NYSA-ILA Welfare Fund

Opinion

We have audited the accompanying financial statements of NYSA-ILA Welfare Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, the statements 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 and benefit obligations of NYSA-ILA Welfare Fund as of December 31, 2024, and 2023, and the changes in its net assets available for benefits and changes in fund's 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 NYSA-ILA Welfare 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 NYSA-ILA Welfare 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.

-1-

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 NYSA-ILA Welfare 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 NYSA-ILA Welfare 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 Schedule 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 at year end and schedule of reportable transactions of NYSA-ILA Welfare Fund as of December 31, 2024 ("supplemental schedules") are 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, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedules are 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

East Hanover, New Jersey
October 8, 2025

**NYSA-ILA WELFARE FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

	December 31,	
	2024	2023
<u>ASSETS</u>		
Cash	\$ 1,157,999	\$ 2,273,653
Receivables		
MILA Managed Health Care Trust Fund	764,251	679,768
Bulk sugar contributions	7,407	21,887
Taxes receivable	3,665	9,821
Other	296	406
Investments at fair value (See Notes 4 & 5)		
U.S. Treasury Bills-Enhanced Dental	5,157,683	5,069,819
U.S. Treasury Bills-Reserved	2,987,714	2,968,905
U.S. Treasury Bills-Admin	1,319,573	-
Securities on deposit (See Note 7)	503,899	512,826
TOTAL ASSETS	\$ 11,902,487	\$ 11,537,085
<u>LIABILITIES</u>		
Due to NYSA-ILA Fringe Benefits Escrow Fund	\$ 820,391	\$ 801,134
Due to NYSA-ILA Pension Trust Fund	116,062	108,114
Accrued expenses and other liabilities	152,436	146,018
TOTAL LIABILITIES	1,088,889	1,055,266
NET ASSETS AVAILABLE FOR BENEFITS	\$ 10,813,598	\$ 10,481,819

See notes to financial statements

NYSA-ILA WELFARE FUND
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2024

ADDITIONS

Contributions	
New York Shipping Association, Inc.	\$ 15,920,659
NYSA-ILA Container Royalty-Port Local Escrow Account	2,000,000
Dispatchers	3,639
Bulk sugar	125,428
Affiliated organizations	29,994
ILA officers and delegates	12,322
Total Contributions	<u>18,092,042</u>
Recovery of expenses from MILA	66,814
Interest income	453,550
Other income	<u>1,876</u>
TOTAL ADDITIONS	<u>18,614,282</u>

DEDUCTIONS

Benefits paid to participants	
Temporary disability benefits	6,473,599
Benefits paid to MetLife Insurance Company	
Insurance premiums for death claims	3,475,003
Lesser Benefits	
Dental benefits	158,489
Optical benefits	5,700
Outpatient medical benefits	76,195
Medicare reimbursements paid to MILA	2,244,634
Medicare reimbursements paid to pensioners & spouses	55,341
Enhanced dental benefits paid to MILA	2,527,315
Medical benefits to early retirees	16,707
Employee assistance program expense	461,868
Private plan disability insurance	<u>18,632</u>
Total benefits paid or provided	15,513,483
Administrative expenses	<u>2,769,020</u>
TOTAL DEDUCTIONS	<u>18,282,503</u>

NET INCREASE DURING THE YEAR 331,779

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>10,481,819</u>
End of year	<u>\$ 10,813,598</u>

See notes to financial statements

**NYSA-ILA WELFARE FUND
STATEMENTS OF BENEFIT OBLIGATIONS**

	December 31,	
	2024	2023
Amounts currently payable		
Claims incurred but not reported	\$ 1,620,828	\$ 1,439,950
Enhanced Dental Benefits paid to MILA	1,174,229	1,037,808
Lessor benefits optical & dental claims	44,406	30,868
	<u>2,839,463</u>	<u>2,508,626</u>
Post-retirement benefit obligations, net of amounts currently payable		
Retired participants	46,192,012	52,417,336
Other participants fully eligible for benefits	14,127,529	14,208,592
Participants not yet fully eligible for benefits	33,414,652	37,638,460
	<u>93,734,193</u>	<u>104,264,388</u>
TOTAL BENEFIT OBLIGATIONS	<u><u>\$ 96,573,656</u></u>	<u><u>\$ 106,773,014</u></u>

See notes to financial statements

**NYSA-ILA WELFARE FUND
STATEMENT OF CHANGES IN BENEFIT OBLIGATIONS
YEAR ENDED DECEMBER 31, 2024**

Amounts currently payable	
Balance-beginning of year	\$ 2,508,626
Decrease in estimates for claims incurred but not reported	180,878
Other benefits incurred or reported and approved for payment	15,844,458
Other benefits expensed or paid	<u>(15,694,500)</u>
 Balance-end of year	 <u>2,839,462</u>
 Post-retirement benefit obligations, net of amounts currently payable	
Balance-beginning of year	104,264,388
Increase in post-retirement benefits attributable to benefits earned (interest and service cost) less expected benefits paid	1,297,752
Actuarial experience loss	2,329,893
Changes in actuarial assumptions	(14,157,839)
 Balance-end of year	 <u>93,734,194</u>
 TOTAL BENEFIT OBLIGATIONS-END OF YEAR	 <u>\$ 96,573,656</u>

See notes to financial statements

**NYSA-ILA WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024**

Note 1 – DESCRIPTION OF THE FUND

The following description of the NYSA-ILA Welfare Fund (the “Fund”) provides only general information. Participants should refer to the Fund document for a complete description of the Fund’s provisions.

a) General

The Fund is a Taft-Hartley, non-contributory, multiemployer welfare employee benefit fund that was established pursuant to the collective bargaining agreement (“CBA”) between the New York Shipping Association, Inc. (“NYSA”), an association of terminal operators, stevedores and ocean carriers, in the Port of Greater New York and New Jersey (“Port”) and the International Longshoremen’s Association, AFL-CIO (“ILA”) representing longshoremen, checkers, and maintenance craft employees in the Port to provide medical and other welfare benefits either through payments for coverage in other plans and insurance or on a self-insured basis. The Fund is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

In March 2025, a new CBA for the period from October 1, 2024 to September 30, 2030 was agreed to and ratified by the parties.

The Fund is administered pursuant to the Agreement and Declaration of Trust and Plan dated April 12, 2016, as subsequently amended.

b) Benefits

The Fund provides limited health benefits for certain retirees and their eligible dependents who do not receive benefits through the Management-ILA Managed Health Care Trust Fund (“MILA”). The Fund also provides eligible participants with dental, optical, non-occupational accident, and illness benefits through self-insurance and life and accidental death and dismemberment benefits through an insurance carrier. In addition, the Fund pays for Medicare supplemental insurance and pays for the employee assistance program. Finally, the Fund provides its employees and their eligible dependents with medical coverage (hospital, surgical, prescription drug, dental, and optical benefits) through MILA.

c) Eligibility

Eligibility depends on various factors depending upon the benefits being offered including employment within the industry, attaining minimum work hours, age, and years of service.

d) Termination

The Fund may be terminated only by joint agreement between the NYSA and the ILA.

**NYSA-ILA WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024**

Note 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

a) Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting.

b) Cash

As of December 31, 2024 and 2023, the Fund's cash deposits were held principally at four financial institutions. At times, the Fund may hold cash balances at a bank in excess of Federally insured limits. The Fund has not experienced any losses as a result of such policy.

c) Investments and Securities on Deposit

The investments and securities on deposit of the Fund consist of U.S. Treasury securities. Interest on investments is accrued as earned. These investments are recorded at cost plus accrued interest, which approximates fair value. Securities on deposit with the States of New York and New Jersey are restricted as to use and were made pursuant to state workers compensation coverage requirements.

d) Contributions and Funding

The NYSA is ultimately responsible for the assessment and collection of the monies due from the port employer members and the ocean carriers pursuant to the CBA. The assessments are on a basis that will produce an amount sufficient to fund anticipated benefits and related administrative expenses. An additional amount of employer contributions may be received from the Local Escrow Account which is funded by payments made to it pursuant to the Collective Bargaining Agreement between the United States Maritime Alliance, Ltd. ("USMX") and the ILA. ILA members make no contributions to the Fund.

e) Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein, incurred but not reported ("IBNR"), claims payable, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**NYSA-ILA WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024**

Note 3 – BENEFIT OBLIGATIONS

The post-retirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee service rendered as of December 31, 2024 and 2023. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement. Prior to an active employee’s full eligibility date, the postretirement benefit obligation is the portion of the expected post-retirement benefit obligation that is attributed to that employee’s service rendered to the valuation date.

The actuarial present value of the expected post-retirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to 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 and to reflect the portion of those costs expected to be borne by Medicare, the retired participants, and other providers.

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

	<u>2024</u>	<u>2023</u>
Medical care cost trend rates:		
MILA Premier	7.0% graded to 4.50% over 5 years	7.0% graded to 4.50% over 5 years
Medical Reimbursement	4.50%	4.50%
Dental/Vision	4.00%	4.00%
Weighted-average discount rate	5.50%	4.75%

**NYSA-ILA WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024**

Note 3 – BENEFIT OBLIGATIONS (CONTINUED)

	<u>2024</u>	<u>2023</u>
Termination rates before retirement due to:		
Mortality	From 0.02% to 0.21%	From 0.02% to 0.21%
Disability	From 0.03% to 0.30%	From 0.03% to 0.30%
Withdrawal	From 5.44% to 0.00%	From 5.44% to 0.00%
Post-retirement mortality rates	RP-2014 Headcount Weighted Blue Collar Employee and Annuitant Mortality Tables and Disabled Annuitant Mortality Table adjusted backward to the base year 2006 using Scale MP-2014 and projected forward generationally using Scale MP-2018	RP-2014 Headcount Weighted Blue Collar Employee and Annuitant Mortality Tables and Disabled Annuitant Mortality Table adjusted backward to the base year 2006 using Scale MP-2014 and projected forward generationally using Scale MP-2018

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

The liability for claims incurred but not reported benefit obligations as of December 31, 2024 and 2023 of \$1,620,828 and \$1,439,950, respectively, was determined and based on actual claims paid during 2024 and 2023, eligibility and benefit rules currently in effect, and the historical lag between the incurring and reporting of claims.

The amounts of total benefit obligations in excess of net assets available for benefits as of December 31, 2024 and 2023 relate primarily to the postretirement benefit obligation, the funding of which is not completely covered by the contribution rate provided by the current collective bargaining agreement. Management expects that the amount of total benefit obligations in excess of net assets available for benefits will be funded through future increases in the collectively bargained contribution rates.

The weighted-average health care cost-trend rate assumption had a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by one percentage point in each year, it would increase the obligation as of December 31, 2024 and 2023 by \$10,543,078 and \$10,859,616, respectively.

**NYSA-ILA WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024**

Note 4 – INVESTMENTS

Investments held by the Fund at December 31, 2024 and 2023 are as follows:

	<u>2024</u>	<u>2023</u>
U.S. Treasury Bills		
4.535% due 01/09/25	\$ 1,998,358	\$ -
4.521% due 01/14/25	1,562,823	-
4.512% due 01/14/25	434,395	-
4.535% due 01/23/25	1,162,107	-
4.393% due 02/06/25	2,987,714	-
4.393% due 02/06/25	1,319,573	-
5.438% due 02/27/24	-	\$ 1,983,573
5.287% due 03/14/24	-	2,968,905
5.281% due 03/28/24	-	592,559
5.287% due 03/28/24	-	2,493,687
	<u>\$ 9,464,970</u>	<u>\$ 8,038,724</u>

Note 5 – 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.

**NYSA-ILA WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024**

Note 5 – FAIR VALUE MEASUREMENTS (CONTINUED)

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 at December 31, 2024.

U.S. Government Securities: Valued at cost plus accrued interest, which approximates fair value, reported on the active market on which the individual security is traded.

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.

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

	Assets at Fair Value as of December 31, 2024	
	<u>Level 1</u>	<u>Total</u>
U.S. Government and Agency Securities	\$ 9,464,970	\$ 9,464,970
Total Assets at Fair Value	<u>\$ 9,464,970</u>	<u>\$ 9,464,970</u>
	Assets at Fair Value as of December 31, 2023	
	<u>Level 1</u>	<u>Total</u>
U.S. Government and Agency Securities	\$ 8,038,724	\$ 8,038,724
Total Assets at Fair Value	<u>\$ 8,038,724</u>	<u>\$ 8,038,724</u>

**NYSA-ILA WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024**

Note 6 – RETIREMENT PLANS

Employees of the Fund participate in NYSA-ILA Medical and Clinical Services Fund Retirement Trust, a multiple-employer defined contribution retirement plan. Under this plan, the Fund contributes an amount equal to 10% of the employees' base salaries, and the employees may voluntarily contribute up to 100% of their salaries, post-tax, subject to the contribution limits set forth by the Internal Revenue Service. The Fund's contributions to this plan for the year ended December 31, 2024 amounted to \$127,027, net of forfeitures.

The Fund also made contributions to the NYSA-ILA Pension Trust Fund with respect to one retired employee, in the amount of \$300 for the year ended December 31, 2024.

The Fund also made contributions to the 401k plan. The Fund matches the employee's pre-tax or ROTH contributions up to 3% of the employee's base salary. The employee must contribute to the plan in order for the Fund to make a matching contribution. Total employer contributions under this plan for the year ended December 31, 2024 amounted to \$33,404.

Note 7 – SECURITIES ON DEPOSIT

The Fund is self-insured for disability benefits. Accordingly, the Fund is required to maintain restricted use deposits with the appropriate state agencies. The deposits with New Jersey (\$252,427) and New York (\$251,472) amounted to \$503,899 at December 31, 2024.

Note 8 – TAX STATUS

The Internal Revenue Service has determined and informed the Fund, by a letter dated July 18, 1979, that the Fund is designed in accordance with applicable sections of the Internal Revenue Code ("IRC") and is exempt from Federal income tax as an organization described in Section 501(c)(9) of the IRC. Though the plan has since been amended, management believes that the plan continues to qualify and operate in compliance with the applicable requirements of the IRC. The Fund had no unrecognized tax benefits as of and for the year ended December 31, 2024 and has no open years subject to examination prior to the year ended December 31, 2023. The Fund had no income tax related penalties or interest for the period reported in the financial statements.

Note 9 – RELATED PARTY TRANSACTIONS

Administrative expenses of \$808,886 and \$119,077 consisting primarily of utilities, rent, insurance, and other common expenses incurred by the NYSA-ILA Fringe Benefits Escrow Fund and the NYSA-ILA Pension Trust Fund, respectively, were allocated to the Fund for the year ended December 31, 2024.

**NYSA-ILA WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024**

Note 10 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

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

Note 11 – OTHER

Certain NYSA-ILA Funds trustees, in their capacities as officers of the International Longshoremens’s Association, AFL-CIO (“ILA”), are defendants in a civil lawsuit (05 Civ. 3212) (ILG) (VVP) filed by the United States Department of Justice in the United States District Court for the Eastern District of New York on July 6, 2005 and brought under the Racketeer Influenced and Corrupt Organizations Act (“RICO”), which names the ILA and other jointly trustee Taft-Hartley funds as nominal defendants, which funds are other than the NYSA-ILA Funds and which funds were established and are maintained under other collective bargaining agreements and not under the NYSA-ILA collective bargaining agreement.

It is the opinion of co-counsel and the trustees of the NYSA-ILA Funds that this matter will not have any adverse impact on the NYSA-ILA Funds should some or all of the relief sought by the U.S. Department of Justice, including the removal of certain ILA officers, some of whom are trustees of the NYSA-ILA Funds, be awarded in the civil RICO action.

Note 12 – RECONCILIATION TO FORM 5500

The Fund’s financial statements include, among its assets and liabilities, amounts which have not been included in the filing of Form 5500 with the Department of Labor and the Internal Revenue Service. The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 10,813,598	\$ 10,481,819
Benefit obligations currently payable	<u>(2,839,463)</u>	<u>(2,508,626)</u>
Net assets available for benefits per Form 5500	<u>\$ 7,974,135</u>	<u>\$ 7,973,193</u>

**NYSA-ILA WELFARE FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024**

Note 12 – RECONCILIATION TO FORM 5500 (CONTINUED)

The following is a reconciliation of deductions from net assets available for benefits per the financial statements for 2024 to Form 5500:

Additions to net assets available for benefits per financial statements	<u>\$ 18,614,282</u>
Additions to net assets available for benefits per Form 5500	<u>18,614,282</u>
Deductions from net assets available for benefits per financial statements	18,282,503
Increase in Medical, Optical & Dental Claims payable at year end and recognized as an addition to net assets available for benefits in 2024	149,959
Increase in claims incurred but not reported payable at year end and recognized as a deduction to net assets available for benefits in 2024	<u>180,878</u>
Deductions from net assets available for benefits per Form 5500	<u>18,613,340</u>
Net increase in net assets available for benefits per Form 5500	<u>\$ 942</u>

Note 13 – SUBSEQUENT EVENTS

The Fund evaluated its December 31, 2024 financial statements for subsequent events through October 8, 2025, the date the financial statements were available to be issued. The Fund is not aware of any subsequent events which would require recognition or disclosure in the accompanying financial statements.

NYSA-ILA WELFARE FUND
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(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
	U.S. Treasury	U.S. Treasury Bills, \$2,000,000 par value, 4.535% effective interest, due 01/09/25	\$ 1,977,639	\$ 1,998,358
	U.S. Treasury	U.S. Treasury Bills, \$1,565,000 par value, 4.521% effective interest, due 01/14/25	1,546,611	1,562,823
	U.S. Treasury	U.S. Treasury Bills, \$435,000 par value, 4.512% effective interest, due 01/14/25	430,635	434,395
	U.S. Treasury	U.S. Treasury Bills, \$1,165,000 par value, 4.535% effective interest, due 01/23/25	1,152,010	1,162,107
	U.S. Treasury	U.S. Treasury Bills, \$3,000,000 par value, 4.393% effective interest, due 02/06/25	2,972,453	2,987,714
	U.S. Treasury	U.S. Treasury Bills, \$1,325,000 par value, 4.393% effective interest, due 02/06/25	<u>1,312,833</u>	<u>1,319,573</u>
	Totals		<u>\$ 9,392,181</u>	<u>\$ 9,464,970</u>

NYSA-ILA WELFARE FUND
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	Purchase Date	Maturity Date	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net gain or (loss)
Category (I): Individual transactions in excess of 5% of plan assets								
U.S. Treasury	Bills, 5.438% due 02/27/24	10/26/24	02/27/24	1,965,255	2,000,000	1,965,255	2,000,000	34,745
U.S. Treasury	Bills, 5.287% due 03/14/24	12/12/24	03/14/24	2,960,653	3,000,000	2,960,653	3,000,000	39,347
U.S. Treasury	Bills, 5.281% due 03/28/24	12/12/24	03/28/24	590,961	600,000	590,961	600,000	9,039
U.S. Treasury	Bills, 5.287% due 03/28/24	12/27/24	03/28/24	2,492,237	2,525,000	2,492,237	2,525,000	32,763
U.S. Treasury	Bills, 5.277% due 05/16/24	02/26/24	05/16/24	1,977,477	2,000,000	1,977,477	2,000,000	22,523
U.S. Treasury	Bills, 5.226% due 06/13/24	03/28/24	06/13/24	2,498,950	2,525,000	2,498,950	2,525,000	26,050
U.S. Treasury	Bills, 5.268% due 05/23/24	03/14/24	05/23/24	2,970,498	3,000,000	2,970,498	3,000,000	29,502
U.S. Treasury	Bills, 5.301% due 07/18/24	04/18/24	07/18/24	1,974,265	2,000,000	1,974,265	2,000,000	25,735
U.S. Treasury	Bills, 5.297% due 08/15/24	05/15/24	08/15/24	1,974,004	2,000,000	1,974,004	2,000,000	25,996
U.S. Treasury	Bills, 5.306% due 08/22/24	05/22/24	08/22/24	2,960,938	3,000,000	2,960,938	3,000,000	39,062
U.S. Treasury	Bills, 5.294% due 10/24/24	06/12/24	10/24/24	1,962,152	2,000,000	1,962,152	2,000,000	37,848
U.S. Treasury	Bills, 5.226% due 10/10/24	07/17/24	10/10/24	1,976,233	2,000,000	1,976,233	2,000,000	23,767
U.S. Treasury	Bills, 5.052% due 10/10/24	08/21/24	10/10/24	1,554,458	1,565,000	1,554,458	1,565,000	10,542
U.S. Treasury	Bills, 5.055% due 11/21/24	08/21/24	11/21/24	2,962,663	3,000,000	2,962,663	3,000,000	37,337
U.S. Treasury	Bills, 4.535% due 01/09/25	10/09/24	01/09/25	1,977,639	-	1,977,639	1,998,358	20,719
U.S. Treasury	Bills, 4.521% due 01/14/25	10/09/24	01/14/25	1,546,611	-	1,546,611	1,562,823	16,212
U.S. Treasury	Bills, 4.535% due 01/23/25	10/23/24	01/23/25	1,152,010	-	1,152,010	1,162,107	10,097
U.S. Treasury	Bills, 4.393% due 02/06/25	11/20/24	02/06/25	2,972,453	-	2,972,453	2,987,714	15,261
U.S. Treasury	Bills, 4.393% due 02/06/25	11/20/24	02/06/25	1,312,833	-	1,312,833	1,319,573	6,740

**Columns (e) and (f) have been excluded as the information is not applicable.
There were no category (II) or (IV) reportable transactions in 2024.**

NYSA-ILA WELFARE FUND
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2024

(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
	U.S. Treasury	U.S. Treasury Bills, \$2,000,000 par value, 4.535% effective interest, due 01/09/25	\$ 1,977,639	\$ 1,998,358
	U.S. Treasury	U.S. Treasury Bills, \$1,565,000 par value, 4.521% effective interest, due 01/14/25	1,546,611	1,562,823
	U.S. Treasury	U.S. Treasury Bills, \$435,000 par value, 4.512% effective interest, due 01/14/25	430,635	434,395
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	U.S. Treasury	U.S. Treasury Bills, \$3,000,000 par value, 4.393% effective interest, due 02/06/25	2,972,453	2,987,714
	U.S. Treasury	U.S. Treasury Bills, \$1,325,000 par value, 4.393% effective interest, due 02/06/25	<u>1,312,833</u>	<u>1,319,573</u>
	Totals		<u>\$ 9,392,181</u>	<u>\$ 9,464,970</u>

NYSA-ILA WELFARE FUND
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2024

(a) Identity of Party Involved	(b) Description of Asset	Purchase Date	Maturity Date	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net gain or (loss)
Category (I): Individual transactions in excess of 5% of plan assets								
U.S. Treasury	Bills, 5.438% due 02/27/24	10/26/24	02/27/24	1,965,255	2,000,000	1,965,255	2,000,000	34,745
U.S. Treasury	Bills, 5.287% due 03/14/24	12/12/24	03/14/24	2,960,653	3,000,000	2,960,653	3,000,000	39,347
U.S. Treasury	Bills, 5.281% due 03/28/24	12/12/24	03/28/24	590,961	600,000	590,961	600,000	9,039
U.S. Treasury	Bills, 5.287% due 03/28/24	12/27/24	03/28/24	2,492,237	2,525,000	2,492,237	2,525,000	32,763
U.S. Treasury	Bills, 5.277% due 05/16/24	02/26/24	05/16/24	1,977,477	2,000,000	1,977,477	2,000,000	22,523
U.S. Treasury	Bills, 5.226% due 06/13/24	03/28/24	06/13/24	2,498,950	2,525,000	2,498,950	2,525,000	26,050
U.S. Treasury	Bills, 5.268% due 05/23/24	03/14/24	05/23/24	2,970,498	3,000,000	2,970,498	3,000,000	29,502
U.S. Treasury	Bills, 5.301% due 07/18/24	04/18/24	07/18/24	1,974,265	2,000,000	1,974,265	2,000,000	25,735
U.S. Treasury	Bills, 5.297% due 08/15/24	05/15/24	08/15/24	1,974,004	2,000,000	1,974,004	2,000,000	25,996
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U.S. Treasury	Bills, 5.226% due 10/10/24	07/17/24	10/10/24	1,976,233	2,000,000	1,976,233	2,000,000	23,767
U.S. Treasury	Bills, 5.052% due 10/10/24	08/21/24	10/10/24	1,554,458	1,565,000	1,554,458	1,565,000	10,542
U.S. Treasury	Bills, 5.055% due 11/21/24	08/21/24	11/21/24	2,962,663	3,000,000	2,962,663	3,000,000	37,337
U.S. Treasury	Bills, 4.535% due 01/09/25	10/09/24	01/09/25	1,977,639	-	1,977,639	1,998,358	20,719
U.S. Treasury	Bills, 4.521% due 01/14/25	10/09/24	01/14/25	1,546,611	-	1,546,611	1,562,823	16,212
U.S. Treasury	Bills, 4.535% due 01/23/25	10/23/24	01/23/25	1,152,010	-	1,152,010	1,162,107	10,097
U.S. Treasury	Bills, 4.393% due 02/06/25	11/20/24	02/06/25	2,972,453	-	2,972,453	2,987,714	15,261
U.S. Treasury	Bills, 4.393% due 02/06/25	11/20/24	02/06/25	1,312,833	-	1,312,833	1,319,573	6,740

Columns (e) and (f) have been excluded as the information is not applicable.
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