

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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: [X] a multiemployer plan [ ] a multiple-employer plan... B This return/report is: [ ] a single-employer plan [ ] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [ ] automatic extension... 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: ILA LOCAL 1478-2 PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1980
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES ILA LOCAL 1478-2 PENSION FUND
2b Employer Identification Number (EIN): 22-2318984
2c Plan Sponsor's telephone number: 973-467-4441
2d Business code (see instructions): 493100

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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Plan administrator (ANGELICA ANGELO, 10/13/2025), 2. Employer/plan sponsor (ANGELICA ANGELO, 10/13/2025), 3. DFE (empty).

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1391
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	563
	<b>6a(2)</b>	637
	<b>6b</b>	520
	<b>6c</b>	266
	<b>6d</b>	1423
	<b>6e</b>	75
	<b>6f</b>	1498
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	7

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

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

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

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

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

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

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**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.

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**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 \_\_\_\_\_

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<b>SCHEDULE MB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

<b>A</b> Name of plan <u>ILA LOCAL 1478-2 PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BOARD OF TRUSTEES ILA LOCAL 1478-2 PENSION FUND</u>	<b>D</b> Employer Identification Number (EIN) <u>22-2318984</u>

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

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

<b>b</b> Assets	
(1) Current value of assets .....	<b>1b(1)</b> <u>69005556</u>
(2) Actuarial value of assets for funding standard account .....	<b>1b(2)</b> <u>72033345</u>
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b> <u>82798346</u>
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases .....	<b>1c(2)(a)</b>
(b) Accrued liability under entry age normal method .....	<b>1c(2)(b)</b>
(c) Normal cost under entry age normal method .....	<b>1c(2)(c)</b>
(3) Accrued liability under unit credit cost method .....	<b>1c(3)</b> <u>82798346</u>
<b>d</b> Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions) .....	<b>1d(1)</b>
(2) "RPA '94" information:	
(a) Current liability .....	<b>1d(2)(a)</b> <u>143364064</u>
(b) Expected increase in current liability due to benefits accruing during the plan year .....	<b>1d(2)(b)</b> <u>3519599</u>
(c) Expected release from "RPA '94" current liability for the plan year .....	<b>1d(2)(c)</b>
(3) Expected plan disbursements for the plan year .....	<b>1d(3)</b> <u>5510351</u>

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

<b>SIGN HERE</b>  <u>ANTHONY BERLOTTI</u> Type or print name of actuary  <u>KEYSTONE 74 BENEFITS AND ADMIN</u> Firm name  <u>3031 WALTON ROAD BUILDING B</u> <u>PLYMOUTH MEETING, PA 19462</u> Address of the firm	Date <u>23-08756</u> Most recent enrollment number <u>267-606-1379</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

**2** Operational information as of beginning of this plan year:

<b>a</b> Current value of assets (see instructions) .....	<b>2a</b>	69005556
<b>b</b> "RPA '94" current liability/participant count breakdown:	<b>(1) Number of participants</b>	<b>(2) Current liability</b>
<b>(1)</b> For retired participants and beneficiaries receiving payment .....	510	55927237
<b>(2)</b> For terminated vested participants .....	277	17034175
<b>(3)</b> For active participants:		
<b>(a)</b> Non-vested benefits .....		2963639
<b>(b)</b> Vested benefits .....		67439013
<b>(c)</b> Total active .....	563	70402652
<b>(4)</b> Total .....	1350	143364064
<b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage .....	<b>2c</b>	48.13 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
06/30/2024	7238345	0				
01/01/2025	180356	0				
			<b>Totals ▶</b>	<b>3(b)</b>	7418701	
<b>(d) Total withdrawal liability amounts included in line 3(b) total .....</b>					<b>3(c)</b>	0
					<b>3(d)</b>	0

**4** Information on plan status:

<b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	<b>4a</b>	87.0 %
<b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5 .....	<b>4b</b>	N
<b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....	<b>4e</b>	
<b>f</b> If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ..... <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	<b>4f</b>	

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

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

**6 Checklist of certain actuarial assumptions:**

<b>a</b> Interest rate for "RPA '94" current liability.....	<b>6a</b>	3.29 %
	Pre-retirement	Post-retirement
<b>b</b> Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<b>c</b> Mortality table code for valuation purposes:		
<b>(1)</b> Males .....	<b>6c(1)</b>	A A
<b>(2)</b> Females .....	<b>6c(2)</b>	AF AF
<b>d</b> Valuation liability interest rate .....	<b>6d</b>	7.50 % 7.50 %
<b>e</b> Salary scale .....	<b>6e</b>	% <input checked="" type="checkbox"/> N/A
<b>f</b> Withdrawal liability interest rate:		
<b>(1)</b> Type of interest rate .....	<b>6f(1)</b>	<input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input checked="" type="checkbox"/> Other <input type="checkbox"/> N/A
<b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....	<b>6f(2)</b>	%
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....	<b>6g</b>	6.4 %
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>	14.6 %
<b>i</b> Expense load included in normal cost reported in line 9b .....	<b>6i</b>	<input type="checkbox"/> N/A
<b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage.....	<b>6i(1)</b>	%
<b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	<b>6i(2)</b>	460000
<b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....	<b>6i(3)</b>	<input type="checkbox"/>

**7 New amortization bases established in the current plan year:**

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1113604	117355
3	2157537	227369
5	-12320	-1670

**8 Miscellaneous information:**

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

**9 Funding standard account statement for this plan year:**

**Charges to funding standard account:**

<b>a</b> Prior year funding deficiency, if any .....	<b>9a</b>	
<b>b</b> Employer's normal cost for plan year as of valuation date.....	<b>9b</b>	2097045

<b>c</b> Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended .....	<b>9c(1)</b>	31193373	3941351
(2) Funding waivers .....	<b>9c(2)</b>		
(3) Certain bases for which the amortization period has been extended.....	<b>9c(3)</b>		
<b>d</b> Interest as applicable on lines 9a, 9b, and 9c.....	<b>9d</b>		452880
<b>e</b> Total charges. Add lines 9a through 9d.....	<b>9e</b>		6491276
<b>Credits to funding standard account:</b>			
<b>f</b> Prior year credit balance, if any.....	<b>9f</b>		12575986
<b>g</b> Employer contributions. Total from column (b) of line 3.....	<b>9g</b>		7418701
		Outstanding balance	
<b>h</b> Amortization credits as of valuation date.....	<b>9h</b>	7852386	1358184
<b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....	<b>9i</b>		1314560
<b>j</b> Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	<b>9j(1)</b>	30600757	
(2) "RPA '94" override (90% current liability FFL) .....	<b>9j(2)</b>	60222828	
(3) FFL credit .....	<b>9j(3)</b>		
<b>k</b> (1) Waived funding deficiency .....	<b>9k(1)</b>		
(2) Other credits .....	<b>9k(2)</b>		
<b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....	<b>9l</b>		22667431
<b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....	<b>9m</b>		16176155
<b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference .....	<b>9n</b>		
<b>o</b> Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	<b>9o(1)</b>		
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date .....	<b>9o(2)(a)</b>		
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	<b>9o(2)(b)</b>		
(3) Total as of valuation date.....	<b>9o(3)</b>		
<b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	<b>10</b>		
<b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

<b>A</b> Name of plan ILA LOCAL 1478-2 PENSION PLAN	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES ILA LOCAL 1478-2 PENSION FUND	<b>D</b> Employer Identification Number (EIN) 22-2318984	

**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

SEI INVESTMENT MANAGEMENT CORP

04-2452803

**(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

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

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

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

SEI INVESTMENTS MANAGEMENT COMPANY

04-2452803

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGER	300809	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ANGELICA ANGELO

104 BALTUSROL ROAD  
SUMMIT, NJ 07901

22-2318984

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE-ADMINISTRATOR	100500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARK CARUSO

132 CEDAR ST  
EAST HANOVER, NJ 07936

22-2318984

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	100500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

CBIZ

1845 WALNUT ST 14TH FLOOR  
PHILADELPHIA, PA 19103

23-1700844

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	69363	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DENOIA LAW FIRM

36 DEPOT STREET  
VERONA, NJ 07044

85-3493615

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
29	ATTORNEY	28825	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

VICTOR GOLDBLAT AND COMPANY LLC

477 CHESTNUT ST  
UNION, NJ 07083

22-2201241

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT	24920	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

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

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>ILA LOCAL 1478-2 PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BOARD OF TRUSTEES ILA LOCAL 1478-2 PENSION FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>22-2318984</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	52534	5722
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	832771	180356
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	474353	98733
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	67769212	78469990
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	510	0
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	69129380	78754801
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	123824	73679
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	123824	73679
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	69005556	78681122

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	7418701	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		7418701
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	2496092	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	5547292	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		15462085

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	5073346	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		5073346
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	713173	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		713173
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		5786519

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		9675566
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: HILL, BARTH & KING LLC

(2) EIN: 34-1897224

**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
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 558041.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>ILA LOCAL 1478-2 PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES ILA LOCAL 1478-2 PENSION FUND</u>	<b>D</b> Employer Identification Number (EIN) <u>22-2318984</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

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

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

1	
---	--

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

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

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

3	0
---	---

<b>Part II</b>	<b>Funding Information</b> (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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer FOREIGN AUTO PROTECTION SERVICE

**b** EIN 22-3146921

**c** Dollar amount contributed by employer

2804275

**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 08 Day 31 Year 2029

**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) 6.40

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

**a** Name of contributing employer TOYOTA LOGISTICS

**b** EIN 95-3623382

**c** Dollar amount contributed by employer

2200682

**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 08 Day 31 Year 2029

**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) 6.40

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

**a** Name of contributing employer EAST COAST C.E.S INC.

**b** EIN 22-3293219

**c** Dollar amount contributed by employer

516396

**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 04 Day 30 Year 2029

**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) 6.40

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

**a** Name of contributing employer EAST COAST WAREHOUSE

**b** EIN 22-1618765

**c** Dollar amount contributed by employer

1829729

**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 11 Day 30 Year 2029

**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) 6.40

(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:

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

**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:

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

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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: 61.6 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 28.6 %  
 High-Yield Debt: 4.3 % Real Assets: 5.0 % Cash or Cash Equivalents: 0.5 % Other: 0.0 %

**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 \_\_\_\_\_.

**ILA LOCAL 1478-2 PENSION FUND**

**FINANCIAL STATEMENTS  
AND  
SUPPLEMENTAL SCHEDULES**

**December 31, 2024 and 2023**



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October 15, 2025

To the Trustees  
ILA Local 1478-2 Pension Fund  
Newark, New Jersey

### Independent Auditor's Report

#### **Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2024 Financial Statements**

We have performed an audit of the accompanying financial statements of ILA Local 1478-2 Pension Fund (the Fund), 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 statement of net assets available for benefits as of December 31, 2024, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of ILA Local 1478-2 Pension Fund's 2024 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 certifications from a qualified institution as of and for the year ended December 31, 2024, stating that the certified investment information, as described in Note E to the financial statements, is complete and accurate.

#### **Opinion on the 2024 Financial Statements**

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2024 Financial Statements section -

- the amounts and disclosures in the 2024 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 2024 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 on the 2024 Financial Statements**

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 2024 Financial Statements section of our report. We are required to be independent of ILA Local 1478-2 Pension Fund 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 2024 Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. 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 Fund's ability to continue as a going concern within 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 2024 Financial Statements**

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2024 Financial Statements 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 Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Fund's ability to continue as a going concern for a reasonable period of time.

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.

## **Other Matters**

### *2024 Supplemental Schedules Required by ERISA*

The supplemental schedules of Assets (Held at End of Year) as of December 31, 2024 and Reportable Transactions for the year ended December 31, 2024 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 was 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 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 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 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).

*Auditor's Report on the 2023 Financial Statements*

The financial statements of ILA Local 1478-2 Pension Fund as of December 31, 2023, were audited by predecessor auditors. 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, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report dated September 18, 2024, indicated that (a) the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2023 financial statements 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). Their report also indicated that the form and content of the 2023 supplemental schedules, other than the information in the 2023 supplemental schedules that agreed to or was derived from the certified investment information, were presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, and the information in the 2023 supplemental schedule 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).

*Hill, Barth & King LLC*

Certified Public Accountants

**ILA LOCAL 1478-2 PENSION FUND**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

**December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
<b>ASSETS</b>		
<b>INVESTMENTS, AT FAIR VALUE</b>		
Money market fund	\$ 137,827	185,293
Mutual funds	74,137,107	64,236,674
Common collective trusts	3,953,965	3,347,245
Cash	241,091	-
	<u>78,469,990</u>	<u>67,769,212</u>
Total Investments		
<b>RECEIVABLES</b>		
Employers' contributions	180,356	832,771
Accrued interest and dividends	87,066	74,717
Reimbursement - Local 1478-2	2,375	2,822
	<u>269,797</u>	<u>910,310</u>
Total Receivables		
<b>OTHER ASSETS</b>		
Prepaid expenses	3,817	391,339
Security deposit	5,475	5,475
Cash	5,722	52,534
Furniture and equipment (net of accumulated depreciaion of \$97,363 in 2024 and \$96,853 in 2023)	-	510
	<u>15,014</u>	<u>449,858</u>
Total Other Assets		
Total Assets	78,754,801	69,129,380
<b>LIABILITIES</b>		
Accrued expenses	<u>73,679</u>	<u>123,824</u>
Net Assets Available for Benefits	<u>\$ 78,681,122</u>	<u>\$ 69,005,556</u>

See accompanying notes to financial statements

**ILA LOCAL 1478-2 PENSION FUND**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

**Years Ended December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
<b>ADDITIONS</b>		
<b>INVESTMENT INCOME</b>		
Net appreciation in fair value of investments	\$ 5,547,292	\$ 6,671,394
Interest and dividends	2,496,092	1,972,501
Total Investment Income	<u>8,043,384</u>	<u>8,643,895</u>
<b>EMPLOYER CONTRIBUTIONS</b>	<u>7,418,701</u>	<u>7,113,361</u>
Total Additions	<u>15,462,085</u>	<u>15,757,256</u>
<b>DEDUCTIONS</b>		
Benefits paid to participants	5,073,346	4,289,396
Administrative expenses	712,663	771,984
Depreciation expense	510	1,017
Total Deductions	<u>5,786,519</u>	<u>5,062,397</u>
Increase in Net Assets Available for Benefits	9,675,566	10,694,859
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>		
Beginning of year	<u>69,005,556</u>	<u>58,310,697</u>
End of year	<u>\$ 78,681,122</u>	<u>\$ 69,005,556</u>

See accompanying notes to financial statements

**ILA LOCAL 1478-2 PENSION FUND**  
**NOTES TO FINANCIAL STATEMENTS**

**December 31, 2024 and 2023**

**NOTE A - DESCRIPTION OF PLAN**

The following brief description of the ILA Local 1478-2 Pension Fund (the Fund or Plan) provides only general information. Participants should refer to the Plan document or the Summary Plan Description for a more complete description of the Fund's provisions.

**General and Eligibility**

The Fund was established effective January 1, 1980 for the benefit of its union members and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Contributions to the Fund are determined annually based on actuarial valuations as determined by an independent actuarial firm. The Fund is a defined benefit multi-employer plan.

All Union Local 1478-2 members, upon commencement of contributions on their behalf by a contributing employer to the pension fund, are eligible to participate in the Fund.

**Benefits**

Normal retirement benefits commence at the later of age sixty-five or the fifth anniversary of date of participation. This is a full benefit pension. Effective October 1, 2007, the monthly normal retirement pension for active participants retiring on or after January 1, 2008 is determined as the product of \$50 (as increased from \$35) multiplied by years of credited service. Benefits accrued as of December 31, 2003 are available unreduced at the later of age 62 or the fifth anniversary date of participation. The benefit rate was increased to \$82 for all service for retirees after June 1, 2023.

Special early retirement benefits commence at age fifty-five for members with ten or more years of vesting service or before age fifty-five with twenty or more years of credited service. The accrued monthly pension is reduced by one half of a percent for each month by which the date the pension start date precedes age sixty-two. At age sixty-two, the member is entitled to a full pension.

Early retirement benefits commence at age fifty-five for members with five or more years of vesting service. The accrued pension is reduced by one half of one percent for each month by which the pension start date precedes age sixty-five. Benefits accrued as of December 31, 2003 are available reduced by one half of one percent for each month prior to age 62.

Disability retirement benefits commence at age fifty for members with at least fifteen years of vesting service who become disabled will be eligible to receive immediate unreduced disability benefits, provided they are judged as disabled under the Social Security Act. The disability benefit was eliminated as of January 1, 2013 as part of the Fund's PPA Rehabilitation Plan.

ILA LOCAL 1478-2 PENSION FUND

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024 and 2023

**NOTE A - DESCRIPTION OF PLAN (CONTINUED)**

**Benefits (Continued)**

A pre-retirement death benefit is payable to a spouse at 50% of normal pension after five years of service. This survivor benefit commences at the earliest date that the participant would have been eligible to receive a retirement benefit at age fifty-five or later.

Upon termination of service, the normal forms of payment to a participant are either a single-life annuity and period certain, or, if married, an actuarially equivalent 50%, 75% and 100% joint and survivor annuity. The participant has the ability to select a non-spousal beneficiary if approved by the participant's spouse. The Trustees reserve the right to terminate the Fund at any time at their sole discretion. The benefits under the Fund will become fully vested upon this event.

**NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

The accompanying financial statements of the Fund have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

**Use of Estimates**

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

**Investment Valuation and Income Recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Net appreciation or depreciation in the fair value of investments is reflected in the statements of changes in net assets available for benefits and includes realized gains and losses on investments bought and sold as well as held and distributed and the change in appreciation from one period to the next. Purchases and sales of securities are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

**Contributions**

Contributions to provide benefits under the Fund are made solely by the participating employers. The participating employers are required to make a contribution of \$6.40 for every hour worked by an active participant.

ILA LOCAL 1478-2 PENSION FUND

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024 and 2023

**NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Administrative Expenses**

Administrative expenses are paid by the Fund.

**Payment of Benefits**

Benefit distributions are recorded when paid to participants.

**Furniture and Equipment**

Furniture and equipment are carried at cost, less accumulated depreciation. Maintenance and repairs are charged to expenses as incurred, whereas the costs of furniture and equipment additions and improvements are capitalized. Depreciation expense has been computed using the straight-line method based on a 5-year useful life.

**Leases**

At inception of a contract, the Fund assesses whether a contract is, or contains, a lease. This assessment is based on (1) whether the contract involves the use of a distinct identified asset, (2) whether the Fund obtains the right to substantially all the economic benefit from the use of the asset throughout the period, and (3) whether the Fund has the right to direct the use of the asset. Leases are classified as either finance leases or operating leases. A lease is classified as a finance lease if any one of the following criteria are met: the lease transfers ownership of the asset by the end of the lease term, the lease contains an option to purchase the asset that is reasonably certain to be exercised, the lease term is for a major part of the remaining useful life of the asset, the present value of the lease payments equals or exceeds substantially all of the fair value of the asset, or the underlying asset is of such a specialized nature that it is not expected to have an alternative use at the end of the lease term. A lease is classified as an operating lease if it does not meet any one of these criteria. The lease classification affects the expense recognition on the consolidated statement of changes in net assets available for benefit. Operating lease costs are recorded entirely in operating expenses on a straight-line basis over the lease term. Finance lease costs are split, where amortization of the right-of-use (ROU) asset is recorded in expenses and an implied interest component is recorded in interest expense.

**Reclassifications**

Certain reclassifications may have been made to the 2023 financial statement presentation to correspond to the current year's format. Total net assets available for benefits are unchanged due to these reclassifications.

ILA LOCAL 1478-2 PENSION FUND

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024 and 2023

**NOTE C - INVESTMENTS AND FAIR VALUE MEASUREMENTS**

FASB ASC 820 establishes a framework for measuring fair value, which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 inputs) and the lowest priority to unobservable inputs (Level 3 inputs).

The three levels of the fair value hierarchy under FASB ASC 820 are described in the table below:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Fund has the ability to access.
- Level 2: Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;
  - Quoted prices for identical or similar assets or liabilities in inactive markets;
  - Inputs other than quoted prices that are observable for the asset or liability;
  - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Mutual and money market funds – Mutual funds are valued at the net asset value (NAV) of units held by the Fund at year end based on quoted market prices.

Common collective trusts – Common collective trust funds are valued at the net asset value (NAV) of units held by the Fund at year end. The NAV is determined by the custodian of the fund and is based upon the fair value of the underlying assets held by the fund. NAV is used as a practical expedient to estimate fair value. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Fund.

Interest-bearing cash – Interest-bearing cash is valued at the market value of cash held by the Fund at year end.

**ILA LOCAL 1478-2 PENSION FUND**

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

**December 31, 2024 and 2023**

**NOTE C - INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)**

The following tables set forth by level, within the fair value hierarchy, the Fund's investments at fair value at December 31, 2024 and 2023:

	Investments at fair value at December 31, 2024			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Equity Securities:				
Money market fund	\$ 137,827	\$ -	\$ -	\$ 137,827
Mutual funds	74,137,107	-	-	74,137,107
Cash	241,091	-	-	241,091
Total equity securities	<u>\$ 74,516,025</u>	<u>\$ -</u>	<u>\$ -</u>	<u>74,516,025</u>
Investments measured at NAVPE:				
Common collective trusts				<u>3,953,965</u>
Total investments measured at NAVPE				<u>3,953,965</u>
Total Investments				<u>\$ 78,469,990</u>

	Investments at fair value at December 31, 2023			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Equity Securities:				
Money market fund	\$ 185,293	\$ -	\$ -	\$ 185,293
Mutual funds	64,236,674	-	-	64,236,674
Total equity securities	<u>\$ 64,421,967</u>	<u>\$ -</u>	<u>\$ -</u>	<u>64,421,967</u>
Investments measured at NAVPE:				
Common collective trusts				<u>3,347,245</u>
Total investments measured at NAVPE				<u>3,347,245</u>
Total Investments				<u>\$ 67,769,212</u>

ILA LOCAL 1478-2 PENSION FUND

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024 and 2023

**NOTE D - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS**

Accumulated plan benefits are those future periodic payments that are attributable under the Fund's provisions to the service rendered by employees. Accumulated plan benefits include benefits expected to be paid to (i) retired or terminated employees or their beneficiaries, (ii) beneficiaries of employees who have died, and (iii) present employees or their beneficiaries. Benefits payable under all circumstances are included to the extent that they are deemed attributable to employee service rendered up to the valuation date.

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

The most significant assumptions used by the actuary in determining the actuarial present value of accumulated plan benefits as of December 31, 2024 (calculated by the Fund's actuary as of January 1, 2024, the date of the most recent valuation), is as follows:

Rate of return:	7.50%
Retirement Protection Table for males and females:	PRI-2012/ MMP-2021
Retirement age (current vested terminations):	Age 65

**ILA LOCAL 1478-2 PENSION FUND**

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

**December 31, 2024 and 2023**

**NOTE D - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS  
(CONTINUED)**

The following is the present value of accumulated benefits as of December 31, 2024:

Accumulated plan benefits:	
Vested benefits:	
Active participants and inactive participants with deferred benefits	\$ 43,832,232
Inactive participants receiving benefits	<u>37,690,807</u>
Total vested benefits	81,523,039
Nonvested benefits	<u>1,275,307</u>
Total accumulated plan benefits	<u><u>\$ 82,798,346</u></u>

The following are the changes in accumulated plan benefits for the years ended December 31, 2024:

Accumulated plan benefits at beginning of year	\$ 77,206,211
Increase (decrease) in:	
Benefits accumulated, net	2,094,381
Benefits paid	(4,289,396)
Decrease in discount period	5,629,613
Plan amendment	<u>2,157,537</u>
Net Increase	<u>5,592,135</u>
Accumulated plan benefits at end of year	<u><u>\$ 82,798,346</u></u>

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

ILA LOCAL 1478-2 PENSION FUND

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

December 31, 2024 and 2023

**NOTE E - INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN**

The fund administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the fund administrator has obtained certifications from SEI Trust Company, the custodian of the Fund, that all information relating to the Fund's investments as of and for the years ended December 31, 2024 and 2023, is complete and accurate. Information as to the value of the investments in the Fund, investment income, and all information in the supplemental schedules are presented in reliance solely upon the certifications.

The following investment information was obtained from data prepared and certified by SEI Trust Company as of and for the years ended December 31:

	<u>2024</u>	<u>2023</u>
Total Investments	\$ 78,469,990	\$ 67,769,212
Accrued Interest and Dividends	87,066	74,717
Investment Income:		
Net appreciation in fair value of investments	5,547,292	6,671,394
Interest and dividends	2,496,092	1,972,501

**NOTE F - TAX STATUS**

The Fund obtained its latest determination letter on November 30, 2010, in which the Internal Revenue Service stated that the Fund, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Fund has been amended since receiving the determination letter. However, the plan administrator believes the Fund is currently designed and being operated in compliance with the applicable requirements of the IRC, and therefore, believes the Fund is qualified and is tax-exempt.

U.S. GAAP requires Fund management to evaluate tax positions taken by the Fund and recognize a tax liability if the Fund has taken an uncertain position that more likely than not, based on the technical merits, would not be sustained upon examination by the IRS. The Fund Administrator has analyzed the tax positions taken by the Fund and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken. The Fund has recognized no interest or penalties related to uncertain tax positions. The Fund is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Generally, the statute of limitations for the IRS to assess taxes on a plan expires three years from the due date of the return or the date on which it was filed, whichever is later.

**ILA LOCAL 1478-2 PENSION FUND**

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

**December 31, 2024 and 2023**

**NOTE G - RISKS AND UNCERTAINTIES**

Fund contributions and the actuarial present value of accumulated plan benefits are prepared based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Additionally, the Fund invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statements of net assets available for benefits.

**NOTE H – RELATED PARTY TRANSACTIONS AND TRANSACTIONS WITH PARTIES-IN-INTEREST**

A related party is any party who can control or significantly influence Fund management or operating policies. Parties-in-interest are defined under DOL regulations as any employees of the Fund, fiduciaries of the Fund, service providers to the Fund, the employer whose employees are covered by the Fund, and certain significant owners of the employer and their relatives. Service providers may include, but are not limited to, the custodian, trustee, third-party administrator (TPA), investment managers, investment advisors, legal counsel, and Fund auditor.

During the year ended December 31, 2024, the Fund made direct payments of \$712,663 to certain parties-in-interest for administration and investment advisory fees, as allowed by ERISA. The fund sponsor pays directly any other fees related to the operation of the Fund.

Certain Fund investments are managed by the custodian and, therefore, these transactions qualify as party-in-interest transactions.

**NOTE I - CONCENTRATIONS**

Contributions from Foreign Auto Prep Service, East Coast Warehouse and Distribution, and Toyota Logistics Services amounted to approximately 92% of employer contributions for the years ended December 31, 2024 and 2023.

The Fund maintains cash that is not held for investment purposes with one financial institution. These balances fluctuate during the year and may, at times, exceed FDIC limits.

**ILA LOCAL 1478-2 PENSION FUND**

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)**

**December 31, 2024 and 2023**

**NOTE J – LEASE**

The Fund entered into a lease for office space on January 27, 1995 with EL Stanmour Realty, LLC. On January 1, 2021 the building was sold and the lease was assumed by Kehilas Union, Inc. Upon expiration of the lease on February 28, 2023, the lease continued on a month-to-month basis. At this time, management has not determined whether the Fund will remain at that location, and as such, the lease is considered to be short-term and the related lease expense is recorded under administrative expenses. Total lease expense for the years ended December 31, 2024 and 2023 was \$20,700.

**NOTE K - PLAN TERMINATION**

Although it has not expressed any intention to do so, the Trustees have the right under the Fund to discontinue its contributions at any time and to terminate the Fund subject to provisions set forth in ERISA.

Under provisions of ERISA, if the Fund is terminated, the Fund may be obligated to make termination payments to the Fund and participants may be eligible for continuation of benefits under insurance provided by the Pension Benefit Guaranty Corporation (PBGC).

Certain benefits under the Fund are insured by the PBGC if the Fund terminates. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Fund and the amount of benefit protection is subject to certain limitations. In the event of a complete termination of the Fund, the assets then remaining in the Fund, after providing for expenses of administration, shall be allocated, to the extent that they shall be sufficient, for the purpose of funding the accrued benefits to the date of termination of the Fund for all pensioners, participants, vested former participants, and beneficiaries in the manner and order of precedence required under the terms of Section 4044 of ERISA. Any funds remaining in the Fund after funding in full all of the accrued benefits to the termination date of the Fund shall revert to the participating employers. In the event of a partial termination of the Fund, the portion of the assets of the Fund relating to the terminated portion of the Fund shall be allocated as aforesaid for the purpose of funding the accrued benefits of pensioners, participants, vested former participants, and beneficiaries whose benefit rights are affected by such partial termination.

**NOTE L – SUBSEQUENT EVENTS**

Management evaluated all activity of the Fund through October 15, 2025, the date the financial statements were available to be issued.

Effective June 1, 2025, the benefit amount was retroactively increased to \$100 per year for participants meeting certain criteria.

**ILA LOCAL 1478-2 PENSION FUND**

**SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**December 31, 2024**

**EIN: 22-2318984  
Plan Number: 001**

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value	
* SEI	Government Fund	\$ 137,827	\$ 137,827	
* SEI	Dynamic Asset Allocation Fund	3,425,093	3,286,950	
* SEI	Emerging Markets Equity Fund	3,354,020	3,288,444	
* SEI	S&P 500 Index Fund	9,212,031	10,641,595	
* SEI	Small/Mid Cap Equity Fund	3,338,052	3,243,458	
* SEI	U.S. Equity Factor Allocation Fund	9,041,904	11,468,998	
* SEI	World Equity Ex-U.S. Fund	16,488,112	16,434,605	
* SEI	Emerging Markets Debt Fund	3,726,556	3,306,636	
* SEI	Core Fixed Income Fund	13,922,276	12,443,898	
* SEI	High Yield Bond Fund	3,740,931	3,341,331	
* SEI	Limited Duration Bond Fund	4,211,852	4,172,754	
* SEI	Opportunistic Income Fund	2,522,582	2,508,438	
* SEI	Core Property Collective Investment Trust	2,200,000	2,781,909	
* SEI	Global Private Assets VI Collective Investment	1,152,755	1,172,056	
* SEI	Cash	241,091	241,091	
		<u>\$ 76,715,082</u>	<u>\$ 78,469,990</u>	

\* A party-in-interest as defined by ERISA

**ILA LOCAL 1478-2 PENSION FUND**

**SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS**

**Year ended December 31, 2024**

**EIN: 22-2318984  
Plan Number: 001**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<i>Series of Transactions in Excess of 5% of Plan Assets</i>								
SEI	S&P 500 Index Fund	\$ 39,377	\$ -	N/A	\$ -	\$ 39,377	\$ 39,377	\$ -
SEI	S&P 500 Index Fund	33,968	-	N/A	-	33,968	33,968	-
SEI	S&P 500 Index Fund	34,000	-	N/A	-	34,000	34,000	-
SEI	S&P 500 Index Fund	2,122,565	-	N/A	-	2,122,565	2,122,565	-
SEI	S&P 500 Index Fund	41,563	-	N/A	-	41,563	41,563	-
SEI	S&P 500 Index Fund	407	-	N/A	-	407	407	-
SEI	S&P 500 Index Fund	18,611	-	N/A	-	18,611	18,611	-
SEI	S&P 500 Index Fund	14,998	-	N/A	-	14,998	14,998	-
SEI	S&P 500 Index Fund	5,783	-	N/A	-	5,783	5,783	-
SEI	S&P 500 Index Fund	7,897	-	N/A	-	7,897	7,897	-
SEI	S&P 500 Index Fund	1,415	-	N/A	-	1,415	1,415	-
SEI	S&P 500 Index Fund	1,466	-	N/A	-	1,466	1,466	-
SEI	S&P 500 Index Fund	1,700	-	N/A	-	1,700	1,700	-
SEI	S&P 500 Index Fund	14,494	-	N/A	-	14,494	14,494	-
SEI	S&P 500 Index Fund	22,912	-	N/A	-	22,912	22,912	-
SEI	S&P 500 Index Fund	11,739	-	N/A	-	11,739	11,739	-
SEI	S&P 500 Index Fund	15,165	-	N/A	-	15,165	15,165	-
SEI	S&P 500 Index Fund	11,073	-	N/A	-	11,073	11,073	-
SEI	S&P 500 Index Fund	17,157	-	N/A	-	17,157	17,157	-

**ILA LOCAL 1478-2 PENSION FUND**

**Schedule H, Line 4j – Schedule of Reportable Transactions (Continued)**

**Year ended December 31, 2024**

**EIN: 22-2318984  
Plan Number: 001**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<i>Series of Transactions in Excess of 5% of Plan Assets (continued)</i>								
SEI	S&P 500 Index Fund	\$ 1,132	\$ -	N/A	\$ -	\$ 1,132	\$ 1,132	\$ -
SEI	S&P 500 Index Fund	50,662	-	N/A	-	50,662	50,662	-
SEI	S&P 500 Index Fund	2,424	-	N/A	-	2,424	2,424	-
SEI	S&P 500 Index Fund	35,328	-	N/A	-	35,328	35,328	-
SEI	S&P 500 Index Fund	18,295	-	N/A	-	18,295	18,295	-
SEI	S&P 500 Index Fund	76,475	-	N/A	-	76,475	76,475	-
SEI	S&P 500 Index Fund	3,223	-	N/A	-	3,223	3,223	-
SEI	S&P 500 Index Fund	476	-	N/A	-	476	476	-
SEI	S&P 500 Index Fund	6,417	-	N/A	-	6,417	6,417	-
SEI	S&P 500 Index Fund	30,364	-	N/A	-	30,364	30,364	-
SEI	S&P 500 Index Fund	611	-	N/A	-	611	611	-
SEI	S&P 500 Index Fund	9,095	-	N/A	-	9,095	9,095	-
SEI	S&P 500 Index Fund	267	-	N/A	-	267	267	-
SEI	S&P 500 Index Fund	7,395	-	N/A	-	7,395	7,395	-
SEI	S&P 500 Index Fund	2,271	-	N/A	-	2,271	2,271	-
SEI	S&P 500 Index Fund	2,513	-	N/A	-	2,513	2,513	-
SEI	S&P 500 Index Fund	40,832	-	N/A	-	40,832	40,832	-
SEI	S&P 500 Index Fund	10,753	-	N/A	-	10,753	10,753	-
SEI	S&P 500 Index Fund	105	-	N/A	-	105	105	-

**ILA LOCAL 1478-2 PENSION FUND**

**Schedule H, Line 4j – Schedule of Reportable Transactions (Continued)**

**Year ended December 31, 2024**

**EIN: 22-2318984  
Plan Number: 001**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<i>Series of Transactions in Excess of 5% of Plan Assets (continued)</i>								
SEI	S&P 500 Index Fund	\$ 10,064	\$ -	N/A	\$ -	\$ 10,064	\$ 10,064	\$ -
SEI	S&P 500 Index Fund	543	-	N/A	-	543	543	-
SEI	World Equity Ex-U.S. Fur	92,399	-	N/A	-	92,399	92,399	-
SEI	World Equity Ex-U.S. Fur	559,906	-	N/A	-	559,906	559,906	-
SEI	World Equity Ex-U.S. Fur	71,041	-	N/A	-	71,041	71,041	-
SEI	World Equity Ex-U.S. Fur	25,477	-	N/A	-	25,477	25,477	-
SEI	World Equity Ex-U.S. Fur	1,042	-	N/A	-	1,042	1,042	-
SEI	World Equity Ex-U.S. Fur	24,511	-	N/A	-	24,511	24,511	-
SEI	World Equity Ex-U.S. Fur	80,645	-	N/A	-	80,645	80,645	-
SEI	World Equity Ex-U.S. Fur	15,108	-	N/A	-	15,108	15,108	-
SEI	World Equity Ex-U.S. Fur	70,803	-	N/A	-	70,803	70,803	-
SEI	World Equity Ex-U.S. Fur	25,546	-	N/A	-	25,546	25,546	-
SEI	World Equity Ex-U.S. Fur	1,747	-	N/A	-	1,747	1,747	-
SEI	World Equity Ex-U.S. Fur	954	-	N/A	-	954	954	-
SEI	World Equity Ex-U.S. Fur	10,082	-	N/A	-	10,082	10,082	-
SEI	World Equity Ex-U.S. Fur	19,932	-	N/A	-	19,932	19,932	-
SEI	World Equity Ex-U.S. Fur	29,060	-	N/A	-	29,060	29,060	-
SEI	World Equity Ex-U.S. Fur	6,335	-	N/A	-	6,335	6,335	-
SEI	World Equity Ex-U.S. Fur	52,876	-	N/A	-	52,876	52,876	-

**ILA LOCAL 1478-2 PENSION FUND**

**Schedule H, Line 4j – Schedule of Reportable Transactions (Continued)**

**Year ended December 31, 2024**

**EIN: 22-2318984  
Plan Number: 001**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
SEI	World Equity Ex-U.S. Fur	\$ 9,748	\$ -	N/A	\$ -	\$ 9,748	\$ 9,748	\$ -
SEI	World Equity Ex-U.S. Fur	13,262	-	N/A	-	13,262	13,262	-
SEI	World Equity Ex-U.S. Fur	101,735	-	N/A	-	101,735	101,735	-
SEI	World Equity Ex-U.S. Fur	2,862	-	N/A	-	2,862	2,862	-
SEI	World Equity Ex-U.S. Fur	72,735	-	N/A	-	72,735	72,735	-
SEI	World Equity Ex-U.S. Fur	977	-	N/A	-	977	977	-
SEI	World Equity Ex-U.S. Fur	7,100	-	N/A	-	7,100	7,100	-
SEI	World Equity Ex-U.S. Fur	1,221	-	N/A	-	1,221	1,221	-
SEI	World Equity Ex-U.S. Fur	28,109	-	N/A	-	28,109	28,109	-
SEI	World Equity Ex-U.S. Fur	2,006	-	N/A	-	2,006	2,006	-
SEI	World Equity Ex-U.S. Fur	173,165	-	N/A	-	173,165	173,165	-
SEI	World Equity Ex-U.S. Fur	21,892	-	N/A	-	21,892	21,892	-
SEI	World Equity Ex-U.S. Fur	152,637	-	N/A	-	152,637	152,637	-
SEI	World Equity Ex-U.S. Fur	1,031	-	N/A	-	1,031	1,031	-
SEI	World Equity Ex-U.S. Fur	54,103	-	N/A	-	54,103	54,103	-
SEI	World Equity Ex-U.S. Fur	4,579	-	N/A	-	4,579	4,579	-
SEI	World Equity Ex-U.S. Fur	21,742	-	N/A	-	21,742	21,742	-
SEI	World Equity Ex-U.S. Fur	16,743	-	N/A	-	16,743	16,743	-
SEI	World Equity Ex-U.S. Fur	948	-	N/A	-	948	948	-

**ILA LOCAL 1478-2 PENSION FUND**

**Schedule H, Line 4j – Schedule of Reportable Transactions (Continued)**

**Year ended December 31, 2024**

**EIN: 22-2318984  
Plan Number: 001**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
SEI	World Equity Ex-U.S. Fur	\$ 10,076	\$ -	N/A	\$ -	\$ 10,076	\$ 10,076	\$ -
SEI	World Equity Ex-U.S. Fur	35	-	N/A	-	35	35	-
SEI	World Equity Ex-U.S. Fur	51	-	N/A	-	51	51	-
SEI	World Equity Ex-U.S. Fur	53,563	-	N/A	-	53,563	53,563	-
SEI	World Equity Ex-U.S. Fur	272	-	N/A	-	272	272	-
SEI	World Equity Ex-U.S. Fur	696	-	N/A	-	696	696	-
SEI	World Equity Ex-U.S. Fur	7,900	-	N/A	-	7,900	7,900	-
SEI	World Equity Ex-U.S. Fur	1,065	-	N/A	-	1,065	1,065	-
SEI	World Equity Ex-U.S. Fur	24,489	-	N/A	-	24,489	24,489	-
SEI	World Equity Ex-U.S. Fur	113,515	-	N/A	-	113,515	113,515	-
SEI	World Equity Ex-U.S. Fur	8,920	-	N/A	-	8,920	8,920	-
SEI	World Equity Ex-U.S. Fur	11,107	-	N/A	-	11,107	11,107	-
SEI	World Equity Ex-U.S. Fur	9,893	-	N/A	-	9,893	9,893	-
SEI	World Equity Ex-U.S. Fur	499	-	N/A	-	499	499	-
SEI	World Equity Ex-U.S. Fur	87,951	-	N/A	-	87,951	87,951	-
SEI	World Equity Ex-U.S. Fur	12,589	-	N/A	-	12,589	12,589	-
SEI	World Equity Ex-U.S. Fur	10	-	N/A	-	10	10	-
SEI	World Equity Ex-U.S. Fur	16,114	-	N/A	-	16,114	16,114	-
SEI	World Equity Ex-U.S. Fur	80,278	-	N/A	-	80,278	80,278	-

**ILA LOCAL 1478-2 PENSION FUND**

**Schedule H, Line 4j – Schedule of Reportable Transactions (Continued)**

**Year ended December 31, 2024**

**EIN: 22-2318984  
Plan Number: 001**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
SEI	World Equity Ex-U.S. Fur	\$ 90,782	\$ -	N/A	\$ -	\$ 90,782	\$ 90,782	\$ -
SEI	World Equity Ex-U.S. Fur	12,939	-	N/A	-	12,939	12,939	-
SEI	World Equity Ex-U.S. Fur	24,004	-	N/A	-	24,004	24,004	-
SEI	World Equity Ex-U.S. Fur	25,914	-	N/A	-	25,914	25,914	-
SEI	World Equity Ex-U.S. Fur	115,072	-	N/A	-	115,072	115,072	-
SEI	World Equity Ex-U.S. Fur	108,156	-	N/A	-	108,156	108,156	-
SEI	World Equity Ex-U.S. Fur	22,224	-	N/A	-	22,224	22,224	-
SEI	World Equity Ex-U.S. Fur	12,354	-	N/A	-	12,354	12,354	-
SEI	World Equity Ex-U.S. Fur	1,837	-	N/A	-	1,837	1,837	-
SEI	World Equity Ex-U.S. Fur	13,742	-	N/A	-	13,742	13,742	-
SEI	World Equity Ex-U.S. Fur	672	-	N/A	-	672	672	-
SEI	World Equity Ex-U.S. Fur	26,177	-	N/A	-	26,177	26,177	-
SEI	World Equity Ex-U.S. Fur	69,807	-	N/A	-	69,807	69,807	-
SEI	World Equity Ex-U.S. Fur	14,727	-	N/A	-	14,727	14,727	-
SEI	S&P 500 Index Fund	-	1,610	N/A	-	1,296	1,296	314
SEI	S&P 500 Index Fund	-	124	N/A	-	99	99	25
SEI	S&P 500 Index Fund	-	9,256	N/A	-	7,441	7,441	1,815
SEI	S&P 500 Index Fund	-	14,911	N/A	-	11,846	11,846	3,065
SEI	S&P 500 Index Fund	-	855	N/A	-	671	671	184

**ILA LOCAL 1478-2 PENSION FUND**

**Schedule H, Line 4j – Schedule of Reportable Transactions (Continued)**

**Year ended December 31, 2024**

**EIN: 22-2318984  
Plan Number: 001**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
SEI	S&P 500 Index Fund	\$ -	\$ 126	N/A	\$ -	\$ 99	\$ 99	\$ 27
SEI	S&P 500 Index Fund	-	146,675	N/A	-	114,450	114,450	32,225
SEI	S&P 500 Index Fund	-	785	N/A	-	613	613	172
SEI	S&P 500 Index Fund	-	1,462	N/A	-	1,159	1,159	303
SEI	S&P 500 Index Fund	-	31,698	N/A	-	24,655	24,655	7,043
SEI	S&P 500 Index Fund	-	22,136	N/A	-	16,941	16,941	5,195
SEI	S&P 500 Index Fund	-	5,319	N/A	-	4,106	4,106	1,213
SEI	S&P 500 Index Fund	-	109,070	N/A	-	82,499	82,499	26,571
SEI	S&P 500 Index Fund	-	405	N/A	-	306	306	99
SEI	S&P 500 Index Fund	-	1,055	N/A	-	795	795	260
SEI	S&P 500 Index Fund	-	77	N/A	-	57	57	20
SEI	S&P 500 Index Fund	-	224	N/A	-	170	170	54
SEI	S&P 500 Index Fund	-	57	N/A	-	42	42	15
SEI	S&P 500 Index Fund	-	59,697	N/A	-	43,641	43,641	16,056
SEI	S&P 500 Index Fund	-	9,199	N/A	-	6,725	6,725	2,474
SEI	S&P 500 Index Fund	-	1,710	N/A	-	1,249	1,249	461
SEI	S&P 500 Index Fund	-	2,600	N/A	-	1,899	1,899	701
SEI	S&P 500 Index Fund	-	14	N/A	-	10	10	4
SEI	S&P 500 Index Fund	-	13	N/A	-	10	10	3

**ILA LOCAL 1478-2 PENSION FUND**

**Schedule H, Line 4j – Schedule of Reportable Transactions (Continued)**

**Year ended December 31, 2024**

**EIN: 22-2318984  
Plan Number: 001**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
SEI	S&P 500 Index Fund	\$ -	\$ 7	N/A	\$ -	\$ 6	\$ 6	\$ 1
SEI	S&P 500 Index Fund	-	617	N/A	-	466	466	151
SEI	S&P 500 Index Fund	-	429	N/A	-	329	329	100
SEI	S&P 500 Index Fund	-	70	N/A	-	52	52	18
SEI	S&P 500 Index Fund	-	2,277	N/A	-	1,697	1,697	580
SEI	S&P 500 Index Fund	-	6,468	N/A	-	4,712	4,712	1,756
SEI	S&P 500 Index Fund	-	4,029	N/A	-	2,925	2,925	1,104
SEI	S&P 500 Index Fund	-	648	N/A	-	470	470	178
SEI	S&P 500 Index Fund	-	701	N/A	-	514	514	187
SEI	S&P 500 Index Fund	-	109,968	N/A	-	80,650	80,650	29,318
SEI	S&P 500 Index Fund	-	10,914	N/A	-	7,784	7,784	3,130
SEI	S&P 500 Index Fund	-	156	N/A	-	111	111	45
SEI	S&P 500 Index Fund	-	52	N/A	-	37	37	15
SEI	S&P 500 Index Fund	-	9,240	N/A	-	6,556	6,556	2,684
SEI	S&P 500 Index Fund	-	146	N/A	-	103	103	43
SEI	S&P 500 Index Fund	-	163,837	N/A	-	115,589	115,589	48,248
SEI	S&P 500 Index Fund	-	13,748	N/A	-	9,704	9,704	4,044
SEI	S&P 500 Index Fund	-	348	N/A	-	242	242	106
SEI	S&P 500 Index Fund	-	282	N/A	-	193	193	89

**ILA LOCAL 1478-2 PENSION FUND**

**Schedule H, Line 4j – Schedule of Reportable Transactions (Continued)**

**Year ended December 31, 2024**

**EIN: 22-2318984**

**Plan Number: 001**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
SEI	S&P 500 Index Fund	\$ -	\$ 225	N/A	\$ -	\$ 156	\$ 156	\$ 69
SEI	S&P 500 Index Fund	-	73	N/A	-	51	51	22
SEI	S&P 500 Index Fund	-	8,247	N/A	-	5,719	5,719	2,528
SEI	S&P 500 Index Fund	-	7,273	N/A	-	5,046	5,046	2,227
SEI	S&P 500 Index Fund	-	56,474	N/A	-	39,364	39,364	17,110
SEI	S&P 500 Index Fund	-	888	N/A	-	627	627	261
SEI	S&P 500 Index Fund	-	174	N/A	-	122	122	52
SEI	S&P 500 Index Fund	-	61,912	N/A	-	42,031	42,031	19,881
SEI	S&P 500 Index Fund	-	183	N/A	-	125	125	58
SEI	S&P 500 Index Fund	-	14,146	N/A	-	9,588	9,588	4,558
SEI	S&P 500 Index Fund	-	473	N/A	-	321	321	152
SEI	S&P 500 Index Fund	-	106	N/A	-	71	71	35
SEI	S&P 500 Index Fund	-	18,017	N/A	-	12,079	12,079	5,938
SEI	S&P 500 Index Fund	-	89	N/A	-	60	60	29
SEI	S&P 500 Index Fund	-	11,736	N/A	-	7,910	7,910	3,826
SEI	S&P 500 Index Fund	-	717	N/A	-	482	482	235
SEI	S&P 500 Index Fund	-	131,880	N/A	-	88,737	88,737	43,143
SEI	S&P 500 Index Fund	-	1,089	N/A	-	750	750	339
SEI	S&P 500 Index Fund	-	15,822	N/A	-	10,364	10,364	5,458

**ILA LOCAL 1478-2 PENSION FUND**

**Schedule H, Line 4j – Schedule of Reportable Transactions (Continued)**

**Year ended December 31, 2024**

**EIN: 22-2318984  
Plan Number: 001**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
SEI	S&P 500 Index Fund	\$ -	\$ 97,417	N/A	\$ -	\$ 63,459	\$ 63,459	\$ 33,958
SEI	S&P 500 Index Fund	-	4,093	N/A	-	2,666	2,666	1,427
SEI	S&P 500 Index Fund	-	924	N/A	-	596	596	328
SEI	S&P 500 Index Fund	-	571	N/A	-	370	370	201
SEI	S&P 500 Index Fund	-	47,098	N/A	-	39,530	39,530	7,568
SEI	S&P 500 Index Fund	-	1,394	N/A	-	1,170	1,170	224
SEI	S&P 500 Index Fund	-	1,008	N/A	-	856	856	152
SEI	S&P 500 Index Fund	-	181,222	N/A	-	153,753	153,753	27,469
SEI	World Equity Ex-U.S. Fur	-	270	N/A	-	282	282	(12)
SEI	World Equity Ex-U.S. Fur	-	4,336	N/A	-	4,448	4,448	(112)
SEI	World Equity Ex-U.S. Fur	-	81,453	N/A	-	82,772	82,772	(1,319)
SEI	World Equity Ex-U.S. Fur	-	545	N/A	-	554	554	(9)
SEI	World Equity Ex-U.S. Fur	-	1,139	N/A	-	1,163	1,163	(24)
SEI	World Equity Ex-U.S. Fur	-	2,356	N/A	-	2,351	2,351	5
SEI	World Equity Ex-U.S. Fur	-	834	N/A	-	830	830	4
SEI	World Equity Ex-U.S. Fur	-	89,146	N/A	-	88,209	88,209	937
SEI	World Equity Ex-U.S. Fur	-	14,153	N/A	-	14,004	14,004	149
SEI	World Equity Ex-U.S. Fur	-	160	N/A	-	158	158	2
SEI	World Equity Ex-U.S. Fur	-	9,482	N/A	-	9,360	9,360	122

**ILA LOCAL 1478-2 PENSION FUND**

**Schedule H, Line 4j – Schedule of Reportable Transactions (Continued)**

**Year ended December 31, 2024**

**EIN: 22-2318984**

**Plan Number: 001**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
SEI	World Equity Ex-U.S. Fur	\$ -	\$ 10,643	N/A	\$ -	\$ 10,541	\$ 10,541	\$ 102
SEI	World Equity Ex-U.S. Fur	-	9,909	N/A	-	9,903	9,903	6
SEI	World Equity Ex-U.S. Fur	-	85	N/A	-	86	86	(1)
SEI	World Equity Ex-U.S. Fur	-	83,231	N/A	-	84,204	84,204	(973)
SEI	World Equity Ex-U.S. Fur	-	468	N/A	-	469	469	(1)
SEI	World Equity Ex-U.S. Fur	-	2,652	N/A	-	2,683	2,683	(31)
SEI	World Equity Ex-U.S. Fur	-	38,546	N/A	-	38,008	38,008	538
SEI	World Equity Ex-U.S. Fur	-	230	N/A	-	226	226	4
SEI	World Equity Ex-U.S. Fur	-	13,479	N/A	-	13,248	13,248	231
SEI	World Equity Ex-U.S. Fur	-	50,889	N/A	-	48,553	48,553	2,336
SEI	World Equity Ex-U.S. Fur	-	19,577	N/A	-	18,723	18,723	854
SEI	World Equity Ex-U.S. Fur	-	3,106	N/A	-	2,970	2,970	136
SEI	World Equity Ex-U.S. Fur	-	928	N/A	-	905	905	23
SEI	World Equity Ex-U.S. Fur	-	155,138	N/A	-	151,369	151,369	3,769
SEI	World Equity Ex-U.S. Fur	-	87	N/A	-	84	84	3
SEI	World Equity Ex-U.S. Fur	-	172	N/A	-	164	164	8
SEI	World Equity Ex-U.S. Fur	-	40,520	N/A	-	39,189	39,189	1,331
SEI	World Equity Ex-U.S. Fur	-	323	N/A	-	308	308	15
SEI	World Equity Ex-U.S. Fur	-	16,696	N/A	-	15,711	15,711	985

**ILA LOCAL 1478-2 PENSION FUND**

**Schedule H, Line 4j – Schedule of Reportable Transactions (Continued)**

**Year ended December 31, 2024**

**EIN: 22-2318984  
Plan Number: 001**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
SEI	World Equity Ex-U.S. Fur	\$ -	\$ 37,691	N/A	\$ -	\$ 35,004	\$ 35,004	\$ 2,687
SEI	World Equity Ex-U.S. Fur	-	212,473	N/A	-	197,630	197,630	14,843
SEI	World Equity Ex-U.S. Fur	-	1,574	N/A	-	1,464	1,464	110
SEI	World Equity Ex-U.S. Fur	-	2,757	N/A	-	2,559	2,559	198
SEI	World Equity Ex-U.S. Fur	-	143,694	N/A	-	129,553	129,553	14,141
SEI	World Equity Ex-U.S. Fur	-	1,334	N/A	-	1,189	1,189	145
SEI	World Equity Ex-U.S. Fur	-	3,305	N/A	-	2,975	2,975	330
SEI	World Equity Ex-U.S. Fur	-	2,863	N/A	-	2,594	2,594	269
SEI	World Equity Ex-U.S. Fur	-	837	N/A	-	776	776	61
SEI	World Equity Ex-U.S. Fur	-	2,524	N/A	-	2,338	2,338	186

**ILA LOCAL 1478-2 PENSION FUND**

**Schedule H, Line 4i – Schedule of Assets (Held at End of Year)**

**December 31, 2024**

**EIN: 22-2318984  
Plan Number: 001**

(a)	(b)	(c)	(d)	(e)
Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value		Cost	Current Value
* SEI	Government Fund		\$ 137,827	\$ 137,827
* SEI	Dynamic Asset Allocation Fund		3,425,093	3,286,950
* SEI	Emerging Markets Equity Fund		3,354,020	3,288,444
* SEI	S&P 500 Index Fund		9,212,031	10,641,595
* SEI	Small/Mid Cap Equity Fund		3,338,052	3,243,458
* SEI	U.S. Equity Factor Allocation Fund		9,041,904	11,468,998
* SEI	World Equity Ex-U.S. Fund		16,488,112	16,434,605
* SEI	Emerging Markets Debt Fund		3,726,556	3,306,636
* SEI	Core Fixed Income Fund		13,922,276	12,443,898
* SEI	High Yield Bond Fund		3,740,931	3,341,331
* SEI	Limited Duration Bond Fund		4,211,852	4,172,754
* SEI	Opportunistic Income Fund		2,522,582	2,508,438
* SEI	Core Property Collective Investment Trust		2,200,000	2,781,909
* SEI	Global Private Assets VI Collective Investment		1,152,755	1,172,056
* SEI	Cash		241,091	241,091
			<u>\$ 76,715,082</u>	<u>\$ 78,469,990</u>

\* A party-in-interest as defined by ERISA

**ILA Local 1478-2 Pension Plan**  
**EIN: 22-2318984 Plan: 001**  
**Schedule MB, line 8b(2) - Schedule of Active Participant Data**

## AGE / SERVICE DISTRIBUTION OF ACTIVE PARTICIPANTS

	Attained	Years of Credited Service										Total Number
	Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
<u>Average Age:</u> 2024: 49.68 2023: 49.88	Under 25	10	9	1	0	0	0	0	0	0	0	20
	25-29	10	11	7	0	0	0	0	0	0	0	28
<u>Average Service:</u> 2024: 13.18 2023: 13.43	30-34	14	17	9	3	0	0	0	0	0	0	43
	35-39	11	14	12	2	2	0	0	0	0	0	41
<u># of Males:</u> 492	40-44	16	14	14	6	5	3	0	0	0	0	58
	45-49	8	14	9	3	8	3	7	0	0	0	52
<u># of Females:</u> 71	50-54	18	15	21	5	13	6	4	4	2	0	88
	55-59	7	9	22	1	8	13	7	20	8	0	95
	60-64	2	8	8	3	12	17	6	23	18	4	101
	65-69	1	1	0	1	5	9	7	6	4	2	36
	70 & Over	1	0	0	0	0	0	0	0	0	0	1
	<b>Total</b>	<b>98</b>	<b>112</b>	<b>103</b>	<b>24</b>	<b>53</b>	<b>51</b>	<b>31</b>	<b>53</b>	<b>32</b>	<b>6</b>	<b>563</b>

**ILA Local 1478-2 Pension Plan  
EIN: 22-2318984 Plan: 001**

**Schedule MB, lines 9c and 9h - Schedule of Funding Standard Account Bases**

**SCHEDULE OF REQUIRED AMORTIZATIONS FOR  
FUNDING STANDARD ACCOUNT AS OF JANUARY 1, 2024**

	Date Established	Initial Amount	Initial Amortization Period (Years)	Outstanding Balance	Remaining Amortization Period (Years)	Amortization Payment as of Beginning of Year
	(1)	(2)	(3)	(4)	(5)	(6)
<b>A. Charges</b>						
1. Assumption Change	1/1/2002	\$ 429,266	30	\$ 246,520	8.000	\$ 39,151
2. Plan Amendment	1/1/2007	5,217,155	30	3,893,615	13.000	445,735
3. Investment Loss	1/1/2009	4,747,550	29	3,157,833	9.000	460,507
4. PRA Investment Loss	1/1/2010	199,059	28	146,009	14.000	16,000
5. PRA Investment Loss	1/1/2011	540,481	27	401,021	14.000	43,943
6. PRA Investment Loss	1/1/2012	1,774,569	26	1,333,207	14.000	146,091
7. Actuarial Loss	1/1/2013	241,402	15	91,595	4.000	25,439
8. Actuarial Loss	1/1/2014	748,065	15	342,872	5.000	78,833
9. Actuarial Loss	1/1/2015	935,062	15	497,224	6.000	98,540
10. Actuarial Loss	1/1/2016	1,077,239	15	646,385	7.000	113,523
11. Actuarial Loss	1/1/2017	983,013	15	652,287	8.000	103,594
12. Assumption Change	1/1/2017	4,079,497	15	2,706,981	8.000	429,911
13. Actuarial Loss	1/1/2018	379,728	15	274,410	9.000	40,017
14. Actuarial Loss	1/1/2019	991,039	15	770,645	10.000	104,439
15. Actuarial Loss	1/1/2020	218,597	15	181,161	11.000	23,037
16. Plan Amendment	1/1/2022	10,933,656	15	10,065,020	13.000	1,152,227
17. Assumption Change	1/1/2023	388,466	15	373,593	14.000	40,938
18. Actuarial Loss	1/1/2023	2,227,124	15	2,141,854	14.000	234,702
19. Plan Amendment	1/1/2024	2,157,537	15	2,157,537	15.000	227,369
20. Actuarial Loss	1/1/2024	1,113,604	15	1,113,604	15.000	117,355
Total				\$ 31,193,373		\$ 3,941,351

**ILA Local 1478-2 Pension Plan**

**EIN: 22-2318984 Plan: 001**

**Schedule MB, lines 9c and 9h - Schedule of Funding Standard Account Bases**

**SCHEDULE OF REQUIRED AMORTIZATIONS FOR  
FUNDING STANDARD ACCOUNT AS OF JANUARY 1, 2024  
(continued)**

	Date Established	Initial Amount	Initial Amortization Period (Years)	Outstanding Balance	Remaining Amortization Period (Years)	Amortization Payment as of Beginning of Year
	(1)	(2)	(3)	(4)	(5)	(6)
<b>B. Credits</b>						
1. Assumption Change	1/1/1995	\$ -	30	\$ 64,663	1.000	\$ 64,663
2. Assumption Change	1/1/1997	-	30	127,446	3.000	45,589
3. Plan Change	1/1/2004	524,451	30	304,670	10.000	41,289
4. Assumption Change	1/1/2005	606,990	30	375,969	11.000	47,808
5. Method Change	1/1/2009	1,374,169	30	1,027,058	15.000	108,235
6. Actuarial Gain	1/1/2010	2,219,777	15	233,928	1.000	233,928
7. Actuarial Gain	1/1/2011	139,910	15	28,461	2.000	14,745
8. Actuarial Gain	1/1/2012	1,207,400	15	355,709	3.000	127,240
9. Plan Amendment	1/1/2013	747,418	15	283,597	4.000	78,765
10. Assumption Change	1/1/2019	71,242	15	55,397	10.000	7,508
11. Actuarial Gain	1/1/2021	1,669,378	15	1,462,889	12.000	175,925
12. Assumption Change	1/1/2021	1,544,372	15	1,353,348	12.000	162,752
13. Actuarial Gain	1/1/2022	1,942,218	15	1,787,916	13.000	204,678
14. Assumption Change	1/1/2022	411,725	15	379,015	13.000	43,389
15. Method Change	1/1/2024	12,320	10	12,320	10.000	1,670
Total				\$ 7,852,386		\$ 1,358,184
<b>C. Net (A - B)</b>				\$ 23,340,987		\$ 2,583,167
<b>D. Balance Test</b>						
1. Credit balance / (funding deficiency)				\$ 12,575,986		
2. Balance test: [C - D(1)]				\$ 10,765,001		
3. Unfunded accrued liability				\$ 10,765,001		

**ILA Local 1478-2 Pension Plan**  
**EIN: 22-2318984 Plan: 001**  
**Schedule MB, line 11 - Justification for Change in Actuarial Assumptions**

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**Changes since the Prior  
Valuation**

The current liability rate was changed from 2.55% to 3.29%. The mortality table for this measurement was updated as mandated under applicable law.

In prior years, Actives were those with hours in either of the two years preceding the valuation date. With this year's valuation, only those who had hours in the year preceding the valuation date are considered Active. This change was made with Trustee consultation to better reflect actual participation levels.

<b>Form 5500</b> <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	<b>Annual Return/Report of Employee Benefit Plan</b> 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). <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	<small>OMB Nos. 1210 - 0110 1210 - 0089</small> <hr/> <h2 style="text-align: center;">2024</h2> <hr/> <b>This Form is Open to Public Inspection</b>
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<b>Part I Annual Report Identification Information</b>	
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	<input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	<input checked="" type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	<input type="checkbox"/>

<b>Part II Basic Plan Information</b> - enter all requested information							
<b>1a</b> Name of plan ILA LOCAL 1478-2 PENSION PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width:40%; text-align: center;">001</td> </tr> <tr> <td><b>1c</b> Effective date of plan</td> <td style="text-align: center;">01/01/1980</td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ▶	001	<b>1c</b> Effective date of plan	01/01/1980		
<b>1b</b> Three-digit plan number (PN) ▶	001						
<b>1c</b> Effective date of plan	01/01/1980						
<b>2a</b> 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 ILA LOCAL 1478-2 PENSION FUND  99 MORRIS AVE  SPRINGFIELD NJ 07081-1425	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)</td> <td style="text-align: center;">22-2318984</td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number</td> <td style="text-align: center;">973-467-4441</td> </tr> <tr> <td><b>2d</b> Business code (see instructions)</td> <td style="text-align: center;">493100</td> </tr> </table>	<b>2b</b> Employer Identification Number (EIN)	22-2318984	<b>2c</b> Plan Sponsor's telephone number	973-467-4441	<b>2d</b> Business code (see instructions)	493100
<b>2b</b> Employer Identification Number (EIN)	22-2318984						
<b>2c</b> Plan Sponsor's telephone number	973-467-4441						
<b>2d</b> Business code (see instructions)	493100						

**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	<i>Angelica Angelo</i>	10/13/2025	ANGELICA ANGELO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Angelica Angelo</i>	10/13/2025	ANGELICA ANGELO
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2024)  
v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1,391
<b>6</b> 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).		
<b>a (1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	563
<b>a (2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	637
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	520
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	266
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c .....	<b>6d</b>	1,423
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	75
<b>f</b> Total. Add lines 6d and 6e .....	<b>6f</b>	1,498
<b>g (1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	7

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

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

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

<b>a Pension Schedules</b> (1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input checked="" type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) - Number Attached _____ (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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- k** Has a change been made in funding method for this plan year? .....  Yes  No
- l** If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? .....  Yes  No
- m** If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method ..... **5m** [ ]

**6** Checklist of certain actuarial assumptions:

<b>a</b> Interest rate for "RPA '94" current liability.....	<b>6a</b>	3.29%				
<b>b</b> Rates specified in insurance or annuity contracts .....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Pre-retirement</th> <th style="width: 33%;">Post-retirement</th> </tr> <tr> <td><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</td> </tr> </table>		Pre-retirement	Post-retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Pre-retirement	Post-retirement					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A					
<b>c</b> Mortality table code for valuation purposes:						
<b>(1)</b> Males.....	<b>6c(1)</b>	9P				
<b>(2)</b> Females .....	<b>6c(2)</b>	9FP				
<b>d</b> Valuation liability interest rate.....	<b>6d</b>	7.50%				
<b>e</b> Salary scale.....	<b>6e</b>	% <input checked="" type="checkbox"/> N/A				
<b>f</b> Withdrawal liability interest rate:						
<b>(1)</b> Type of interest rate.....	<b>6f(1)</b>	<input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input checked="" type="checkbox"/> Other <input type="checkbox"/> N/A				
<b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....	<b>6f(2)</b>	%				
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date.....	<b>6g</b>	6.4%				
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....	<b>6h</b>	14.6%				
<b>i</b> Expense load included in normal cost reported in line 9b .....	<b>6i</b>	<input type="checkbox"/> N/A				
<b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage .....	<b>6i(1)</b>	%				
<b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	<b>6i(2)</b>	460,000				
<b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....	<b>6i(3)</b>	<input type="checkbox"/>				

**7** New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1,113,604	117,355
3	2,157,537	227,369
5	-12,320	-1,670

**8** Miscellaneous information:

<b>a</b> If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval.....	<b>8a</b>	[ ]
<b>b</b> Demographic, benefit, and contribution information		
<b>(1)</b> Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(3)</b> Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>c</b> Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>d</b> If line c is "Yes," provide the following additional information:		
<b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended..	<b>8d(2)</b>	[ ]
<b>(3)</b> Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>(4)</b> If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	<b>8d(4)</b>	[ ]
<b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....	<b>8d(5)</b>	[ ]
<b>(6)</b> If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>e</b> If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s) .....	<b>8e</b>	
<b>9</b> Funding standard account statement for this plan year:		
<b>Charges to funding standard account:</b>		
<b>a</b> Prior year funding deficiency, if any.....	<b>9a</b>	0
<b>b</b> Employer's normal cost for plan year as of valuation date .....	<b>9b</b>	2,097,045
<b>c</b> Amortization charges as of valuation date:		
	Outstanding balance	
<b>(1)</b> All bases except funding waivers and certain bases for which the amortization period has been extended .....	<b>9c(1)</b>	31,193,373
<b>(2)</b> Funding waivers .....	<b>9c(2)</b>	0
<b>(3)</b> Certain bases for which the amortization period has been extended .....	<b>9c(3)</b>	0
<b>d</b> Interest as applicable on lines 9a, 9b, and 9c .....	<b>9d</b>	452,880
<b>e</b> Total charges. Add lines 9a through 9d .....	<b>9e</b>	6,491,276
<b>Credits to funding standard account:</b>		
<b>f</b> Prior year credit balance, if any .....	<b>9f</b>	12,575,986
<b>g</b> Employer contributions. Total from column (b) of line 3 .....	<b>9g</b>	7,418,701
	Outstanding balance	
<b>h</b> Amortization credits as of valuation date .....	<b>9h</b>	7,852,386
<b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....	<b>9i</b>	1,314,560
<b>j</b> Full funding limitation (FFL) and credits:		
<b>(1)</b> ERISA FFL (accrued liability FFL) .....	<b>9j(1)</b>	30,600,757
<b>(2)</b> "RPA '94" override (90% current liability FFL) .....	<b>9j(2)</b>	60,222,828
<b>(3)</b> FFL credit .....	<b>9j(3)</b>	0
<b>k (1)</b> Waived funding deficiency .....	<b>9k(1)</b>	0
<b>(2)</b> Other credits .....	<b>9k(2)</b>	0
<b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....	<b>9l</b>	22,667,431
<b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....	<b>9m</b>	16,176,155
<b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference .....	<b>9n</b>	
<b>o</b> Current year's accumulated reconciliation account:		
<b>(1)</b> Due to waived funding deficiency accumulated prior to the current plan year .....	<b>9o(1)</b>	0
<b>(2)</b> Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
<b>(a)</b> Reconciliation outstanding balance as of valuation date .....	<b>9o(2)(a)</b>	0
<b>(b)</b> Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) .....	<b>9o(2)(b)</b>	0
<b>(3)</b> Total as of valuation date .....	<b>9o(3)</b>	0
<b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (see instructions.) .....	<b>10</b>	
<b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No