

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☒ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan NYSA-PPGU MONEY PURCHASE PENSION FUND & PLAN	1b Three-digit plan number (PN) ▶ 002
		1c Effective date of plan 01/01/1994
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES NYSA-PPGU MONEY PURCH PENS FD & PL 889 BROADWAY BAYONNE, NJ 07002	2b Employer Identification Number (EIN) 13-3769079
		2c Plan Sponsor's telephone number 201-243-0660
		2d Business code (see instructions) 488300

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	DANIEL MASSARO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	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	5 503
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) 466 6a(2) 332 6b 1 6c 146 6d 479 6e 4 6f 483 6g(1) 503 6g(2) 483 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 6

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

2C 2F 2G 2T

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan NYS-PPGU MONEY PURCHASE PENSION FUND & PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES	D Employer Identification Number (EIN) 13-3769079	

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

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	041593	161	01/01/2024	02/20/2024

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	13522938
c Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account (5) Other (specify below)..... ▶ VARIOUS	7c(1)	85803
	7c(2)	
	7c(3)	32600
	7c(4)	
	7c(5)	34093
(6) Total additions	7c(6)	152496
d Total of balance and additions (add lines 7b and 7c(6))	7d	13675434
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account (4) Other (specify below)..... ▶ VARIOUS	7e(1)	13483388
	7e(2)	
	7e(3)	
	7e(4)	192046
(5) Total deductions	7e(5)	13675434
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan NYS-PPGU MONEY PURCHASE PENSION FUND & PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES	D Employer Identification Number (EIN) 13-3769079	

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

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE COMPANY USA

(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
01-0233346	65838	LU2105	61	01/01/2024	12/31/2024

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

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

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

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(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** 723620**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT****b** Balance at the end of the previous year **7b****c** Additions: (1) Contributions deposited during the year **7c(1)** 869148
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 10975
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**
▶(6) Total additions **7c(6)** 880123**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 880123**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
(2) Administration charge made by carrier **7e(2)**
(3) Transferred to separate account **7e(3)**
(4) Other (specify below) **7e(4)** 156503
▶ **VARIOUS**(5) Total deductions **7e(5)** 156503**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 723620

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan NYS-PPGU MONEY PURCHASE PENSION FUND & PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES	D Employer Identification Number (EIN) 13-3769079	

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

(a) Name of insurance carrier EMPOWER
--

(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	041593	161	02/21/2024	12/31/2024

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 10961746**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT****b** Balance at the end of the previous year **7b****c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits..... **7c(2)**
(3) Interest credited during the year..... **7c(3)** 119307
(4) Transferred from separate account **7c(4)** 13408855
(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 13528162**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 13528162**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 1200449(2) Administration charge made by carrier **7e(2)** 30143(3) Transferred to separate account **7e(3)** 1335824(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 2566416**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 10961746

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

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

A Name of plan NYSA-PPGU MONEY PURCHASE PENSION FUND & PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES	D Employer Identification Number (EIN) 13-3769079

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

THE LAMBOS FIRM, LLP

300 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	CO-COUNSEL	17600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DESENA & COMPANY CPAS, LLC

100 EAGLE ROCK AVENUE
SUITE 110
EAST HANOVER, NJ 07936

20-0609534

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDITOR	9820	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REYNOLDS CONSULTING SERVICES, LLC

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?
17	INVESTMENT ADVISOR	35880	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

FIUMAN MOGILLA, LLP

153 CENTRAL AVENUE
PO BOX 3003
WESTFIELD, NJ 07091

93-1652658

(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	CO-COUNSEL	17600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHN HANCOCK RETIREMENT PLAN SVC

200 BERKELEY STREET
BOSTON, MA 02116-5010

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 28 49 63 72 99	CUSTODIAN	452	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHN HANCOCK RETIREMENT PLAN SVC

200 BERKELEY STREET
BOSTON, MA 02116-5010

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 51 60 99			Yes ☒ No ☐	Yes ☒ No ☐	29040	Yes ☐ No ☒

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 NYS-PPGU MONEY PURCHASE PENSION FUND & PLAN		B Three-digit plan number (PN) ▶ 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES		D Employer Identification Number (EIN) 13-3769079

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: DRYDEN S&P 500 INDEX FUND			
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.			
c EIN-PN 06-1050034-123	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: QMA MIDCAP INDEX			
b Name of sponsor of entity listed in (a): PRUDENTIAL RETIREMENT INS.			
c EIN-PN 06-1050034-833	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
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
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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
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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
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code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

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

A Name of plan NYSA-PPGU MONEY PURCHASE PENSION FUND & PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES	D Employer Identification Number (EIN) 13-3769079

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	250973	255071
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	69697	97233
(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)	282868	244086
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	3501663	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)	16762163	26073590
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	13522938	11685366
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	34390302	38355346
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	34390302	38355346

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)	2864830	
(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)		2864830
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	13506	
(F) Other	2b(1)(F)	162882	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		176388
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	397376	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		397376
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	2347636	
(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		754714
d Total income. Add all income amounts in column (b) and enter total	2d		6540944

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1088215	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	1388994	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2477209
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	9820	
(5) Investment advisory and investment management fees	2i(5)	35880	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	35200	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	9118	
(11) Other expenses	2i(11)	8673	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		98691
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2575900

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3965044
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **DESENA & COMPANY CPAS, LLC**

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 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 NYSA-PPGU MONEY PURCHASE PENSION FUND & PLAN				B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES				D Employer Identification Number (EIN) 13-3769079	
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	17
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	2864830
b Enter the amount contributed by the employer to the plan for this plan year				6b	2864830
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	0
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					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

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

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): _____

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

Money Purchase Pension Fund and Plan

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

NYSA-PPGU MONEY PURCHASE PENSION FUND AND PLAN
FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE
DECEMBER 31, 2024

TABLE OF CONTENTS

	PAGES
INDEPENDENT AUDITORS' REPORT	1 - 3
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	4
Statement of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6 - 15
SUPPLEMENTAL SCHEDULES	
Schedule H, Part IV, Line 4i – Schedule of Assets (Held at Year End)	16
Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions	17



INDEPENDENT AUDITOR'S REPORT

The Board of Trustees

NYSA-PPGU Money Purchase Pension Fund and Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the accompanying financial statements of NYSA-PPGU Money Purchase Pension Fund and Plan ("The Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and December 31, 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit 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 Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 Plan'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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, 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 Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about The Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess

whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Supplemental Schedules Required by ERISA

The supplemental schedules of assets held at year end and reportable transactions of NYSA-PPGU Money Purchase Pension Fund and Plan ("supplemental schedules") are presented for purposes of additional analysis and are not a required part of the financial statements but are 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 is derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or is derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or is derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution and reportable transactions agree to or are derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

DeSena & Company

East Hanover, New Jersey
October 12, 2025

NYSA-PPGU MONEY PURCHASE PENSION FUND AND PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2024	2023
<u>ASSETS</u>		
Cash	\$ 97,233	\$ 69,697
Investment at fair value (See note 4)	26,073,590	20,263,826
Investment at contract value (See note 3)	11,685,366	13,522,938
Receivables:		
Notes receivable from participants (See note 1)	508,273	282,868
Employers' contributions receivable	255,071	250,973
Net assets available for benefits	\$ 38,619,533	\$ 34,390,302

NYSA-PPGU MONEY PURCHASE PENSION FUND AND PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2024

ADDITIONS

Additions to net assets attributed to:

Investment income	
Interest and dividends	\$ 560,258
Capital gains	754,714
Net appreciation	<u>2,347,636</u>

Total investment gain	3,662,608
-----------------------	-----------

Interest income-participants notes receivable	13,506
Employers' contributions	<u>2,864,830</u>

TOTAL ADDITIONS	<u>6,540,944</u>
------------------------	-------------------------

DEDUCTIONS

Deductions from net assets attributed to:

Benefits paid to participants	1,088,215
Forfeitures & loan offsets	8,673
Transfers to alternate funding agencies	1,388,994
Administrative expenses	<u>90,018</u>

TOTAL DEDUCTIONS	<u>2,575,900</u>
-------------------------	-------------------------

Net increase in net assets available for benefits	3,965,044
---	-----------

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	34,390,302
Defaulted loans (see Note 1)	<u>264,187</u>
End of year	<u>\$ 38,619,533</u>

NYSA-PPGU MONEY PURCHASE PENSION FUND AND PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

Note 1 – DESCRIPTION OF PLAN

The following brief description of the NYSA-PPGU Money Purchase Pension Fund and Plan ("Plan") is provided for general information purposes only. The *Summary Plan Description* includes further information about the Plan's provisions.

a) General

New York Shipping Association, Inc. (doing business as Shipping Association of New York and New Jersey) ("NYSA") and the Port Police & Guards Union Local 1456 ("PPGU") are parties to a Collective Bargaining Agreement ("Agreement") effective through December 31, 2025. NYSA represents the employers of Security Officers and the PPGU represents the security officers who are Plan participants. The employer members of NYSA consist primarily of terminal operators, steamship carriers, stevedores and providers of security services in the Port of New York and New Jersey.

The Plan is a self-directed, non-contributory, defined contribution plan providing retirement benefits to eligible employees (participants). It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). The Plan was established effective January 1, 1994 and is administered pursuant to the Agreement and Declaration of Trust and Plan ("Trust") as amended and restated December 18, 2014. In October 2010, the Plan entered into an agreement with Prudential Retirement Insurance and Annuity Company ("Prudential"). On April 1, 2022, Empower Annuity Insurance Company of America ("EAIC"), formerly known as Great West Life & Annuity Insurance Company, the parent company of Empower Retirement, LLC ("Empower") acquired the full-service retirement business of Prudential. In February 2024, the Plan entered into an agreement with John Hancock Retirement Plan Services, LLC ("John Hancock"). John Hancock is currently the Plan's custodian and investment manager.

b) Contributions

The employers of the eligible employees contribute a specified amount per hour for each hour worked by such employees. Pursuant to the Collective Bargaining Agreement and Trust and Plan, effective January 1, 2023, a contribution of \$6.50 per hour was made on behalf of those eligible employees who were initially employed in the industry on or before December 31, 1996 and a contribution of \$4.50 per hour was made for those eligible employees who were initially employed in the industry on or after January 1, 1997. Effective January 1, 2024, the contributions were increased to \$7.00 and \$4.50, respectively.

Employer contributions received by the Plan are deposited in an interest-bearing account at a bank and are paid on a monthly basis to the custodian/investment manager. Each participant's account is credited monthly for the contributions and annually for the investment income.

Contributions are subject to certain limitations. The minimum funding standards of ERISA have been met for the years December 31, 2024 and 2023.

NYSA-PPGU MONEY PURCHASE PENSION FUND AND PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

Note 1 – DESCRIPTION OF PLAN (CONTINUED)

c) Participant Accounts

Participants' accounts are credited with the employers' contributions on behalf of the participants and the net investment yields, as defined, and are charged with an allocation of administrative expenses.

d) Vesting

Participants vest immediately in their Individual Account.

e) Payment of Benefits

A participant or participant's beneficiary may elect to receive either a lump-sum equal to the value of his or her account, an annuity, as defined, or the participant or spouse may rollover the value of his or her account to an individual retirement account or another qualified plan.

f) Withdrawals and Loans Receivable

Participants may borrow from their Individual Accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their Individual Account balance, reduced by the highest outstanding loan balance in the last twelve months. Loans must be fully repaid within 5 years unless used by a participant to acquire a principal residence, in which case the loan must be fully repaid within 15 years. Loans have an interest rate equal to the bank prime rate plus 1% at the time the loan is originated. The bank prime rate is set on the last business day of the calendar quarter immediately preceding the loan. Principal and interest on the loans must be repaid at least quarterly, on an after-tax basis. Interest rates on the loans receivable ranged from 4.25% to 9.50% at December 31, 2024 and 2023, respectively.

Active participants who default on loans are obligated to repay the outstanding principal and accrued interest and are not permitted to take any new loans once an existing loan enters default status. The defaulted loan balances are reflected in the Plan's note receivable for participants balance and are carried in Plan assets until the participant's account is fully distributed.

Note 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following are the significant accounting policies followed by the Plan:

a) Basis of Accounting

The financial statements are prepared in conformity with accounting principles generally accepted in the United States of America.

NYSA-PPGU MONEY PURCHASE PENSION FUND AND PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

Note 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

b) Investments, Valuations, and Income Recognition

Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Interest income from investments in the fully benefit-responsive investment contracts are based on interest rates specified in the contracts as guaranteed by Prudential and recorded at the end of Plan year and reinvested in the account.

Earnings on pooled separate accounts and mutual funds are recorded daily and include the Plan's share of interest, dividends and realized and unrealized appreciation or depreciation of accounts.

The Plan presents in the Statement of Changes in Net Assets Available for Benefits, investment income which consists of interest and dividends, capital gains and the realized gains or losses and the change in unrealized appreciation or depreciation of those investments and investment contracts.

c) Cash and Activities with NYSA

Before transfer to the participants' investment accounts, employer contributions are temporarily held in an interest-bearing account at a bank. NYSA may make temporary advances to the Plan to fund the minimum monthly cash deposits required until amounts receivable from employers are remitted and become available to the Plan.

d) Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Board of Trustees to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

e) Payment of Benefits

Benefits are recorded when paid.

NYSA-PPGU MONEY PURCHASE PENSION FUND AND PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

Note 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

f) Risks and Uncertainties

The Plan's investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect a participant's Individual Account and the amounts reported in the statement of net assets available for Plan benefits.

The Plan is subject to credit risk should the custodian be unable to fulfill its obligations in regards to the guaranteed interest account.

Note 3 – GUARANTEED INVESTMENT CONTRACTS

The Plan entered into a fully benefit-responsive guaranteed investment contract with Prudential totaling \$10,961,746 for 2024 and \$13,522,938 for 2023. Prudential maintains the contributions in a general account. The Plan also entered into a Group Annuity Contract with John Hancock totaling \$723,620 for 2024. Payment obligations and the fulfillment of any guarantees specified in the group annuity contract are insurance claims supported by the full faith and credit of Prudential and John Hancock.

Under the group annuity insurance contracts that support these products, participants may ordinarily direct permitted withdrawals or transfers of all or a portion of their account balance at Contract Value within reasonable timeframes. Contract Value is also referred to as "Book Value". The Contract is effected directly between the plan sponsor (or their trustee) and the issuer. The repayment of principal and interest credited to participant is a financial obligation of the issuer. Given these provisions, Prudential and John Hancock consider these contracts to be fully benefit responsive.

Beginning and end of period balances are reported at Contract Value on the certified financial statements. There are not any events that could limit the ability of the Plan to transact at Contract Value paid over time 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 over time or in a market value lump sum.

Note 4 – 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:

NYSA-PPGU MONEY PURCHASE PENSION FUND AND PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

Note 4 – FAIR VALUE MEASUREMENTS (CONTINUED)

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, including net asset value (“NAV”) per share, or its equivalent.

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

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

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

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

Guaranteed Investment Contracts: Prudential and John Hancock Contracts at December 31, 2023 and December 31, 2024 were valued at Contract Value. (See Note 3).

Pooled Separate Accounts and Mutual funds: Valued at the net asset value (“NAV”) of shares held by the Plan at year end.

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.

NYSA-PPGU MONEY PURCHASE PENSION FUND AND PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

Note 4 – FAIR VALUE MEASUREMENTS (CONTINUED)

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

	2024		
	Level 1	Net Asset Value (a)	Total
Mutual/Exchange-Traded Funds	<u>\$ 26,073,590</u>	<u></u>	<u>\$ 26,073,590</u>
Total Investments at Fair Value	<u>\$ 26,073,590</u>	<u>\$ -</u>	<u>\$ 26,073,590</u>
	2023		
	Level 1	Net Asset Value (a)	Total
Mutual/Exchange-Traded Funds	<u>\$ 16,762,163</u>	<u></u>	<u>\$ 16,762,163</u>
Pooled Separate Accounts: (b) Equities	<u></u>	<u>3,501,663</u>	<u>\$ 3,501,663</u>
Total Investments at Fair Value	<u>\$ 16,762,163</u>	<u>\$ 3,501,663</u>	<u>\$ 20,263,826</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 value hierarchy.

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

NYSA-PPGU MONEY PURCHASE PENSION FUND AND PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

Note 4 – FAIR VALUE MEASUREMENTS (CONTINUED)

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	\$ Amount of Unfunded Commitments	Redemption Terms	Redemption Restrictions
Pooled Separate Accounts	Seeks maxium total return by investing in securities that track the performance of domestic and international equity and fixed income indices	\$ -	0	Subject to the determination of the respective fund manager	\$ -	Funds have daily redemption upon immediate notice	N/A

2023

Type	Strategy	NAV in Funds	# of Funds	Remaining Life	\$ Amount of Unfunded Commitments	Redemption Terms	Redemption Restrictions
Pooled Separate Accounts	Seeks maxium total return by investing in securities that track the performance of domestic and international equity and fixed income indices	\$ 3,501,663	2	Subject to the determination of the respective fund manager	\$ -	Funds have daily redemption upon immediate notice	N/A

NYSA-PPGU MONEY PURCHASE PENSION FUND AND PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

Note 5 – INFORMATION CERTIFIED BY PLAN'S CUSTODIAN

The following schedule of investments included in the Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023 was provided by the Plan's custodian are unaudited and have been certified by the Plan's custodian to be complete and accurate:

Investments	<u>2024</u>	<u>2023</u>
Guaranteed Investment Contracts	<u>\$ 11,685,366</u>	<u>\$ 13,522,938</u>
Pooled Separate Accounts	<u>\$ -</u>	<u>\$ 3,501,663</u>
Mutal Funds	<u>\$ 26,073,590</u>	<u>\$ 16,762,163</u>
Participant Loans	<u>\$ 508,273</u>	<u>\$ 282,868</u>

During 2024, the Plan's investments (including gains and losses on investments bought, sold, and held during the year as well as interest and dividends and capital gains) appreciated in value by \$3,662,608 as follows:

Interest Income	\$ 162,882
Dividends, Capital Gains and Net change in depreciation of fair value- unaudited	<u>3,499,726</u>
	<u>\$ 3,662,608</u>

Note 6 – PLAN TERMINATION

It is the Board of Trustees' intent to continue the Plan indefinitely. However, the Plan may be terminated at any time. In the event of Plan termination, each participant shall receive his or her individual participant account balance less the participant's share of Plan termination expense.

NYSA-PPGU MONEY PURCHASE PENSION FUND AND PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

Note 7 – TAX STATUS

The Internal Revenue Service has determined and informed the Plan by a letter dated June 2, 2015, that the Trust and Plan, as amended and restated December 18, 2014, is qualified under Section 401(a) of the Internal Revenue Code ("Code") and, therefore, is exempt from federal income tax under Section 501(a) of the Code. The Plan 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 Plan has no income tax related penalties or interest for the period reported in the financial statements.

Note 8 – ADMINISTRATIVE EXPENSES

Certain administrative expenses incurred in connection with the Plan, which include assessed loan and distribution processing fees, are paid directly from the accounts of Plan participants. Also see Note 9 for additional detail.

Note 9 – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Prudential Retirement and Insurance Company ("Prudential") and John Hancock Retirement Plan Services, LLC ("John Hancock"), (collectively "Record-keepers"), are the record-keepers for the Plan and, in accordance with the service agreements between the plan sponsor and the Record-keepers, provide administrative and advisory services to the Plan, thereby qualifying as a party-in-interest as defined in Section 406 of ERISA. Record-keepers receive revenues from registered investment companies, mutual fund service providers and Record-keepers' pooled separate accounts and Guaranteed Investment Contract for services the Record-keepers provide to the funds. This revenue is used to offset the certain amounts owed to the Record-keepers for their administrative services to the Plan.

During 2024 and 2023, indirect recordkeeping compensation paid to the Record-keepers from Plan assets (from revenue offsets as described above) was \$29,040 and \$82,934, respectively and direct compensation paid to the Record-keepers was \$452 and \$1,815, respectively.

Reynolds Consulting Services, LLC ("Reynolds") provides investment advisory services thereby qualifying as a party-in-interest as defined in Section 406 of ERISA. Fees paid to Reynolds during 2024 and 2023 totaled \$35,880 and \$26,572, respectively.

NYSA-PPGU MONEY PURCHASE PENSION FUND AND PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2024

Note 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 38,619,533	\$ 34,390,302
Participant Loans in Default	<u>(264,187)</u>	<u>0</u>
Net assets available for benefits per Schedule H of Form 5500	<u>\$ 38,355,346</u>	<u>\$ 34,390,302</u>

Participant loans in default are included in net assets available for benefits on the financial statements for participants whose accounts have not been fully distributed.

Note 11 – SUBSEQUENT EVENTS

The Plan evaluated its December 31, 2024 financial statements for subsequent events through October 12, 2025, the date the financial statements were available to be issued. The Plan is not aware of any subsequent events which would require recognition or disclosure in the accompanying financial statements.

NYSA-PPGU MONEY PURCHASE PENSION FUND AND PLAN
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT YEAR END)
DECEMBER 31, 2024

		(c) Description of Investment Include Maturity Date, Rate of Interest, Collateral, Par, or Maturity Date	(e) Current Value
(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(d) Cost**	
*	Prudential Retirement Insurance & Annuity Company	Guaranteed Investment Contracts	\$ 10,961,746
*	John Hancock Investments	JH Stable Value Guaranteed Income	723,620
	Loomis Sayles	Loomis Sayles Strategic Income	4,627
	Pacific Investment Mgmt. Co., LLC	Pimco Total Return	153,057
	Vanguard, Inc.	Vanguard TGT Retirement Income	186,650
	Vanguard, Inc.	Vanguard TGT Retirement 2020	1,898,771
	Vanguard, Inc.	Vanguard TGT Retirement 2030	3,379,139
	Vanguard, Inc.	Vanguard TGT Retirement 2040	2,493,423
	Vanguard, Inc.	Vanguard TGT Retirement 2050	1,950,602
	Vanguard, Inc.	Vanguard TGT Retirement 2060	1,880,986
	Vanguard, Inc.	Vanguard TGT Retirement 2070	172,686
	BNY Mellon	BNY Mellon OP Midcap	422,082
	Fidelity Investment	Fidelity 500 Index Fund	5,201,871
	Massachusetts Financial Svcs. Co.	MFS Total Return	119,897
	Vanguard, Inc.	Vanguard REIT Index	496,675
	Nuveen, A TIAA Company	Nuveen Lg Cap Value Index	64,142
	BAMCO, Inc.	Baron Growth	898,121
	BNY Mellon	BNY Mellon Small Cap Stock Index	205,283
	Invesco Advisers, Inc.	Invesco Main Street Small Cap	71,207
	JP Morgan Investment Mgmt., Inc.	JP Morgan US Equity	1,950,021
	Vanguard, Inc.	Vanguard Mid Cap index	85,455
	DFA Global Equity	DFA Global Equity	387,783
	Vanguard, Inc.	Vanguard Emrg Mkts Stk Idx	86,806
	T. Rowe Price Associates, Inc.	T. Rowe Blue Chip Growth	3,964,306
	Invesco Oppenheimer Developing	Invesco Developing Markets	-
	Participant Loans, interest ranging from 4.25%-9.50% as of December 31, 2024		508,273
			<u>\$ 38,267,229</u>

* Represents party-in-interest.

** Cost information is not presented as investments are participant-directed.

NYSA-PPGU MONEY PURCHASE PENSION FUND AND PLAN
SCHEDULE H, PART IV LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

Category (I) : Individual Transaction in Excess of 5% of Plan Assets

(a)	(b)	(c)	(d)	(g)	(h)	(i)	
Identity of Party Involved	Description of Asset	Purchase Price	Type/number of Transactions	Sale Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
* Prudential Investments	Guaranteed Income Fund	\$ -	1 Sale	\$ 13,407,942	\$ 13,407,942	\$ 13,407,942	\$ -
Dryden Mutual Ins. Co.	Dryden S&P 500 Index ISP	-	1 Sale	3,476,772	2,018,587	3,476,772	1,458,185
Vanguard, Inc.	Vanguard TGT Ret 2040	-	1 Sale	2,361,660	2,165,672	2,361,660	195,988
Vanguard, Inc.	Vanguard TGT Ret 2030	-	1 Sale	2,734,561	2,558,923	2,734,561	175,638
T. Rowe Price Associates, Inc.	T Rowe Blue Chip Gr Adv	-	1 Sale	2,462,660	2,025,470	2,462,660	437,190
Empower	Empower Guaranteed Inc Fd	13,408,855	1 Purchase	-	13,408,855	13,408,855	-
Vanguard, Inc.	Vanguard TGT Ret 2030	2,734,561	1 Purchase	-	2,734,561	2,734,561	-
Vanguard, Inc.	Vanguard TGT Ret 2040	2,361,660	1 Purchase	-	2,361,660	2,361,660	-
Fidelity	Fidelity 500 Index Fd	3,476,772	1 Purchase	-	3,476,772	3,476,772	-
T. Rowe Price Associates, Inc.	T Rowe Blue Chip Gr Adv	2,462,660	1 Purchase	-	2,462,660	2,462,660	-

Category (III) : Series of Securities Transaction in Excess of 5% of Plan Assets

(a)	(b)	(c)		(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Type/number of Transactions	Sale Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Dryden Mutual Ins. Co.	Dryden S&P 500 Index ISP	\$ -	4 Sales	\$ 3,568,416	\$ 2,074,395	\$ 3,568,416	\$ 1,494,021
Vanguard, Inc.	Vanguard TGT Ret 2040	-	2 Sales	2,364,272	2,168,145	2,364,272	196,127
Vanguard, Inc.	Vanguard TGT Ret 2030	-	4 Sales	2,764,890	2,587,799	2,764,890	177,091
T. Rowe Price Associates, Inc.	T Rowe Blue Chip Gr Adv	-	5 Sales	2,479,852	2,042,163	2,479,852	437,689
Empower	Empower Guaranteed Inc Fd	-	44 Sales	2,566,416	2,554,455	2,566,416	11,961
Vanguard, Inc.	Vanguard TGT Ret 2020	1,975,067	12 Purchases	-	1,975,067	1,975,067	-
Vanguard, Inc.	Vanguard TGT Ret 2030	3,392,613	22 Purchases	-	3,392,613	3,392,613	-
Vanguard, Inc.	Vanguard TGT Ret 2040	2,747,893	16 Purchases	-	2,747,893	2,747,893	-
Vanguard, Inc.	Vanguard TGT Ret 2050	1,872,508	19 Purchases	-	1,872,508	1,872,508	-
Vanguard, Inc.	Vanguard TGT Ret 2060	1,919,008	23 Purchases	-	1,919,008	1,919,008	-
Fidelity	Fidelity 500 Index Fd	4,765,950	53 Purchases	-	4,765,950	4,765,950	-
Invesco	Invesco Main St SC A	-	8 Sales	1,867,866	1,818,654	1,867,866	49,212
Invesco	Invesco Main St SC A	1,895,818	10 Purchases	-	1,895,818	1,895,818	-
JP Morgan Investment Mgmt., Inc.	JP Morgan US Equity Fd A	2,075,808	46 Purchases	-	2,075,808	2,075,808	-
T. Rowe Price Associates, Inc.	T Rowe Blue Chip Gr Adv	-	16 Sales	1,727,482	1,565,385	1,727,482	162,097
T. Rowe Price Associates, Inc.	T Rowe Blue Chip Gr Adv	5,295,280	63 Purchases	-	5,295,280	5,295,280	-

* A party in interest as defined by ERISA

NYSA-PPGU MONEY PURCHASE PENSION FUND AND PLAN
SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT YEAR END)
DECEMBER 31, 2024

PLAN NO. 002
EIN: 13-3769079

(a) (b) Identity of Issuer, Borrower, Lessor, or Similar Party		(c) Description of Investment Maturity Date, Rate of Interest, Collateral, Par, or Maturity Date	(d) Cost**	(e) Current Value
*	Prudential Retirement Insurance & Annuity Company	Guaranteed Investment Contracts		\$ 10,961,746
*	John Hancock Life Insurance Company	Stable Value Guaranteed Income		723,620
	Loomis Sayles & Co.	Loomis Sayles Strategic Income		4,627
	PIMCO	Total Return		153,057
	Vanguard, Inc.	Vanguard TGT Retirement Income		186,650
	Vanguard, Inc.	Vanguard TGT Retirement 2020		1,898,771
	Vanguard, Inc.	Vanguard TGT Retirement 2030		3,379,139
	Vanguard, Inc.	Vanguard TGT Retirement 2040		2,493,423
	Vanguard, Inc.	Vanguard TGT Retirement 2050		1,950,602
	Vanguard, Inc.	Vanguard TGT Retirement 2060		1,880,986
	Vanguard, Inc.	Vanguard TGT Retirement 2070		172,686
	BNY Mellon	BNY Mellon OP Midcap		422,082
	Fidelity	500 Index		5,201,871
	Massachusetts Financial Svcs. Co.	MFS Total Return		119,897
	Nuveen	Large Cap Value Indes		496,675
	Vanguard, Inc.	Vanguard REIT Index		64,142
	BAMCO, Inc.	Baron Growth		898,121
	BNY Mellon	BNY Mellon Small Cap Stock Index		205,283
	Invesco	Main Street Small Cap		71,207
	JP Morgan Investment Mgmt., Inc.	JP Morgan US Equity		1,950,021
	Vanguard, Inc.	Mid Cap Index		85,455
	DFA Global Equity	DFA Global Equity		387,783
	Vanguard, Inc.	Emerging Market Stock Index		86,806
	T. Rowe Price Associates, Inc.	T. Rowe Blue Chip Growth		3,964,306
	Participant Loans, interest ranging from 4.25%-9.50% as of December 31, 2024			508,273
	Participant Loans in Default			(264,187)
				<u>\$ 38,003,042</u>

* Represents party-in-interest.

** Cost information is not presented as investments are participant-directed.

NYSA-PPGU MONEY PURCHASE PENSION FUND AND PLAN
SCHEDULE H, PART IV LINE 4j
SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2024

Category (I) : Individual Transaction in Excess of 5% of Plan Assets

(a)	(b)	(c)	(d)	(g)	(h)	(i)	
Identity of Party Involved	Description of Asset	Purchase Price	Type/number of Transactions	Sale Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
* Prudential Investments	Guaranteed Income Fund	\$ -	1 Sale	\$ 13,407,942	\$ 13,407,942	\$ 13,407,942	\$ -
Dryden Mutual Ins. Co.	Dryden S&P 500 Index ISP	-	1 Sale	3,476,772	2,018,587	3,476,772	1,458,185
Vanguard, Inc.	Vanguard TGT Ret 2040	-	1 Sale	2,361,660	2,165,672	2,361,660	195,988
Vanguard, Inc.	Vanguard TGT Ret 2030	-	1 Sale	2,734,561	2,558,923	2,734,561	175,638
T. Rowe Price Associates, Inc.	T Rowe Blue Chip Gr Adv	-	1 Sale	2,462,660	2,025,470	2,462,660	437,190
Empower	Empower Guaranteed Inc Fd	13,408,855	1 Purchase	-	13,408,855	13,408,855	-
Vanguard, Inc.	Vanguard TGT Ret 2030	2,734,561	1 Purchase	-	2,734,561	2,734,561	-
Vanguard, Inc.	Vanguard TGT Ret 2040	2,361,660	1 Purchase	-	2,361,660	2,361,660	-
Fidelity	Fidelity 500 Index Fd	3,476,772	1 Purchase	-	3,476,772	3,476,772	-
T. Rowe Price Associates, Inc.	T Rowe Blue Chip Gr Adv	2,462,660	1 Purchase	-	2,462,660	2,462,660	-

Category (III) : Series of Securities Transaction in Excess of 5% of Plan Assets

(a)	(b)	(c)		(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Type/number of Transactions	Sale Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Dryden Mutual Ins. Co.	Dryden S&P 500 Index ISP	\$ -	4 Sales	\$ 3,568,416	\$ 2,074,395	\$ 3,568,416	\$ 1,494,021
Vanguard, Inc.	Vanguard TGT Ret 2040	-	2 Sales	2,364,272	2,168,145	2,364,272	196,127
Vanguard, Inc.	Vanguard TGT Ret 2030	-	4 Sales	2,764,890	2,587,799	2,764,890	177,091
T. Rowe Price Associates, Inc.	T Rowe Blue Chip Gr Adv	-	5 Sales	2,479,852	2,042,163	2,479,852	437,689
Empower	Empower Guaranteed Inc Fd	-	44 Sales	2,566,416	2,554,455	2,566,416	11,961
Vanguard, Inc.	Vanguard TGT Ret 2020	1,975,067	12 Purchases	-	1,975,067	1,975,067	-
Vanguard, Inc.	Vanguard TGT Ret 2030	3,392,613	22 Purchases	-	3,392,613	3,392,613	-
Vanguard, Inc.	Vanguard TGT Ret 2040	2,747,893	16 Purchases	-	2,747,893	2,747,893	-
Vanguard, Inc.	Vanguard TGT Ret 2050	1,872,508	19 Purchases	-	1,872,508	1,872,508	-
Vanguard, Inc.	Vanguard TGT Ret 2060	1,919,008	23 Purchases	-	1,919,008	1,919,008	-
Fidelity	Fidelity 500 Index Fd	4,765,950	53 Purchases	-	4,765,950	4,765,950	-
Invesco	Invesco Main St SC A	-	8 Sales	1,867,866	1,818,654	1,867,866	49,212
Invesco	Invesco Main St SC A	1,895,818	10 Purchases	-	1,895,818	1,895,818	-
JP Morgan Investment Mgmt., Inc.	JP Morgan US Equity Fd A	2,075,808	46 Purchases	-	2,075,808	2,075,808	-
T. Rowe Price Associates, Inc.	T Rowe Blue Chip Gr Adv	-	16 Sales	1,727,482	1,565,385	1,727,482	162,097
T. Rowe Price Associates, Inc.	T Rowe Blue Chip Gr Adv	5,295,280	63 Purchases	-	5,295,280	5,295,280	-

* A party in interest as defined by ERISA