

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 <h1 style="margin: 0;">2024</h1> This Form is Open to Public Inspection
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description) _____

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>NYSA-ILA PENSION TRUST FUND & PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</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, NYSA-ILA PENSION TRUST FUND AND PLAN</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>01/01/1950</u> 2b Employer Identification Number (EIN) <u>13-5652028</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.	10/14/2025	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 checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	9180
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	4307
	6a(2)	4332
	6b	1929
	6c	301
	6d	6562
	6e	2353
	6f	8915
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	0

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

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

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 checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating 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 PENSION TRUST FUND & PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, NYS-ILA PENSION TRUST FUND AND PLAN		D Employer Identification Number (EIN) 13-5652028	

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
EMPOWER ANNUITY 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
06-1050034	93629	524907-E1		01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year **7b** 2746364

c Additions: (1) Contributions deposited during the year	7c(1)	1509175	
	7c(2)		
	7c(3)	112	
	7c(4)		
	7c(5)		

(6) Total additions **7c(6)** 1509287

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 4255651

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) ▶ VARIOUS	7e(4)	4255651	

(5) Total deductions **7e(5)** 4255651

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	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<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

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>NYSA-ILA PENSION TRUST FUND & PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BOARD OF TRUSTEES, NYSA-ILA PENSION TRUST FUND AND PLAN</u>	D Employer Identification Number (EIN) <u>13-5652028</u>

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

1a Enter the valuation date: Month 01 Day 01 Year 2024

b Assets	
(1) Current value of assets	1b(1) <u>1230884524</u>
(2) Actuarial value of assets for funding standard account	1b(2) <u>1242997014</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>1177615137</u>
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) <u>1064648749</u>
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) <u>1705203377</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) <u>50841453</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) <u>92668657</u>
(3) Expected plan disbursements for the plan year	1d(3) <u>95668657</u>

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

SIGN HERE Signature of actuary <u>SUSAN L. BOYLE, FSA, FCA, MAAA</u> Type or print name of actuary <u>SEGAL CONSULTING</u> Firm name <u>66 HUDSON BLVD E</u> <u>20TH FLOOR</u> <u>NEW YORK, NY 10001-2192</u> Address of the firm	<u>10/06/2025</u> Date <u>23-06862</u> Most recent enrollment number <u>212-251-5000</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	1230884524
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	4569	820330564
(2) For terminated vested participants	304	46831718
(3) For active participants:		
(a) Non-vested benefits		43208140
(b) Vested benefits		794832955
(c) Total active	4307	838041095
(4) Total	9180	1705203377
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
07/15/2024	51835349					
			Totals ▶	3(b)	51835349	
(d) Total withdrawal liability amounts included in line 3(b) total					3(c)	
					3(d)	1318749

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	116.8 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

a <input type="checkbox"/> Attained age normal	b <input checked="" type="checkbox"/> Entry age normal	c <input type="checkbox"/> Accrued benefit (unit credit)	d <input type="checkbox"/> Aggregate
e <input type="checkbox"/> Frozen initial liability	f <input type="checkbox"/> Individual level premium	g <input type="checkbox"/> Individual aggregate	h <input type="checkbox"/> Shortfall
i <input type="checkbox"/> Other (specify):			
j If box h is checked, enter period of use of shortfall method	5j		
k Has a change been made in funding method for this plan year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m		

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input checked="" type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	8.3 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	16.1 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	2892593
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-16906653	-1734822

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	20599362

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	465218718	82184476
(2) Funding waivers	9c(2)		
(3) Certain bases for which the amortization period has been extended.....	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		7194869
e Total charges. Add lines 9a through 9d.....	9e		109978707
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		352854346
g Employer contributions. Total from column (b) of line 3.....	9g		51835349
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	177746249	23476039
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		28006178
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	342597223	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	316819367	
(3) FFL credit	9j(3)		
k (1) Waived funding deficiency	9k(1)		
(2) Other credits	9k(2)		
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		456171912
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		346193205
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n		
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	9o(1)		
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)		
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		
(3) Total as of valuation date.....	9o(3)		
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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 PENSION TRUST FUND & PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, NYSA-ILA PENSION TRUST FUND AND PLAN	D Employer Identification Number (EIN) 13-5652028	

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

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

AMALGAMATED BANK

275 SEVENTH AVENUE
NYC, NY 10001

13-4920330

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	INVESTMENT MANAGEMENT FEE	195964	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)

JOSEPH AURIGEMMA

10 EXCHANGE PLACE SUITE 1400
JERSEY CITY, NJ 07302

13-5652028

(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	144318	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)

FEESPERANZA TABLAN

10 EXCHANGE PLACE SUITE 1400
JERSEY CITY, NJ 07302

13-5652028

(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	94451	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)

CHARLES WARD

10 EXCHANGE PLACE SUITE 1400
JERSEY CITY, NJ 07302

13-5652028

(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	364241	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	59564	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)

LOOMIS, SAYLES & CO.

PO BOX 7247-6804
PHILADELPHIA, PA 19170

04-3200030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	INVESTMENT MANAGEMENT FEE	475161	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
NYC, 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	134685	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)

REYNOLDS CONSULTING SERVICES

25 NEWBRIDGE ROAD SUITE 205
HICKSVILLE, NY 11801

20-1899564

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	186284	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	135407	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)

THE SEGAL COMPANY

PO BOX 4058 CHURCH STREET
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	131464	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)

MILA MANAGED HEALTH CARE

55 BROADWAY
27TH FLOOR
NEW YORK, NY 10006

13-3968546

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	OTHER SERVICES	174374	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)

EMPOWER ANNUITY INSURANCE COMPANY

8515 E ORCHARD ROAD
ENGLEWOOD, CO 80111

06-1050034

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	CONTRACT EXPENSE CHARGE	1374	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)

RBC GLOBAL ASSET MANAGEMENT U.S.

PO BOX 9195
MINNEAPOLIS, MN 55480-9934

41-1460668

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	INVESTMENT MANAGEMENT FEE	804427	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)

MARY DUNPHY

10 EXCHANGE PLACE SUITE 1400
JERSEY CITY, NJ 07302

13-5652028

(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	87646	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)

ROLLS OFFSET FINANCIAL PRINTING,LLC

264 CASTLE TERRACE
LYNDHURST, NJ 07071

47-3400656

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36	PRINTER	33838	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)

AMIRA RUSSELL

10 EXCHANGE PLACE SUITE 1400
JERSEY CITY, NJ 07302

13-5652028

(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	89677	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)

JESSICA LATORRE

10 EXCHANGE PLACE SUITE 1400
JERSEY CITY, NJ 07302

13-5652028

(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	112039	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)

CNA INSURANCE

PO BOX 790094
ST LOUIS, MO 63179

36-2114545

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22	INSURANCE	83640	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)

EBERTS & HARRISON

1604 RIDGESIDE DRIVE
MOUNT AIRY, MD 21771

52-0816262

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22	INSURANCE	365573	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)

JEANNETTE FINA

10 EXCHANGE PLACE SUITE 1400
JERSEY CITY, NJ 07302

13-5652028

(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	91573	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)

HARVARD MAINTENANCE

PO BOX 95000-1112
PHILADELPHIA, PA 19195-1112

13-1954860

(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	JANITORIAL SERVICES	8203	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)

JKC ASSOCIATES INC.

444 SECOND AVENUE
 MASSAPEQUA PARK, NY 11762-1549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36	PRINTER	5877	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)

HANCOCK S-REIT JCITY CORP

LOCK BOX 412323
 PO BOX 412323
 BOSTON, MA 02241-2323

(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?
99	BUILDING MANAGEMENT	999910	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)

PHILIP SCHWARTZ

10 EXCHANGE PLACE SUITE 1400
 JERSEY CITY, NJ 07302

13-5652028

(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	117936	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)

PRINCIPAL GLOBAL INVESTORS

711 HIGH STREET
DES MOINES, IA 50392

20-0928198

(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?
52	INVESTMENT MANAGEMENT FEE	734967	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)

INTERCONTINENTAL REAL ESTATE CORP

1270 SOLDIERS FIELD ROAD
BOSTON, MA 02135-1003

11-3786306

(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?
52	INVESTMENT MANAGEMENT FEE	216840	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)

BOYD WATTERSON ASSET MGMT LLC

1301 EAST 9TH STREET
SUITE 2900
CLEVELAND, OH 44114

34-1922005

(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?
52	INVESTMENT MANAGEMENT FEE	851894	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)

PRINCIPAL CUSTODY SOLUTIONS

PO BOX 10317
DES MOINES, IA 50306-0317

(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?
21	CORPORATE TRUSTEE	63565	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)

PREVENTIVE PLUS PA

1 WEST RIDGEWOOD AVENUE
SUITE G4
PARAMUS, NJ 07652

22-2820598

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	MEDICAL	10950	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)

ULLICO INFRASTRUCTURE

8403 COLESVILLE ROAD
SILVER SPRING, MD 20910

90-0622302

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	INVESTMENT MANAGEMENT FEE	897001	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"/>

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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<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 <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>NYSA-ILA PENSION TRUST FUND & PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES, NYSA-ILA PENSION TRUST FUND AND PLAN</u>	D Employer Identification Number (EIN) <u>13-5652028</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONGVIEW LARGE CAP 500</u>		
b Name of sponsor of entity listed in (a): <u>AMALGAMATED BANK</u>		
c EIN-PN <u>13-4920330-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>748809597</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMALGAMATED LONG VIEW MIDCAP 400 IN</u>		
b Name of sponsor of entity listed in (a): <u>AMALGAMATED BANK</u>		
c EIN-PN <u>13-4920330-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>122691324</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RBC GAM INTERNATIONAL FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET</u>		
c EIN-PN <u>04-3405915-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>59469233</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LOOMIS SAYLES CORE PLUS FULL DISCRE</u>		
b Name of sponsor of entity listed in (a): <u>LOOMIS TRUST COMPANY</u>		
c EIN-PN <u>20-8080381-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>184612729</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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 PENSION TRUST FUND & PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, NYSA-ILA PENSION TRUST FUND AND PLAN	D Employer Identification Number (EIN) 13-5652028

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	18608620	11405147
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1646988	1094873
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	38410	56461
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2258389	2896995
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(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)	992691470	1115582883
(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)	224794611	234242895

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	2999761	2265396
f Total assets (add all amounts in lines 1a through 1e).....	1f	1243038249	1367544650
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	9106390	8636487
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	3047335	2301076
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	12153725	10937563
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1230884524	1356607087

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)	50516600	
(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)		50516600
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	477580	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	112	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		477692
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	5438452	
(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)		5438452
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	122317676	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	91793705	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		30523971
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	132947509	
(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		1318751
d Total income. Add all income amounts in column (b) and enter total.....	2d		221222975

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	90067505	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		90067505
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)	1101882	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	58415	
(5) Investment advisory and investment management fees	2i(5)	2625520	
(6) Bank or trust company trustee/custodial fees	2i(6)	66153	
(7) Actuarial fees	2i(7)	97594	
(8) Legal fees	2i(8)	305485	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	1177858	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		5432907
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		95500412

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		125722563
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 558039.

SCHEDULE R (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>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 <u>NYSA-ILA PENSION TRUST FUND & PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES, NYSA-ILA PENSION TRUST FUND AND PLAN</u>	D Employer Identification Number (EIN) <u>13-5652028</u>	

Part I	Distributions
---------------	----------------------

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

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

1	
---	--

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

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

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

3	0
---	---

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **MAERSK AGENCY USA INC**

b EIN **27-0322924** **c** Dollar amount contributed by employer **6134888**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **09** Day **30** Year **2030**

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **3.44**

(2) Base unit measure: Hourly Weekly Unit of production Other (specify):

a Name of contributing employer **MEDITERRANEAN SHIPPING**

b EIN **98-0072928** **c** Dollar amount contributed by employer **8054944**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **09** Day **30** Year **2030**

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **3.44**

(2) Base unit measure: Hourly Weekly Unit of production Other (specify):

a Name of contributing employer **HAPAG LLOYD AMERICA INC**

b EIN **13-2520327** **c** Dollar amount contributed by employer **5488159**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **09** Day **30** Year **2030**

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **3.44**

(2) Base unit measure: Hourly Weekly Unit of production Other (specify):

a Name of contributing employer **CMA-CGM AMERICA LLC**

b EIN **22-3522528** **c** Dollar amount contributed by employer **5856632**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **09** Day **30** Year **2030**

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **3.44**

(2) Base unit measure: Hourly Weekly Unit of production Other (specify):

a Name of contributing employer **EVERGREEN LINE**

b EIN **13-3373601** **c** Dollar amount contributed by employer **4374979**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **09** Day **30** Year **2030**

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **3.44**

(2) Base unit measure: Hourly Weekly Unit of production Other (specify):

a Name of contributing employer **COSCO SHIPPING LINES (NORTH AMERICA) INC.**

b EIN **20-2321180** **c** Dollar amount contributed by employer **3083002**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **09** Day **30** Year **2030**

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **3.44**

(2) Base unit measure: Hourly Weekly Unit of production Other (specify):

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **ORIENT OVERSEAS CONTAINER LINE**

b EIN **13-4934630** **c** Dollar amount contributed by employer **3056062**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **09** Day **30** Year **2030**

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **3.44**

(2) Base unit measure: Hourly Weekly Unit of production Other (specify):

a Name of contributing employer **OCEAN NETWORK EXPRESS PTE. LTD. (ONE)**

b EIN **98-1397558** **c** Dollar amount contributed by employer **3997797**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **09** Day **30** Year **2030**

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **3.44**

(2) Base unit measure: Hourly Weekly Unit of production Other (specify):

a Name of contributing employer **ZIM INTEGRATED SHIPPING SERVICES, LTD.**

b EIN **98-0094933** **c** Dollar amount contributed by employer **2874608**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **09** Day **30** Year **2030**

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) **3.44**

(2) Base unit measure: Hourly Weekly Unit of production Other (specify):

a Name of contributing employer

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: Hourly Weekly Unit of production Other (specify):

a Name of contributing employer

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: Hourly Weekly Unit of production Other (specify):

a Name of contributing employer

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

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: Hourly Weekly Unit of production Other (specify):

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	0
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	0

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

a The corresponding number for the plan year immediately preceding the current plan year.....	15a	
b The corresponding number for the second preceding plan year.....	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....	16a	4
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	237900

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 68.8 % Private Equity: _____ % Investment-Grade Debt and Interest Rate Hedging Assets: _____ %
 High-Yield Debt: _____ % Real Assets: 8.3 % Cash or Cash Equivalents: 0.2 % Other: 22.7 %

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

Financial Statements

NYSA-ILA

Pension Trust Fund

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

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INDEPENDENT AUDITOR'S REPORT

The Board of Trustees
NYSA-ILA PENSION TRUST FUND

Opinion

We have audited the accompanying financial statements of NYSA-ILA Pension Trust Fund ("The Fund"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2023, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

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 of NYSA-ILA Pension Trust Fund as of December 31, 2024 ("supplemental schedule") is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and related 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 schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financials 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 9, 2025

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

	December 31,	
	2024	2023
<u>ASSETS</u>		
Cash	\$ 11,405,147	\$ 18,608,620
Investments at fair value (See Note 8)	1,352,722,773	1,216,998,106
Investments at contract value (See Note 3)	-	2,746,364
Receivables		
Affiliated organizations		
NYSA-ILA Welfare Fund	116,062	108,114
NYSA-ILA Container Royalty Fund	15,453	25,750
NYSA-ILA Money Purchase Pension Fund and Plan	820,833	1,445,656
NYSA-ILA Vacation & Holiday Fund	69,799	67,410
NYSA-ILA Scholarship Fund	-	58
NYSA-ILA Fringe Benefits Escrow Fund	72,726	-
Accrued interest and dividends	26,184	9,954
Other receivables	30,277	28,456
Right of Use Assets	2,265,396	2,999,761
TOTAL ASSETS	\$ 1,367,544,650	\$ 1,243,038,249
<u>LIABILITIES</u>		
Accounts payable and accrued expenses	\$ 636,487	\$ 1,056,786
NYSA-ILA Fringe Benefits Escrow Fund	-	49,604
Short-term lease liabilities (See Note 13)	756,547	746,259
Long-term lease liabilities (See Note 13)	1,544,529	2,301,076
Advance from New York Shipping Association, Inc. (See Note 12)	8,000,000	8,000,000
TOTAL LIABILITIES	10,937,563	12,153,725
NET ASSETS AVAILABLE FOR BENEFITS	\$ 1,356,607,087	\$ 1,230,884,524

See notes to financial statements

NYSA-ILA PENSION TRUST FUND
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Years Ended December 31,	
	2024	2023
ADDITIONS		
Contributions		
New York Shipping Association, Inc.	\$ 50,000,000	\$ 30,077,025
ILA officers and delegates	455,000	457,200
Other participating employers and contributing groups	61,600	60,900
Withdrawal liability (See Note 10)	1,318,749	1,302,926
Total contributions	<u>51,835,349</u>	<u>31,898,051</u>
Interest and dividends	5,916,144	5,095,420
Other	<u>2</u>	<u>191</u>
TOTAL ADDITIONS	<u>57,751,495</u>	<u>36,993,662</u>
DEDUCTIONS		
Pension benefits paid	90,067,505	93,707,832
Administrative expenses	<u>5,432,907</u>	<u>4,626,566</u>
TOTAL DEDUCTIONS	<u>95,500,412</u>	<u>98,334,398</u>
Net appreciation of investments	<u>163,471,480</u>	<u>171,840,695</u>
NET ADDITIONS	125,722,563	110,499,959
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>1,230,884,524</u>	<u>1,120,384,565</u>
End of year	<u>\$ 1,356,607,087</u>	<u>\$ 1,230,884,524</u>

See notes to financial statements

**NYSA-ILA PENSION TRUST FUND
STATEMENT OF ACCUMULATED PLAN BENEFITS
DECEMBER 31, 2023**

Actuarial present value of accumulated Plan benefits	
Vested benefits	
Participants currently receiving benefit payments	\$ 634,875,110
Other vested benefits	<u>411,643,451</u>
Total vested benefits	1,046,518,561
Non-vested benefits	<u>18,130,188</u>
 Total actuarial present value of accumulated plan benefits	 <u><u>\$ 1,064,648,749</u></u>

See notes to financial statements

**NYSA-ILA PENSION TRUST FUND
STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
YEAR ENDED DECEMBER 31, 2023**

Actuarial present value of accumulated plan benefits – January 1, 2023	<u>\$ 1,066,670,278</u>
Increase (decrease) during the year attributable to:	
Benefits accumulated, net experience gain or loss, and changes in data	20,572,472
Benefits paid	(93,707,832)
Interest	<u>71,113,831</u>
Net decrease in accumulated plan benefit	<u>(2,021,529)</u>
Actuarial present value of accumulated plan benefits – January 1, 2024	<u>\$ 1,064,648,749</u>

See notes to financial statements

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

Note 1 – DESCRIPTION OF THE FUND

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

a) General

The Fund is a multiemployer, Taft-Hartley, non-contributory, defined benefit pension fund 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 pension benefits to participants meeting the plan eligibility criteria provided in the Agreement and Declaration of Trust and Plan. The Fund is subject to the provisions of the Employment 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 as amended and restated on January 1, 2016, and as amended to date.

b) Vesting

Eligible participants with 25 or more years of credited service are entitled to a service pension with benefits beginning at age 60 effective October 1, 2004 (age 62 prior to October 1, 2004) equal to the contract rate provided for in the retirement benefits provision of the CBA. Employees with 5 to 24 years of credited service are entitled to a vested rights pension beginning at age 65 equal to the contract rate provided for in the retirement benefits provision of the CBA. Disabled employees with 15 to 24 years of credited service are entitled to annual pension benefits beginning in the year of disability equal to the contract rate provided for in the retirement benefits provision of the CBA. Also, any participant who reaches age 58 with a minimum of 25 years of service and retires after March 31, 2005 is eligible to receive a service retirement pension for each year of credited service, actuarially reduced by 0.75% for each month between the date of retirement and the first month following the participant’s 60th birthday. The Fund also provides for pension benefits for the widow of a participant who was employed for 25 eligible years of service or for the widow of a participant who has since left the industry after attaining 25 eligible years of service but has not yet reached retirement age. The Fund also provides for pension benefits for the widow of a participant who died from an injury or accident that was employed in the industry for at least 15 eligible service years at the time of death.

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

Note 1 – DESCRIPTION OF THE FUND (CONTINUED)

c) Pension Benefits

Participants may elect to receive their benefits in the form of a life annuity, a 50% joint and survivor annuity, a 75% joint and survivor annuity, or a ten-year certain and life annuity. A pension is also available to participants who continue to work after reaching age 70 1/2. Effective October 1, 2004, the Service Pension amount was increased from \$65 to \$120 per month for each year of credited service, and the disability pension was increased to \$90 per month for each year of credited service, increasing to \$120 per month for each year of credited service at age 60 and above.

Effective October 1, 2012, a participant who retires on a disability pension on or after April 1, 2014, shall receive a monthly disability pension benefit based upon \$110 per year of credited service rather than the current \$90 per year of credited service. When the disability pensioner reaches age 60, the pensioner's monthly disability pension benefit shall increase to \$140 per year of credited service if the disability pensioner reaches age 60 on or after October 1, 2015; otherwise, it shall increase to \$120 at age 60 and then to \$140 on October 1, 2015.

d) Eligibility

A participant shall be eligible to receive, upon retirement, a service retirement pension (as defined) if the participant has reached age 60 and has also satisfied the credited service requirements. Any participant who is age 58 with a minimum of 25 years of service is eligible to receive a service retirement pension for each year of credited service, actuarially reduced by 0.75% for each month between the date of retirement and the first month following the participant's 60th birthday.

Prior to October 1, 2012, one year of credited service was generally defined as a fiscal year (October 1 through September 30) in which the participant attained 700 eligible service hours.

Effective October 1, 2012:

- (i) 1/2 year of credited service will require 500-699 credited hours.
3/4 year of credited service will require 700-999 credited hours.
One (1) year of credited service will require 1,000 credited hours.
- (ii) Participants hired on or after October 1, 1996 shall receive pension benefit accruals for years of credited service earned from 1996 through 2004.

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

Note 1 – DESCRIPTION OF THE FUND (CONTINUED)

d) Eligibility (Continued)

- (iii) A participant shall accrue credited service if an independent medical examination establishes a continuing disability, even if Accident and Health and Workers' Compensation benefits are no longer being paid. However, the current limit in the Plan on the number of years of credited service that a participant may accrue (2 years and 3 years, respectively) shall remain the same.
- (iv) Active longshore workers and working pensioners who have accrued 25 years of credited service shall be offered a special 60-day window-period pension providing them with a pension benefit based upon \$160 per year of credited service, which will be actuarially reduced if the benefit is payable before age 60, when they terminate industry employment.
- (v) A participant who retires on or after October 1, 2015, shall receive a monthly pension benefit based upon \$140 per year of credited service rather than the current \$120 per year of credited service.

Effective October 1, 2018:

- (i) Working Pensioners and longshore employees who are at least 58 years of age and have accrued a minimum of 25 years of credited service as of October 1, 2018 and who are actively employed under the NYSA-ILA CBA, shall be entitled to receive a special window-period pension benefit based upon \$180 per month for each year of credited service, actuarially reduced if the benefit is payable before age 60, when they terminate employment in the industry, provided that they (a) notify the Plan of their election as required within the time period required under the CBA, (b) remain actively employed under the CBA until the earlier of April 15, 2019, or until released from employment, and (c) actually retire and terminate their employment in the industry.

Effective October 1, 2021:

- (i) Working Pensioners and longshore employees who are at least 58 years of age and have accrued a minimum of 25 years of credited service as of October 1, 2021 and who are actively employed under the NYSA-ILA CBA as of October 1, 2021, shall be entitled to receive a special window-period pension benefit based upon \$190 dollars per month for each year of credited service, actuarially reduced if the benefit is payable before age 60, when they terminate employment in the industry, provided that they (a) notify the Plan of their election between August 1, 2021 and October 1, 2021, (b) remain actively employed in the industry under the CBA until the earlier of April 15, 2022, or until released from employment, and (c) actually retire and terminate their employment in the industry.

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

Note 1 – DESCRIPTION OF THE FUND (CONTINUED)

Effective April 1, 2022:

- (i) In April 2022, the Plan entered into a Reciprocal Agreement with the Metropolitan Marine Maintenance Contractors' Association, Inc. for active participants who retire on or after June 1, 2022. The impact of this change is reflected in the January 1, 2023 valuation.
- (ii) The cost of these additional benefits is being funded by additional contributions and, thus, will not affect funding.

Note 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

a) Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

b) Cash

All cash is held at major financial institutions in non-interest bearing deposit accounts. The Fund may at times hold cash in excess of Federally insured limits.

c) Investment Valuation and Income Recognition

Investments in securities traded on national securities exchanges are valued at the last reported sale price on the last business day of the year.

The Fund's investments are stated at fair value except for the Guaranteed Deposit Account investment contract with Prudential Financial, which is valued at contract value. Many factors are considered in arriving at fair value. In general, however, cash equivalents are stated at cost, which approximates fair value. Purchases and sales of securities are recorded on a trade-date basis. Gain or loss on sales of securities is based on average cost. Dividend income is recorded on the ex-dividend date. Interest income is recorded as earned on an accrual basis.

Investments in real estate and infrastructure limited partnerships are valued quarterly by limited partnership managers based on appraised values of the partnership's assets and reflect estimated values, net of liabilities.

Purchases and sales of real estate and infrastructure limited partnership shares are recorded on a trade-date basis and are valued at a share price that reflects net asset value ("NAV") as determined by the general partner as of the last day of each calendar quarter or the beginning of the first day of each quarter, respectively. Gain or loss on sales of real estate and infrastructure limited partnership shares are based on the difference between share purchase costs and share values when redeemed. The net change in appreciation (depreciation) of net asset value of the shares consists of realized gains or losses and changes in the unrealized appreciation (depreciation).

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

Note 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

c) Investment Valuation and Income Recognition (Continued)

Investments in life settlement limited partnership shares are valued by the limited partnership using a probabilistic method, using actuarial assumptions to estimate discounted cash flows to arrive at net asset value.

Purchases and sales of life settlement limited partnership shares are recorded on a trade-date basis and are valued at the share price which reflects net asset value (“NAV”) determined by the general partner. Gain or loss on sales of life settlement limited partnership shares are based on the difference between share purchase costs and share values when redeemed. The net change in appreciation (depreciation) of the net asset value of the shares consists of realized gains or losses and changes in the unrealized appreciation (depreciation).

The Fund presents, in the Statements of Changes in Net Assets Available for Benefits, the net appreciation (depreciation) in the fair value of its investments, which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments.

d) Leases

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

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

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

Note 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

d) Leases (Continued)

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

As a result of the adoption of the new lease accounting guidance, the Fund recognized on January 1, 2022, a lease liability at the carrying amount of their operating lease obligations on January 1, 2022, of \$4,438,632, and a right-of-use asset of \$4,438,632. The lease liability the Fund recognized on January 1, 2022, of \$4,438,632, represents the present value of the remaining operating lease payments, discounted using an average “risk-free treasury rate” of 1.37%, and the right-of-use asset of \$4,438,632, represents the operating lease liability of \$4,438,632.

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

e) Funding Policy

The contributing employer members of the NYSA and other signatory carriers are required to make contributions to the Fund in accordance with the CBA. The guaranteed minimum contributions, as prorated by calendar year, approximated \$28,108,856 for 2024 and \$27,387,028 for 2023. Other contributing groups are required to make contributions to the Fund in accordance with other agreements. The contributions include amounts from other participating employers, ILA officers and delegates, and other contributing groups amounting to \$516,600 for 2024 and \$518,100 for 2023. There are no required employee contributions. For 2024 and 2023, the Fund has met the minimum funding requirements under ERISA.

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

Note 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

f) Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets available for benefits during the reporting period. The more significant estimates made related to the accumulated plan benefits. Actual results could differ significantly from those estimates.

Note 3 – INSURANCE GDA CONTRACT PRUDENTIAL

The Plan entered into a fully benefit responsive investment contract (GDA) with Prudential Financial (“Prudential”) totaling \$2,746,364 for 2023. The GDA was fully sold in 2024. As a result, there is no GDA balance for 2024. Prudential maintained the contributions of this contract in a pooled account. The account was credited with earnings on the underlying investments and charged for Plan withdrawals and administrative expenses charged by Prudential.

The contract is included in the financial statements at contract value, which represents contributions made under the contract, plus earnings, less withdrawals and administrative expenses. Subject to certain limitations, the Fund may transfer or withdraw all or a portion of the investment contract to pay for benefit expenses at contract value. There are no reserves against contract value for credit risk of the contract issuer or otherwise. Funds deposited into GDA during calendar year 2023 were guaranteed at 3.50% yield, net of contract administrative charges. The credited interest is based on an agreed upon formula with the issuer but cannot be less than the guaranteed amounts noted above for the GDA.

Beginning and end of period balances are reported at contract value on the certified financial statement. There are not any events that could limit the ability of the Plan to transact at contract value paid overtime or in a market value lump sum. There are not any events that allow the issuer to terminate the contract and which require the Plan sponsor to settle an amount different than contract value paid overtime or in a market value lump sum.

Note 4 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

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

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

**Note 4 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS
(CONTINUED)**

Accumulated plan benefits are those future benefit payments that are attributable to service rendered by participants to the valuation date. Accumulated benefits include the cost related to a pre-retirement spousal benefit whether the cost of this benefit is to be paid by the Fund or the participants. Until this matter is otherwise settled, the Fund is required to provide, and has been providing, this benefit without charge to the participants.

The significant actuarial assumptions used in the valuation as of January 1, 2024 were:

Life expectancy of participants	<p>Healthy: RP-2014 Blue Collar Employee and Annuitant Mortality Tables adjusted backward to the base year 2006 using Scale MP-2014 and projected forward generationally using Scale MP-2018.</p> <p>Disabled: RP-2014 Disabled Annuitant Mortality Table adjusted backward to the base year 2006 using Scale MP-2014 and projected forward generationally using Scale MP-2018.</p>
Normal retirement age	The later of 65 or the 5 th anniversary of participation
Annual net investment return	7.00%
Termination rates before retirement	
Death	Range from 0.02% at age 20 to 0.64% at age 60 depending on gender
Disability	Range from 0.03% at age 20 to 0.81% at age 60
Withdrawal	Range from 5.44% at age 20 to 0.27% at age 45

The retirement rates are as follows:

<u>Age</u>	<u>Retirement Rate</u>
58-59 with 25 years of service	1%
60 with 25 years of service	5%
61-63 with 25 years of service	1%
64 with 25 years of service	10%
65-69 or completion of 5 years of service, if later	10%
70 or completion of 5 years of service, if later	100%

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

**Note 4 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS
(CONTINUED)**

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

Note 5 – FUND TERMINATION

Upon termination of the Fund, or upon termination of employment of a group of participants constituting a partial termination of the Fund, or upon merger of the Fund, each participant's accrued benefit, based on credited services for accrual of benefits prior to the date of termination, shall become fully vested and non-forfeitable to the extent funded. The assets of the trust fund, or the portion thereof segregated in the case of a partial termination, shall be allocated (after provision is made for the expenses of liquidation) in accordance with Section 4044(a) of ERISA, as amended.

The Trustees have no current intention to terminate the Fund, but they do have the right to change or discontinue the Fund subject to the provisions of ERISA.

The Fund may be amended at any time to reduce, restrict, or suspend the amount of any benefit payments being made or to be made, provided that any such amendment conforms to the requirements of ERISA.

In the event of Plan insolvency, the Pension Benefit Guaranty Corporation ("PBGC") provides a limited guarantee of benefits payable under the provisions of the Multiemployer Pension Plan Amendments Act of 1980, which amended ERISA. The PBGC does not, however, guarantee all benefits.

Note 6 – RETIREMENT PLAN

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 \$70,016, net of forfeitures.

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 \$31,213.

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

Note 7 – INVESTMENTS

The investments held by the Fund at December 31, 2024 and 2023 are summarized as follows:

	2024	2023
Short Term Treasury Money Market Fund	\$ 2,896,995	\$ 2,258,389
Mutual/Exchange Traded Funds	843,119	823,696
Common Collective Trusts	1,115,582,883	992,691,470
Insurance Contract GDA	-	2,746,364
Limited Partnership Interests	233,399,776	221,224,551
Total Investments	\$ 1,352,722,773	\$ 1,219,744,470

For the years ended December 31, 2024 and 2023, the Funds' investments, including gains and losses on investments bought and sold as well as held during the year, appreciated in value (net) by \$163,471,480 and \$171,840,695, respectively.

Note 8 – 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 PENSION TRUST FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024**

Note 8 – 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.

Mutual/Exchange-Traded funds: Valued at the net asset value (NAV) of shares held by the Plan at year end.

Pooled Accounts, Collective and Indexed funds: Valued at the net asset value (NAV) of shares held by the Plan at year end.

Limited Partnerships: The underlying investments held in Real Estate, Infrastructure, and Life Settlement Partnerships are valued at net asset value (NAV) by their issuers on a quarterly and annual basis.

The preceding methods described may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future fair values.

Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables prioritize the inputs used to measure and report the fair value of the Plan's investments at December 31, 2024 and 2023.

	2024		
	Level 1	Net Asset Value (a)	Total
Short Term Cash Equivalents	\$ 2,896,995		\$ 2,896,995
Mutual/Exchange-Traded Funds	843,119		843,119
Common/Collective Trusts: (b)			
Equities		\$ 871,500,921	871,500,921
International Equities		59,469,233	59,469,233
Fixed Income		184,612,729	184,612,729
Limited Partnerships-Real Estate		112,016,815	112,016,815
Limited Partnerships-Life Settlements		37,707,604	37,707,604
Limited Partnerships-Infrastructure		83,675,357	83,675,357
Total Plan Investments	<u>\$ 3,740,114</u>	<u>\$ 1,348,982,659</u>	<u>\$ 1,352,722,773</u>

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

(b) Represent investments that file an annual report on Form 5500 as a direct filing entity (DFE).

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

Note 8 – FAIR VALUE MEASUREMENTS (CONTINUED)

	2023		
	Level 1	Net Asset Value (a)	Total
Short Term Cash Equivalents	\$ 2,258,389		\$ 2,258,389
Mutual/Exchange-Traded Funds	823,696		823,696
Common/Collective Trusts: (b)			
Equities		\$ 731,229,972	731,229,972
International Equities		82,765,844	82,765,844
Fixed Income		178,695,654	178,695,654
Limited Partnerships-Real Estate		117,675,766	117,675,766
Limited Partnerships-Life Settlements		49,120,660	49,120,660
Limited Partnerships-Infrastructure		54,428,125	54,428,125
Total Plan Investments	\$ 3,082,085	\$ 1,213,916,021	\$ 1,216,998,106

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

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

2024							
Type	Strategy	NAV in Funds	# of Funds	Remaining Life	Unfunded Commitments	Redemption Terms	Redemption Restrictions
Collective Trust Funds	Seeks maximum total return by investing in securities that track the performance of domestic and int'l equity and fixed income indices	\$ 1,115,582,883	4	Open Ended-perpetual life; subject to determination of fund manager	\$ -	Funds have daily redemption upon immediate notice	N/A
Limited Partnerships	Actively invest in real estate, infrastructure, and trade life insurance policies	233,399,776	7	<i>Principal Enhanced Prop. Fd., LLC:</i> Open Ended-perpetual life; subject to determination of fund manager <i>Corry Capital:</i> Funds end in 2024 <i>US Real Estate Inv. Fd., LLC:</i> Open Ended-perpetual life; subject to determination of fund manager <i>Boyd Watterson GSA Fund, LP:</i> Open Ended-perpetual life; subject to determination of fund manager <i>Ullico Infrastructure Tax-Exempt Fund LP:</i> Open Ended-perpetual life; subject to determination of fund manager	-	Quarterly redemption within 90 day notice 120 days w/ritten notice paid on last business day of calendar quarter Paid in quarter following request for proceeds Quarterly redemption within 90 day notice 45 days w/ritten notice after 4th anniversary of initial admission	N/A N/A N/A 4 year capital lock-up period
Total		\$ 1,348,982,659	11		\$ -		

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

Note 8 – FAIR VALUE MEASUREMENTS (CONTINUED)

2023							
Type	Strategy	NAV in Funds	# of Funds	Remaining Life	Unfunded Commitments	Redemption Terms	Redemption Restrictions
Collective Trust Funds	Seeks maximum total return by investing in securities that track the performance of domestic and int'l equity and fixed income indices	\$ 992,691,470	4	Open Ended-perpetual life; subject to determination of fund manager	\$ -	Funds have daily redemption upon immediate notice	N/A
Limited Partnerships	Actively invest in real estate, infrastructure, and trade life insurance policies	221,224,551	6	<i>Principal Enhanced Prop. Fd., LLC:</i> Open Ended-perpetual life; subject to determination of fund manager	-	Quarterly redemption within 90 day notice	N/A
				<i>Corry Capital:</i> Funds end in 2024	-	120 days written notice paid on last business day of calendar quarter	N/A
				<i>US Real Estate Inv. Fd., LLC:</i> Open Ended-perpetual life; subject to determination of fund manager	-	Paid in quarter following request for proceeds	N/A
				<i>Boyd Watterson GSA Fund, LP:</i> Open Ended-perpetual life; subject to determination of fund manager	-	Quarterly redemption within 90 day notice	N/A
				<i>Ullico Infrastructure Tax-Exempt Fund LP:</i> Open Ended-perpetual life; subject to determination of fund manager	-	45 days written notice after 4th anniversary of initial admission	4 year capital lock-up period
Total		<u>\$1,213,916,021</u>	<u>10</u>		<u>\$ -</u>		

Note 9 – TAX STATUS

On September 23, 2015, the Fund received a favorable determination letter from the Internal Revenue Service as to the continued tax-exempt status of the Fund under Section 401(a) of the Internal Revenue Code covering the Fund's amendments through January 26, 2015. This status exempts the Fund from Federal, state, and local income taxes. 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 10 – WITHDRAWAL LIABILITY

Several NYSA employer members and carriers, which employed longshoremen under the CBA and which were contributors to the Fund, permanently ceased to have an obligation to contribute under the Fund or permanently ceased all covered operations under the Fund. The Fund demanded payment of the withdrawal liability from such employers, as required by the Multiemployer Pension Plan Amendments Act of 1980. During 2024 and 2023, \$1,318,749 and \$1,302,926, respectively, were received by the Fund representing certain employer's withdrawal liability.

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

Note 11 – PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are in collective trusts and were managed by Principal Custody Solutions during 2024 and 2023. Therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Fund to Principal Custody Solutions during 2024 and 2023 amounted to \$66,153 and \$57,352, respectively.

Note 12 – RELATED-PARTY TRANSACTIONS

a) Due to NYSA

Due to NYSA of \$8,000,000 at December 31, 2024 represents contributions received by the Fund in 2024 relating to January 2025. Therefore, the amount will be recognized as NYSA Contributions in the year ending December 31, 2025.

b) Expense Allocation

Administrative expenses of \$686,835 incurred by the NYSA-ILA Fringe Benefits Escrow Fund were allocated to the Fund on the basis of estimated utilization of services for the year ended December 31, 2024.

Rent, utilities, and insurance expense of the Fund was allocated to related fringe benefit funds. The allocation of 2024 rent, utilities, and insurance expense to the various funds is as follows:

	2024
NYSA-ILA Fringe Benefits Fund	\$ 703,976
NYSA-ILA Welfare Fund	119,077
NYSA-ILA Container Royalty Fund	25,168
NYSA-ILA Vacation & Holiday Fund	74,213
NYSA-ILA Scholarship Fund	57
NYSA-ILA Money Purchase Pension Fund	135,338
	\$ 1,057,829

Note 13 – OPERATING LEASES

The Fund leases office space and storage space. The Fund determines if an arrangement is a lease at inception. Any leases for operating leases that did not extend for more than a year after January 1, 2022 (ASC 842 inception date), or that were considered immaterial were accounted for and are disclosed in these financial statements under the prior lease standard ASC 840. Operating leases that commenced prior to January 1, 2022, and any new leases after January 1, 2022, that expire more than twelve months after January 1, 2022 are classified and disclosed under the new lease accounting standard (ASC 842) as operating lease right-of-use (“ROU”) assets, and included as other assets, and operating lease liabilities on the

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

Note 13 – OPERATING LEASES (CONTINUED)

Statement of Net Assets Available for Benefits. The Fund did not have any finance leases classified as capital leases. ROU assets represent the Fund’s right to use an underlying asset for the lease term and lease liabilities represent our obligation to make lease payments arising from the lease. Operating lease ROU assets and liabilities are recognized at commencement date based on the present value of lease payments over the lease term. The Fund has elected to use the risk-free treasury rate based on the information available at the commencement date of each lease in determining the present value of lease payments. The operating lease ROU asset also includes any lease payments made and excludes lease incentives. The Fund’s lease terms may include options to extend or terminate the lease when it is certain that the option will be exercised. Lease expense for lease payments is recognized on a straight-line basis over the lease term as an administrative expense. Additionally, the Fund’s office space lease has variable lease payments, for utilities, and are passed on from the lessor in proportion to the space leased, these expenses are recognized as administrative operating expenses in the period in which the obligation for those payments was incurred.

	<u>Year Ending 12/31/2024</u>
Leases Accounted for Under ASC 842	
Lease expense Office Lease 10 Exchange Place, Ste. 1400	
Operating lease expense Office Lease 10 Exchange Place, Ste. 1400	\$764,147
Total	<u>\$764,147</u>
 Other Information Office lease 10 Exchange Place, Ste. 1400	
Operating cash outflows from this operating lease	\$776,040
ROU assets obtained in exchange for new operating lease liabilities	\$4,401,746
Weighted-average remaining lease term in years for operating lease	3
Weighted-average discount rate for operating lease	1.37%
 Maturity Analysis - Office Lease 10 Exchange Place, Ste. 1400	
Operating Lease	
2025	\$776,040
2026	776,040
2027	<u>776,040</u>
Total undiscounted cash flows	\$2,328,120
 Less: present value discount	<u>(45,866)</u>
 Total lease liabilities	<u>\$2,282,254</u>

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

Note 13 – OPERATING LEASES (CONTINUED)

	<u>Year Ending 12/31/2024</u>
Lease expense Storage Space	
Operating lease expense storage space	\$6,400
Total	<u>\$6,400</u>
 Other Information -Storage Space	
Operating cash outflows from this operating lease	\$6,400
ROU assets obtained in exchange for new operating lease liabilities	36,886
Weighted-average remaining lease term in years for operating lease	3
Weighted-average discount rate for operating lease	1.37%
 Maturity Analysis - Storage Space Operating Lease	
2025	\$6,400
2026	6,400
2027	<u>6,400</u>
Total undiscounted cash flows	\$19,200
Less: present value discount	<u>(378)</u>
Total lease liabilities	<u>\$18,822</u>

Note 14 – OTHER

Certain NYSA-ILA Funds trustees, in their capacities as officers of the International Longshoremen’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.

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

Note 15 – RISKS AND UNCERTAINTIES

The Fund invests in a combination of money market cash equivalents, common collective trusts, mutual funds, and limited partnerships. Investment securities are exposed to various risks such as interest rate, market, and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect the amounts reported in the Statements of Net Assets Available for Benefits and the Statements of Changes in Net Assets Available for Benefits. The actuarial present value of accumulated plan benefits is prepared based on certain assumptions pertaining to interest rates, investment return rates, mortality rates, and participant demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the aforementioned financial statements. However, the Fund intends to maintain its fully funded status of its benefit obligations and monitor assumptions in order to provide minimum contribution amounts necessary to meet minimum ERISA funding requirements.

Note 16 – SUBSEQUENT EVENTS

The Fund evaluated its December 31, 2024 financial statements for subsequent events through October 9, 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 PENSION TRUST FUND
SCHEDULE H PART IV LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF 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 weighted avg. method	(e) Current Value
	AFLCIO HOUSING INVESTMENT TRUST	INVESTMENT TRUST, 877.62 shares	\$ 946,483	\$ 843,119
	AMALGAMATED LONG VIEW MIDCAP 400 INDEX FUND	INDEX FUND, 35,131.07 shares	29,239,239	122,691,324
	BOYD WATTERSON GSA FUND	GSA FUND, 70,322.80 shares	82,985,645	69,362,988
	CCA BLACK, LP CLASS A	LIFE SETTLEMENTS, 11,086,327.69 shares	11,086,328	20,241,106
	CCA BLACK, LP CLASS B	LIFE SETTLEMENTS, 3,920,648.03 shares	3,920,648	3,803,437
	CCA LONGEVITY FUND VI, LP	LONGEVITY FUND, 5,221,602.31 shares	5,221,602	13,663,061
	LONGVIEW LARGE CAP 500 INDEX FUND	INDEX FUND, 336,627.98 shares	158,588,251	748,809,597
	LOOMIS SAYLES CORE PLUS FULL DISCRETION TRUST	FULL DISCRETION TRUST, 7,396,343.31 shares	151,619,725	184,612,729
	PRINCIPAL ENHANCED PROPERTY	ENHANCED PROPERTY, 1,135,285.00 shares	13,071,064	14,497,763
	RBC GAM INTERNATIONAL FUND	INTERNATIONAL FUND, 736,310.49 shares	33,745,236	59,469,233
	U.S. REAL ESTATE INVESTMENT FUND LLC	INVESTMENT FUND, 24,244.78 shares	19,939,619	28,156,064
	ULLICO INFRASTRUCTURE	TAX-EXEMPT FUND, 201,845.08 shares	74,084,247	83,675,357
	ALLSPRING TREASURY	PLUS MONEY MARKET INST, 2,896,994.91 shares	2,896,995	2,896,995
	TOTALS ASSETS		<u>\$ 587,345,082</u>	<u>\$ 1,352,722,773</u>

Plan No. 001

EIN- 13-5652028

NYS-ILA PENSION TRUST FUND
SCHEDULE H PART IV LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF 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 weighted avg. method	(e) Current Value
	AFLCIO HOUSING INVESTMENT TRUST	INVESTMENT TRUST, 877.62 shares	\$ 946,483	\$ 843,119
	AMALGAMATED LONG VIEW MIDCAP 400 INDEX FUND	INDEX FUND, 35,131.07 shares	29,239,239	122,691,324
	BOYD WATTERSON GSA FUND	GSA FUND, 70,322.80 shares	82,985,645	69,362,988
	CCA BLACK, LP CLASS A	LIFE SETTLEMENTS, 11,086,327.69 shares	11,086,328	20,241,106
	CCA BLACK, LP CLASS B	LIFE SETTLEMENTS, 3,920,648.03 shares	3,920,648	3,803,437
	CCA LONGEVITY FUND VI, LP	LONGEVITY FUND, 5,221,602.31 shares	5,221,602	13,663,061
	LONGVIEW LARGE CAP 500 INDEX FUND	INDEX FUND, 336,627.98 shares	158,588,251	748,809,597
	LOOMIS SAYLES CORE PLUS FULL DISCRETION TRUST	FULL DISCRETION TRUST, 7,396,343.31 shares	151,619,725	184,612,729
	PRINCIPAL ENHANCED PROPERTY	ENHANCED PROPERTY, 1,135,285.00 shares	13,071,064	14,497,763
	RBC GAM INTERNATIONAL FUND	INTERNATIONAL FUND, 736,310.49 shares	33,745,236	59,469,233
	U.S. REAL ESTATE INVESTMENT FUND LLC	INVESTMENT FUND, 24,244.78 shares	19,939,619	28,156,064
	ULLICO INFRASTRUCTURE	TAX-EXEMPT FUND, 201,845.08 shares	74,084,247	83,675,357
	ALLSPRING TREASURY	PLUS MONEY MARKET INST, 2,896,994.91 shares	2,896,995	2,896,995
	TOTALS ASSETS		<u>\$ 587,345,082</u>	<u>\$ 1,352,722,773</u>

New York Shipping Association, Inc. and Port Police & Guards Union (EIN 13-6188644)
NYSA - PPGU Pension Fund and Plan (P/N 001)
2024 Schedule MB, line 11 - Justification for Change in Actuarial Assumptions

The RPA '94 current liability interest rate was changed from 2.55% to utilize a rate in the allowable range for the year. The current liability mortality table (static), specified by regulation §1.431(c)(6)-1, reflects updated mortality projection for 2024.

**SCHEDULE MB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**

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

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

OMB No. 1210-0110

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

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

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

A Name of plan NYSA-PPGU PENSION FUND & PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF NYSA-PPGU PENSION FUND & PLAN	D Employer Identification Number (EIN) 13-6188644

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

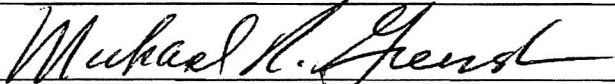
1a Enter the valuation date: Month 01 Day 01 Year 2024

b Assets

(1) Current value of assets	1b(1)	48,010,249
(2) Actuarial value of assets for funding standard account.....	1b(2)	49,390,401
c (1) Accrued liability for plan using immediate gain methods	1c(1)	35,385,158
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	33,515,157
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	55,059,798
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	1,593,223
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	3,285,000
(3) Expected plan disbursements for the plan year.....	1d(3)	3,285,000

Statement by Enrolled Actuary

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

SIGN HERE		5/12/25
	Signature of actuary	Date
Michael R. Greenstein	Type or print name of actuary	2300204
MRG Actuarial Services Inc.	Firm name	Most recent enrollment number
280 Prospect Avenue, Suite 4B Hackensack NJ 07601	Address of the firm	201-647-0512
		Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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

Schedule MB (Form 5500) 2024
v. 240311

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
b Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	3
(2) Females.....	6c(2)	3
d Valuation liability interest rate.....	6d	7.00 %
e Salary scale.....	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate.....	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate.....	6f(2)	7.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	7.9 %
h Estimated investment return on current value of assets for year ending on the valuation date.....	6h	14.2 %
i Expense load included in normal cost reported in line 9b.....	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	362,000
(3) If neither (1) nor (2) describes the expense load, check the box.....	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	624,983	64,130

8 Miscellaneous information:

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

b Demographic, benefit, and contribution information

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

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

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

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

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

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

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

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

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

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

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

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).		8e	
9 Funding standard account statement for this plan year:			
Charges to funding standard account:			
a Prior year funding deficiency, if any		9a	
b Employer's normal cost for plan year as of valuation date		9b	785,096
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended		9c(1)	15,519,294
(2) Funding waivers		9c(2)	
(3) Certain bases for which the amortization period has been extended		9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c		9d	200,498
e Total charges. Add lines 9a through 9d		9e	3,064,749
Credits to funding standard account:			
f Prior year credit balance, if any		9f	5,663,206
g Employer contributions. Total from column (b) of line 3		9g	1,500,000
h Amortization credits as of valuation date:		Outstanding balance	
(1) ERISA FFL (accrued liability FFL)		9h	9,856,088
(2) "RPA '94" override (90% current liability FFL)		9i	544,450
(3) FFL credit		9j(3)	1,392,243
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		9i	544,450
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)		9j(1)	0
(2) "RPA '94" override (90% current liability FFL)		9j(2)	212,326
(3) FFL credit		9j(3)	1,392,243
k (1) Waived funding deficiency		9k(1)	
(2) Other credits		9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		9l	10,464,553
m Credit balance: If line 9l is greater than line 9e, enter the difference		9m	7,399,804
n Funding deficiency: If line 9e is greater than line 9l, enter the difference		9n	
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year		9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date		9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))		9o(2)(b)	0
(3) Total as of valuation date		9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)		10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

New York Shipping Association, Inc. and Port Police & Guards Union (EIN 13-6188644)
 NYSA - PPGU Pension Fund and Plan (P/N 001)

2024 Schedule MB, Line 8b(2) - Schedule of Active Participant Data
 Valuation Date; 1/1/2024

AGE (LAST BIRTHDAY)	YEARS OF CREDITED SERVICE (COMPLETED YEARS)										TOTAL
	UNDER 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & OVER	
UNDER 20	0	51	45	25	20	1	0	0	0	0	142
20 -24	0	0	0	0	32	0	0	0	0	0	32
25 -29	0	0	0	0	1	1	11	0	0	0	13
30 -34	0	0	0	0	1	0	3	1	0	0	5
35 -39	0	0	0	0	0	0	0	0	2	0	2
40 -44	0	0	0	0	0	1	0	0	0	2	3
45 -49	0	0	0	0	0	0	0	0	0	1	1
50 -54	0	0	0	0	0	0	0	0	0	0	0
55 -59	0	0	0	0	0	0	0	0	0	0	0
60 -64	0	0	0	0	0	0	0	0	0	0	0
65 -69	0	0	0	0	0	0	0	0	0	0	0
70 & OVER	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	51	45	25	54	3	14	1	2	3	198

New York Shipping Association, Inc. and Port Police & Guards Union (EIN 13-6188644)
 NYSA - PPGU Pension Fund and Plan (P/N 001)
 2024 Schedule MB, lines 9c and 9h - Schedule of Funding Standard Account Bases

Plan Year Beginning 01/01/2024
 Funding Standard Account Interest Rate = 7.00%

	Date of First Charge or Credit	Number of Years Remaining	Outstanding Balance Beginning of Year	Amortization Charge or Credit
Amortization Charges				
2005 plan change	01/01/05	11	3,243,764	404,278
2010 actuarial loss	01/01/10	1	22,628	22,627
2010 plan change	01/01/10	1	95,669	95,668
2011 actuarial loss	01/01/11	2	41,468	21,435
2012 actuarial loss	01/01/12	3	221,593	78,916
2013 actuarial loss	01/01/13	4	216,804	59,818
2013 assumption change	01/01/13	4	114,010	31,458
2019 surplus adjustment	01/01/19	5	387,159	88,247
2019 actuarial loss	01/01/19	10	165,881	22,072
2019 plan change	01/01/19	10	163,443	21,748
2020 surplus adjustment	01/01/20	11	1,476,527	184,023
2021 surplus adjustment	01/01/21	12	3,108,922	365,813
2022 surplus adjustment	01/01/22	13	3,874,081	433,211
2023 actuarial loss	01/01/23	14	838,390	89,594
2023 plan change	01/01/23	14	195,489	20,891
2023 surplus adjustment*	01/01/23	14	111,549	11,921
2024 surplus adjustment*	01/01/24	15	1,241,917	127,435
Total Charges			15,519,294	2,079,155
Amortization Credits				
2014 actuarial gain	01/01/14	5	826,004	188,274
2015 actuarial gain	01/01/15	6	735,661	144,242
2016 actuarial gain	01/01/16	7	412,590	71,549
2017 actuarial gain	01/01/17	8	736,586	115,284
2018 actuarial gain	01/01/18	9	1,019,078	146,181
2020 actuarial gain	01/01/20	11	564,428	70,346
2021 actuarial gain	01/01/21	12	2,144,679	252,354
2022 actuarial gain	01/01/22	13	2,800,128	313,119
2024 actuarial gain	01/01/24	15	616,934	63,305
Total Credits			9,856,088	1,364,654
Total Charges less Credits			5,663,206	714,501

* Amount required to satisfy balance equation,
 treated as actuarial loss.

Actuarial methods

Normal Cost and
 Actuarial Accrued Liability

Entry Age Normal

Actuarial Value of Assets

Market Value less an adjustment to spread each year's investment gain or loss over five years. For this purpose, the investment gain or loss for a year is determined by calculating the difference between the expected return for the year and the actual return for the year. The expected return is calculated by multiplying the valuation interest rate by the market value for the prior year, after adjusting for contributions and disbursements during the year. Under this method, the actuarial value of assets on the valuation date is equal to the market value less a percentage of the gain or loss for each of the previous four years. The percentages are 80% for the first preceding year, 60% for the second preceding year, 40% for the third preceding year, and 20% for the fourth preceding year. In no event may the actuarial value of assets be less than 80% nor more than 120% of the market value of assets.

Actuarial Assumptions

Interest rates

-Normal Cost and Accrued Liability
 -Current Liability

7.00%
 3.29% (permitted range is 2.82%-3.29%)

Retirement

Age 63 and 15 Years of Service; or
 Age 65 and 10 Years of Service.

Termination and Disability

Sample annual rates of termination

Age	Withdrawal	Disability
20	.0533	
25	.0398	
30	.0293	
35	.0213	
40	.0156	.0050
45	.0111	.0050
50	.0071	.0050
55	.0042	.0050
60	.0020	.0050
65	.0010	.0050

Actuarial Assumptions (cont.)

Mortality:

-Normal Cost and Accrued Liability	
--Healthy Lives	RP-2000 Combined Mortality Table with blue collar adjustment, projected five years with scale AA.
--Disabled Lives	RP-2000 Combined Mortality Table with blue collar adjustment, projected five years with scale AA; set forward 8 years (phasing out from ages 86-93).
-Current Liability	PRI-2012 Static Table for 2024
Percent Married for Preretirement Spouse Death Benefit	88% assumed married and wives assumed to be three years younger than husbands.
Expenses	Actual expenses for previous year, included included in normal cost.
Hours Worked for Active Participants	Liabilities and costs for active participants are calculated utilizing participants' actual hours worked for years prior to the valuation date and by assuming hours worked in future years will be the same as hours worked in the year ending on the valuation date.

Changes in Actuarial Methods and Assumptions in Current Actuarial Valuation

The current liability interest rate was changed from 2.55% to utilize a rate in the allowable range for the year. The current liability mortality table, specified for 2024, reflects revised mortality tables and projections for 2024.

New York Shipping Association, Inc. and Port Police & Guards Union (EIN 13-6188644)
 NYSA - PPGU Pension Fund and Plan (P/N 001)
 2024 Schedule MB, line 6 - Summary of Plan Provisions

Plan Name NYSA-PPGU Pension Fund and Plan
Effective Date January 1, 1956; restated December 3, 2014
Covered Employees Members of the Port Police and Guards Union
 Local 1456 I.S.O.P.G.U. (PPGU)

Accrued Benefit

Monthly Benefit per Year of Service:

Service Pension
 First 15 years of service..... \$67.78
 Next 10 years of service..... 74.39
 Remaining years of service..... 76.52

Service at Disability

Disability Pension Over 25 yrs. 21-25 yrs. 15-20 yrs.

Monthly Benefit per Year of Service:

First 15 years of service.....	\$67.78	\$64.32	\$63.16
Next 10 years of service.....	74.39	69.92	68.61
Remaining years of service.....	76.52		

Average Hours These benefit schedules apply to participants with at least
 1600 average hours per year of service after 1996 and
 1500 average hours per year of service before 1997.
 Lower benefit amounts apply for fewer average hours .

Eligibility for Benefits

Normal Retirement Age 65 and 5 years of Service
 Benefit equals Accrued Benefit as defined above.

Early Retirement Age 62 and 15 years of Service.
 Age 55 and 21 years of Service.
 Benefit equals Accrued Benefit as defined above.

Vested Termination 5 years of Service.
 Benefit equals Accrued Benefit, payable at Normal Retirement Date.

Disability Age 40 and 15 years of Service
 Benefit equals Accrued Benefit as defined above.

Eligibility for Benefits (cont.)

Death Benefits

- Preretirement Eligible for Vested Benefit, with Eligible Surviving Spouse.

Benefit equals Accrued Benefit paid in the form of a 50% Joint and Survivor Annuity, assuming the employee had elected to receive a Service Pension on the date of death.

If employee would not be eligible for a Service Pension on the date of death, payment to the Eligible Spouse is deferred to the date that such Service pension benefit would be payable (based on Service as of the date of death).

- Postretirement Retired with at least 15 years of Service

Benefit equals \$10,000 lump sum payment.

Forms of Payment

Automatic payment is in the form of a 50% joint and survivor annuity for married participants. Otherwise, payment is in the form of a life annuity.

Optional payment forms are:

75% joint and survivor annuity;
"Pop-Up " annuity; in the event the pensioner's spouse predeceases the pensioner, this "Pop-Up" option will raise the pension benefit to that which would have been received had the 50% (or 75%) joint and survivorannuity been waived at the time of benefit commencement.

Definitions

Service

- Vesting A year of Service is earned for each year during which an employee completes 1000 hours of service (800 hours of service for years prior to 1997).

- Benefit Accrual Same.

- Normal Retirement Date The first day of the month coincident with or next following attainment of age 65 and completion of 5 years of Service.

- Eligible Surviving Spouse A spouse who was legally married to the employee for the 12-month period preceding the date of death.

Plan Changes in Current Actuarial Valuation

None.

Note: The plan provisions described herein are used solely for the purpose of preparing an actuarial valuation of the plan. The use of this description for any other purpose, such as the determination of individual benefits, disclosure to participants or any type of plan administration is not intended.