

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>METRO-ILA FRINGE BENEFIT FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>METRO - ILA FRINGE BENEFIT FUND</u></p> <p><u>301 ROUTE 17 NORTH, 7TH FLOOR</u> <u>RUTHERFORD, NJ 07070-2575</u></p>	<p>1c Effective date of plan <u>01/01/1981</u></p> <p>2b Employer Identification Number (EIN) <u>13-3050863</u></p> <p>2c Plan Sponsor's telephone number <u>201-842-0202</u></p> <p>2d Business code (see instructions) <u>488300</u></p>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	JOSEPH RAGUSA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	MICHAEL VIGNERON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	1321
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1006
	6a(2)	1012
	6b	331
	6c	0
	6d	1343
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	23

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4D 4E 4F 4H

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

<p>A Name of plan METRO-ILA FRINGE BENEFIT FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 METRO - ILA FRINGE BENEFIT FUND</p>	<p>D Employer Identification Number (EIN) 13-3050863</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
AETNA LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	EO00067096337	35	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid</p> <p style="text-align: center;">0</p>	<p>(b) Total amount of fees paid</p> <p style="text-align: center;">0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	110342
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan METRO-ILA FRINGE BENEFIT FUND</p>	<p>B Three-digit plan number (PN) ▶ 501</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 METRO - ILA FRINGE BENEFIT FUND</p>	<p>D Employer Identification Number (EIN) 13-3050863</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	104738	4008	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 4871	(b) Total amount of fees paid 2254
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
EDGEWOOD PARTNERS INS CENTER **1390 WILLOW PASS RD STE 800**
CONCORD, CA 94520-7924

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4871	2254	NON-MONETARY COMPENSATION, SUPPLEMENTAL COMPENSATION	3

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions			7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	157293
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan METRO-ILA FRINGE BENEFIT FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 METRO - ILA FRINGE BENEFIT FUND</p>	<p>D Employer Identification Number (EIN) 13-3050863</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0838648	70815	410835T	900	01/01/2024	12/31/2024

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

<p>(a) Total amount of commissions paid 113348</p>	<p>(b) Total amount of fees paid 0</p>
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

JOHN H BLASCH **71 BEECHWOOD LANE**
BERKELEY HEIGHTS, NJ 07922

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
113348			3

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

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

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

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	(c) Amount	(d) Purpose	

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	818300
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan METRO-ILA FRINGE BENEFIT FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 METRO - ILA FRINGE BENEFIT FUND</p>	<p>D Employer Identification Number (EIN) 13-3050863</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
CIGNA HEALTH AND LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
59-1031071	67369	3165176	205	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	800192
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

<p>A Name of plan METRO-ILA FRINGE BENEFIT FUND</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>501</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 METRO - ILA FRINGE BENEFIT FUND</p>	<p>D Employer Identification Number (EIN) 13-3050863</p>	

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

1 Coverage Information:

(a) Name of insurance carrier
HARTFORD LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0838648	70815	620325D	92	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 9178	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
JOHN H BLASCH
71 BEECHWOOD LANE
BERKELEY HEIGHTS, NJ 07922

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
9178			

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions		7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	96350
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan METRO-ILA FRINGE BENEFIT FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 METRO - ILA FRINGE BENEFIT FUND	D Employer Identification Number (EIN) 13-3050863	

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

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

(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

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

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

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

GEORGE BUENO

13-3050863

(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 50	EMPLOYEE OF REL'D ORGNS	80560	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)

MORGAN STANLEY WEALTH MGMT

26-4310632

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 27 33 71 51	INV'T MNGR FOR REL'D PLAN	67330	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)

DOREEN PECORA

13-3050863

(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 50	EMPLOYEE OF REL'D ORGNS	63055	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)

SAGE ADVISORY SERVICES LTD CO

74-2798841

(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 51	INV'T MNGR FOR REL'D PLAN	61113	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)

WEAVER AND TIDWELL, LLP

75-0786316

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR FOR REL'D ORG'NS	48000	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)

SAVASTA AND COMPANY, INC.

13-3879959

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	ACTUARY FOR REL'D PLAN	45000	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)

GAETANO MARRA

13-3050863

(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 50	EMPLOYEE OF REL'D ORGNS	40039	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)

JORDAN BESS

13-3050863

(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 50	EMPLOYEE OF REL'D ORGNS	36621	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)

MANNING & NAPIER ADVISORS, LLC

45-3328488

(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 51	ADVISER FOR REL'D PLAN	36396	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)

ANDREW CROSS

13-3050863

(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 50	EMPLOYEE OF REL'D ORGNS	35565	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)

ANDREW L. MONTELEONE, ESQ

51 NEWARK STREET, SUITE 404
HOBOKEN, NJ 07030

05-0402866

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	30000	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)

MARIALAINA CAMPISI

13-3050863

(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 50	EMPLOYEE OF REL'D ORGNS	28467	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)

TRACEY BIONDI

13-3050863

(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 50	EMPLOYEE OF REL'D ORGNS	27785	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)

FANIELA GONZALEZ

13-3050863

(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 50	EMPLOYEE OF REL'D ORGNS	27398	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)

JEROME BRANCATO

13-3050863

(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 50	EMPLOYEE OF REL'D ORGNS	26259	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)

MEDICUS IT LLC

82-0781296

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 51	ADVISER FOR REL'D PLAN	22563	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)

FIRST STATE TRUST COMPANY

13-3124172

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51	CUSTODIAN FOR RELATED PLA	16425	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ROBERT H. BOGUCKI, P.C.

13-3397205

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	ATTORNEY OF REL'D ORGNS	8415	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)

GIBLIN & LYNCH LLC

22-2372248

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	ATTORNEY OF REL'D ORGNS	7905	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
AUTOMATIC DATA PROCESSING INC 13-3036745	2 JOURNAL SQUARE JERSEY CITY, NJ 07306 15 50	PROVIDER RECEIVED TOTAL PAYMENTS OF \$24,031 DIRECTLY FROM THE PLAN BUT THE PROVIDER DID NOT PROVIDE DIRECT AND/OR INDIRECT COMPENSATION INFORMATION NECESSARY TO COMPLETE THE SCHEDULE

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

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

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

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

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

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

a Name:	WEAVER & TIDWELL, LLP	b EIN:	75-0786316
c Position:	AUDITOR		
d Address:	500 NORTH BROADWAY, SUITE 101 JERICO, NY 11753	e Telephone:	212-896-1994

Explanation: FUND ENGAGED IN NEW ACCOUNTING FIRM, MSPC, CERTIFIED PUBLIC ACCOUNTANTS & ADVISORS, PC, FOR THE PLAN YEAR ENDING DECEMBER 31, 2024

a Name:	SAVASTA & COMPANY, INC	b EIN:	13-3879959
c Position:	ACTUARY		
d Address:	655 3RD AVENUE, SUITE 1200 NEW YORK, NY 10017	e Telephone:	212-308-4200

Explanation: FUND ENGAGED NEW ACTUARIAL FIRM, HORIZON ACTUARIAL SERVICES, LLC, FOR THE PLAN YEAR ENDING DECEMBER 31, 2024

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan METRO-ILA FRINGE BENEFIT FUND	B Three-digit plan number (PN) 501
C Plan sponsor's name as shown on line 2a of Form 5500 METRO - ILA FRINGE BENEFIT FUND	D Employer Identification Number (EIN) 13-3050863

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	2302123	3970178
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	8864249	9038225
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	696043	787738
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	18529428	22081805
(2) U.S. Government securities	1c(2)	15291894	16026129
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	9327476	9146674
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	8669096	9778572
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9549684	10732688
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	86241	53762
f Total assets (add all amounts in lines 1a through 1e).....	1f	73316234	81615771
Liabilities			
g Benefit claims payable.....	1g	28500441	33035715
h Operating payables.....	1h	81348	185269
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	28581789	33220984
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	44734445	48394787

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	50879664	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		50879664
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1009774	
(B) U.S. Government securities.....	2b(1)(B)	647937	
(C) Corporate debt instruments.....	2b(1)(C)	412199	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2069910
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	236112	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	148409	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		384521
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	31035336	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	30873307	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		162029
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	334181	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1059139
c Other income	2c		4185
d Total income. Add all income amounts in column (b) and enter total	2d		54893629

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	48415501	
(2) To insurance carriers for the provision of benefits	2e(2)	1766568	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		50182069
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	349042	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	48000	
(5) Investment advisory and investment management fees	2i(5)	164838	
(6) Bank or trust company trustee/custodial fees	2i(6)	16425	
(7) Actuarial fees	2i(7)	45000	
(8) Legal fees	2i(8)	46320	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	381593	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1051218
j Total expenses. Add all expense amounts in column (b) and enter total	2j		51233287

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3660342
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **MSPC CERTIFIED PUBLIC ACCOUNTANTS &**

(2) EIN: **22-2951202**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		1350000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of
Metro-ILA Fringe Benefit Fund
Rutherford, New Jersey

Opinion on the 2024 Financial Statements

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

In our opinion, the financial statements present fairly, in all material respects, the net assets available for benefits of Metro-ILA Fringe Benefit Fund as of December 31, 2024, and the changes in its net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America (US GAAP).

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 (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

2023 Financial Statements

The financial statements of Metro-ILA Fringe Benefit Fund as of and for the year ended December 31, 2023, were audited by other audits whose report dated October 15, 2024, expressed an unmodified opinion on those statements.

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.

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 Metro-ILA Fringe Benefit Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the 2024 Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS 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 GAAS, 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 Metro-ILA Fringe Benefit 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 Metro-ILA Fringe Benefit Fund 's ability to continue as a going concern for a reasonable period of time.

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

2024 Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4j - Schedule of Reportable Transactions 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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



MSPC
Certified Public Accountants and Advisors,
A Professional Corporation

Cranford, New Jersey
October 10, 2025

METRO-ILA FRINGE BENEFIT FUND
EIN #13-3050863
PLAN NO. 501 - PLAN YEAR ENDED DECEMBER 31, 2024

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

(a)	(b) <u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	(c) <u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>	
Interest Bearing Cash:					
	TD Bank Money Market 4315138754	10,733,872	\$ 10,733,872	\$ 10,733,872	
	TD Bank Money Market 4327440650	9,423,250	<u>9,423,250</u>	<u>9,423,250</u>	
	Total Interest Bearing Cash		<u>20,157,122</u>	<u>20,157,122</u>	
Short Term Investments:					
	FDIC Bank Deposit Fund	1,924,683	<u>1,924,683</u>	<u>1,924,683</u>	
U.S. Government Securities:					
	FHLMC Super 30 Year Fixed	305,589	04/01/52	303,679	271,670
	FHLMC Super 30 Year Fixed	346,104	05/01/52	341,588	307,375
	FHLMC Super 30 Year Fixed	401,510	05/01/52	401,729	367,896
	FHLMC Super 30 Year Fixed	267,341	09/01/52	255,383	251,665
	FHLMC Super 30 Year Fixed	237,767	01/01/54	232,255	229,371
	FHLMC Super 30 Year Fixed	208,010	04/01/53	204,687	200,826
	FHLMC Super 30 Year Fixed	230,306	07/01/53	231,489	227,208
	FHLMC Umbs 30 Year Fixed	125,577	07/01/53	122,119	121,151
	FNMA Super Long 30 Year	142,714	12/25/53	141,986	140,821
	FNMA Super Long 30 Year	245,184	10/01/53	240,989	236,740
	FNMA Umbs Long 30 Year	401,643	06/25/53	392,481	387,650
	FNMA Umbs Long 30 Year	599,069	11/25/53	588,656	577,863
	FNMA Umbs Long 30 Year	255,747	12/25/53	255,228	252,269
	FNMA Umbs Long 30 Year	267,474	04/01/52	267,254	237,544
	FNMA Umbs Long 30 Year	465,493	05/01/52	450,038	412,107
	FNMA Umbs Long 30 Year	242,277	01/01/54	235,368	233,721
	FNMA Umbs Long 30 Year	326,707	09/01/52	315,736	315,415
	United States Treasury Notes	610,000	06/30/29	588,711	582,170
	United States Treasury Notes	511,000	02/15/33	498,546	475,628
	United States Treasury Notes	900,000	08/31/29	906,367	871,734
	United States Treasury Notes	383,000	05/31/30	371,287	370,820
	United States Treasury Notes	473,000	01/31/29	468,113	466,644
	United States Treasury Notes	990,000	02/15/34	974,457	948,386
	United States Treasury Notes	1,080,000	11/15/27	1,082,028	1,075,524
	United States Treasury Notes	551,000	06/30/29	551,196	548,157
	United States Treasury Notes	1,160,000	07/15/27	1,168,749	1,163,168
	United States Treasury Notes	788,000	04/30/29	798,807	795,817
	United States Treasury Notes	763,000	06/15/27	769,647	769,554
	United States Treasury Notes	603,000	11/15/26	606,919	606,960
	United States Treasury Notes	1,235,000	09/15/27	1,212,282	1,207,112
	United States Treasury Notes	1,442,000	08/15/33	<u>1,387,953</u>	<u>1,373,163</u>
	Total U.S. Government Securities			<u>16,365,727</u>	<u>16,026,129</u>

See Independent Auditors' Report.

METRO-ILA FRINGE BENEFIT FUND
EIN #13-3050863
PLAN NO. 501 - PLAN YEAR ENDED DECEMBER 31, 2024

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

(a)	(b)	(c)			(d)	(e)
	<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>			<u>Cost</u>	<u>Current Value</u>
Corporate and Foreign Bonds:						
	Aon North America Inc.	97,000	5.150%	03/01/29	96,865	97,180
	Apple Inc.	240,000	3.350%	02/09/27	257,623	234,842
	AvalonBay Cmnty Inc Mtn Be	258,000	3.350%	05/15/27	246,614	250,326
	Baker Hughes A Ge Co Li	193,000	3.138%	11/07/29	196,367	178,229
	Bank New York Mellon Corp	336,000	6.317%	10/25/29	361,969	352,813
	Bank of America	362,000	3.824%	01/20/28	387,186	354,777
	Bank of America Corp	163,000	1.734%	07/22/27	146,297	155,397
	Bank of America Corp	263,000	2.299%	07/21/32	241,066	219,341
	Citigroup Inc	251,000	2.572%	06/03/31	258,846	218,713
	Citigroup Inc	133,000	3.980%	03/20/30	117,742	126,831
	Citigroup Inc	105,000	3.070%	02/24/28	98,838	100,984
	CNA Financial Corp	146,000	4.500%	03/01/26	167,211	145,547
	Consolidated Edison Co NY	108,000	3.350%	04/01/30	110,858	100,477
	Duke Energy Carolinas LLC	240,000	2.950%	12/01/26	260,225	233,033
	Entergy LA LLC	246,000	5.150%	09/15/34	245,481	241,656
	Entergy Louisiana LLC	115,000	2.400%	10/01/26	114,499	110,985
	Enterprise Products Operation	253,000	4.850%	01/31/34	246,635	244,798
	Exxon Mobil Corporation	245,000	3.043%	03/01/26	257,360	241,180
	Florida Pwr & Lt Co	255,000	0.044%	05/15/28	254,832	252,332
	Goldman Sachs Group Inc	190,000	1.948%	10/21/27	169,757	180,254
	Goldman Sachs Group Inc	230,000	3.102%	02/24/33	207,605	198,217
	Goldman Sachs Group Inc	180,000	3.814%	04/23/29	170,201	173,379
	Home Depot Inc	240,000	3.350%	09/15/25	253,533	238,066
	Intercontinental Exchange	53,000	3.750%	12/01/25	60,966	52,609
	John Deere Capital Corp	245,000	2.650%	06/10/26	255,003	238,953
	JP Morgan Chase & Co	235,000	1.045%	11/19/26	229,738	227,494
	JP Morgan Chase Bank Na	121,000	4.203%	07/23/29	134,514	117,841
	JP Morgan Chase Bank Na	109,000	3.540%	05/01/28	103,704	105,899
	Kimberly-Clark Corp	122,000	2.750%	02/15/26	114,152	119,618
	Merck & Co Inc	251,000	2.150%	12/10/31	220,870	210,028
	Meta Platforms Inc	257,000	3.500%	08/15/27	246,748	251,139
	New Jersey St Tpk Auth Tpk	205,000	1.047%	01/01/26	205,000	197,731
	Philip Morris Intl Inc	120,000	3.375%	08/11/25	131,056	119,131
	Primerica Inc	121,000	2.800%	11/19/31	120,456	103,235
	Rutgers St Univ NJ	180,000	2.349%	05/01/25	181,193	178,803
	San Antonio Tex Arpt Sys Rev	160,000	2.736%	07/01/27	160,496	150,477
	San Diego G & E	170,000	2.500%	05/15/26	169,468	165,325
	Schlumberger Finance	141,000	1.400%	09/17/25	140,831	137,772
	Simon Ppty Group LP	132,000	3.375%	06/15/27	130,082	128,178
	South Dakota St Health Edl	175,000	2.591%	07/01/25	175,000	173,182
	Southern Calif Edison Co	125,000	3.700%	08/01/25	124,733	124,164
	State Street Corp	195,084	3.152%	03/30/31	195,084	199,745
	State Street Corp	138,114	4.421%	05/13/33	138,114	130,368
	Toronto Dominion	77,000	5.146%	09/10/34	77,000	75,291

See Independent Auditors' Report.

METRO-ILA FRINGE BENEFIT FUND
EIN #13-3050863
PLAN NO. 501 - PLAN YEAR ENDED DECEMBER 31, 2024

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

(a)	(b) <u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	(c) <u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	Toronto Dominion Bank	560,000 4.693% 09/15/27	552,815	558,948
	Truist Finl Corp	140,000 7.161% 10/30/29	148,630	149,543
	U S Bancorp Mtns Bk Ent	240,000 3.000% 07/30/29	239,978	219,475
	US Bancorp	85,164 5.836% 06/12/34	85,164	86,570
	Wells Fargo & Co	126,000 4.808% 07/25/28	124,347	125,554
	Wells Fargo & Co	149,077 5.574% 07/25/29	149,077	150,244
	Total Corporate and Foreign Bonds		<u>9,481,829</u>	<u>9,146,674</u>
	Common Stock:			
	3M Co	1,165	156,440	150,390
	Accenture Plc Cl A	224	71,390	78,801
	Allegion PLC	145	18,327	18,949
	Allstate Corp	298	53,894	57,451
	Analog Devices Inc	463	82,363	98,369
	Archer Daniels Midland Co	1,303	81,307	65,827
	Avery Dennison Corp	66	14,592	12,351
	Bank America Corp	6,757	215,555	296,970
	Baxter Intl Inc	812	29,295	23,678
	Becton Dickinson & Co	564	131,063	127,955
	Berkley W R Corp	1,099	59,157	64,313
	Best Buy Company Inc	672	51,970	57,658
	Bristol Myers Squibb Co	3,650	212,992	206,444
	Broadridge Finl Solutions Inc	84	18,790	18,992
	Brown Forman Corp Cl B	340	14,990	12,913
	Bunge Global Sa	236	22,885	18,351
	C S X Corp	1,933	68,221	62,378
	Campbell Soup Co	516	25,198	21,610
	Caterpillar Inc	798	197,937	289,482
	CBOE Holdings Inc	86	15,052	16,804
	Cf Industries Holdings Inc	297	23,131	25,340
	Chevron Corporation	2,186	361,845	316,620
	Chubb Ltd	172	44,901	47,524
	Cincinnati Fincl Corp	468	54,803	67,252
	Cisco Sys Inc	2,742	138,508	162,326
	Citigroup Inc	3,179	210,122	223,770
	Cognizant Technology Solutions Corp	1,225	79,612	94,203
	Colgate Palmolive Co	400	40,753	36,364
	Conagra Foods Inc	807	27,558	22,394
	ConocoPhillips	2,097	229,170	208,000
	Coterra Energy Inc	2,286	62,328	58,384
	CRH Plc	717	62,148	66,337
	Cummins Inc	345	89,858	120,267
	Deere & Co	459	181,916	194,478
	Devon Energy Corporation New	434	18,141	14,205

See Independent Auditors' Report.

METRO-ILA FRINGE BENEFIT FUND
EIN #13-3050863
PLAN NO. 501 - PLAN YEAR ENDED DECEMBER 31, 2024

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

(a)	(b) <u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	(c) <u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	Dick's Sporting Goods Inc	257	51,335	58,812
	East West Bancorp Inc	231	16,634	22,121
	eBay Inc	1,391	72,399	86,172
	Elevance Health Inc	97	47,790	35,783
	Emerson Electric Co	578	65,279	71,632
	Eog Res Inc	566	73,414	69,380
	Everest Re Group Limited	96	34,319	34,796
	Expand Energy Corporation Com	227	19,858	22,598
	Exxon Mobil Corp	2,899	337,704	311,845
	Fedex Corp	483	118,474	135,882
	Ferguson Enterprises Inc	123	24,879	21,349
	Fifth Third Bancorp	1,842	66,110	77,880
	Fox Corp	746	22,749	36,241
	General Mls Inc	1,430	94,533	91,191
	Genuine Parts Co	423	54,585	49,389
	Gilead Sciences Inc	2,321	159,926	214,391
	Halliburton Co	2,265	79,905	61,585
	Hartford Finl Svccs Group Inc	768	61,758	84,019
	Hess Corporation	185	25,439	24,607
	Hf Sinclair Corporation	343	19,790	12,022
	Home Depot Inc	246	89,424	95,692
	Honeywell Intl Inc	788	162,866	178,001
	Humana Inc	73	19,252	18,521
	Huntington Bancshares Inc	4,196	51,079	68,269
	Huntington Ingalls Industries	67	18,223	12,661
	International Paper Co	580	20,448	31,216
	Interpublic Group Cos Inc	623	18,863	17,456
	Johnson & Johnson	2,290	364,643	331,180
	JP Morgan Chase & Co	1,652	244,084	396,001
	Kenvue Inc Com	2,345	45,047	50,066
	Kimberly Clark Corp	569	71,789	74,562
	Kraft Heinz Co	2,806	106,165	86,172
	LabCorp Holdings Inc	133	28,646	30,500
	Las Vegas Sands	949	44,757	48,741
	Lennar Corp	165	26,982	22,501
	Lkq Corp	421	20,259	15,472
	Lockheed Martin Corp	406	166,249	197,292
	Marathon Petroleum Corp	776	83,805	108,252
	Masco Corp	512	37,687	37,156
	Medtronic Plc	2,216	209,389	177,014
	Merck & Co Inc	810	90,170	80,579
	Microchip Technology Inc	877	68,089	50,296
	Molson Coors-B	339	21,658	19,431
	Mondelez International Inc	1,246	85,320	74,424
	Mosaic Co/The	593	18,125	14,576
	Nucor Corp	291	46,473	33,963

See Independent Auditors' Report.

METRO-ILA FRINGE BENEFIT FUND
EIN #13-3050863
PLAN NO. 501 - PLAN YEAR ENDED DECEMBER 31, 2024

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

(a)	(b) <u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	(c) <u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	Occidental Pete Corp	1,016	57,341	50,201
	Omnicom Group	631	51,323	54,291
	Ovintiv Inc	437	22,731	17,699
	Paccar Inc	1,041	120,336	108,284
	Penske Auto Group	120	18,042	18,293
	Permian Resources Corp	1,308	22,997	18,809
	Phillips 66	855	105,418	97,410
	PNC Financial Services Group	576	85,036	111,082
	PPG Industries Inc	611	82,854	72,984
	Quest Diagnostics Inc	284	37,648	42,844
	Ralph Lauren Corporation	110	17,589	25,408
	Raytheon Technologies Corp	2,081	210,171	240,813
	Reliance Steel & Aluminum Co	46	13,963	12,386
	Rockwell Automation, Inc	75	20,704	21,434
	Royalty Pharma Plc	890	24,640	22,704
	Schlumberger Ltd	2,821	143,136	108,157
	Skyworks Solutions Inc	365	40,349	32,368
	Smith A O Corp	263	22,713	17,939
	Smurfit Westrock Plc Shs	1,210	52,474	65,171
	Snap On Inc	80	22,734	27,158
	SS&C Technologies Holdings	574	35,245	43,498
	Steel Dynamics Inc	230	30,523	26,236
	Sysco Corp	1,223	94,076	93,510
	Tapestry Inc	408	16,531	26,655
	The Hershey Company	495	90,289	83,828
	Travelers Companies Inc	517	84,625	124,540
	Truist Finl Corp	2,845	98,650	123,416
	UnitedHealth Group Inc	545	264,655	275,694
	US Bancorp New	2,983	147,933	142,677
	Valero Energy Corp	696	102,473	85,323
	Viatis Inc	1,996	22,247	24,850
	Wells Fargo & Co New	4,523	211,619	317,695
	Westlake Chemical	201	29,274	23,045
	Williams-Sonoma Inc	396	54,051	73,331
	Total Common Stock		<u>9,226,974</u>	<u>9,778,572</u>
	Exchange Traded Funds:			
	Invesco S&P 500 Equal Weight ETF	61,249	<u>8,487,841</u>	<u>10,732,688</u>
	Total Assets Held		<u>\$ 65,644,176</u>	<u>\$ 67,765,868</u>

See Independent Auditors' Report.

METRO-ILA FRINGE BENEFIT FUND

FINANCIAL STATEMENTS

**FOR THE YEARS ENDED
DECEMBER 31, 2024 AND 2023**

MSPC
Certified Public
Accountants and Advisors, P.C.



An independent firm associated with
Moore Global Network Limited

METRO-ILA FRINGE BENEFIT FUND

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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of
Metro-ILA Fringe Benefit Fund
Rutherford, New Jersey

Opinion on the 2024 Financial Statements

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

In our opinion, the financial statements present fairly, in all material respects, the net assets available for benefits of Metro-ILA Fringe Benefit Fund as of December 31, 2024, and the changes in its net assets available for benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America (US GAAP).

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 (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

2023 Financial Statements

The financial statements of Metro-ILA Fringe Benefit Fund as of and for the year ended December 31, 2023, were audited by other audits whose report dated October 15, 2024, expressed an unmodified opinion on those statements.

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.

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 Metro-ILA Fringe Benefit Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the 2024 Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS 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 GAAS, 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 Metro-ILA Fringe Benefit 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 Metro-ILA Fringe Benefit Fund 's ability to continue as a going concern for a reasonable period of time.

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

2024 Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4j - Schedule of Reportable Transactions 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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



MSpc
Certified Public Accountants and Advisors,
A Professional Corporation

Cranford, New Jersey
October 10, 2025

METRO-ILA FRINGE BENEFIT FUND

Statements of Net Assets Available for Benefits

	December 31,	
	2024	2023
<i>Assets:</i>		
Investments at Fair Value:		
Interest Bearing Cash	\$ 20,157,122	\$ 16,776,978
U.S. Government Securities	16,026,129	15,291,894
Corporate Bonds	9,146,674	9,327,476
Common Stocks	9,778,572	8,669,096
Exchange-Traded Fund	10,732,688	9,549,684
Short-Term Investment Fund	1,924,683	1,752,450
Total Investments at Fair Value	67,765,868	61,367,578
Receivables:		
Employer Contributions	9,038,225	8,864,249
Accrued Interest and Dividends	280,240	236,619
Due from Related Entities	378,836	342,019
Total Receivables	9,697,301	9,442,887
Cash	3,970,178	2,302,123
Property and Equipment - Net	53,762	86,241
Other Assets:		
Prepaid Expenses	113,002	101,745
Insurance Premium Deposits	15,660	15,660
Total Other Assets	128,662	117,405
Total Assets	81,615,771	73,316,234
<i>Liabilities:</i>		
Accounts Payable and Accrued Expenses	185,269	81,348
Net Assets Available for Benefits	\$ 81,430,502	\$ 73,234,886

See Accompanying Notes to Financial Statements.

METRO-ILA FRINGE BENEFIT FUND

Statements of Changes in Net Assets Available for Benefits

	<u>Years ended</u> <u>December 31,</u>	
	<u>2024</u>	<u>2023</u>
Additions to Net Assets Attributable to:		
Investment Income:		
Net Appreciation in Fair Value of Investments	\$ 1,555,349	\$ 1,738,904
Interest and Dividends	<u>2,454,431</u>	<u>1,876,200</u>
Totals	4,009,780	3,615,104
Less: Investment Expenses	<u>181,263</u>	<u>132,151</u>
Net Investment Income	3,828,517	3,482,953
Employer's Contributions	50,879,664	48,402,665
Other Income	<u>4,185</u>	<u>13,498</u>
Total Additions	<u>54,712,366</u>	<u>51,899,116</u>
Deductions from Net Assets Attributable to:		
Benefits Paid to Participants and Pensioners	23,691,546	25,616,563
Payments to MILA Managed Healthcare Trust Fund	17,859,622	16,924,166
Payroll Taxes on Benefits	2,329,059	2,717,834
Premiums and Payments to Insurance Companies for Health, Dental and Welfare Benefits	<u>1,766,568</u>	<u>1,820,986</u>
Total Claims and Premiums Paid	<u>45,646,795</u>	<u>47,079,549</u>
Administrative Expenses:		
Payroll	349,042	362,611
Employee Benefits	173,552	175,343
Auditing	48,000	48,000
Legal	46,320	79,889
Actuarial	45,000	45,000
Occupancy Costs	42,563	43,159
Office and General	38,491	36,851
Depreciation and Amortization	33,279	4,268
Payroll Taxes	32,132	34,896
Other Consulting	31,464	24,895
Insurance	13,239	13,241
Postage	10,062	13,533
Meeting, Conference, and Travel	3,971	4,049
Dues, Registration Fees and Subscriptions	1,611	1,765
Telephone	<u>1,229</u>	<u>1,429</u>
Total Administrative Expenses	<u>869,955</u>	<u>888,929</u>
Total Deductions	<u>46,516,750</u>	<u>47,968,478</u>
Net Increase in Assets Available for Benefits	8,195,616	3,930,638
Net Assets Available for Benefits - Beginning of Years	<u>73,234,886</u>	<u>69,304,248</u>
Net Assets Available for Benefits - End of Years	<u>\$ 81,430,502</u>	<u>\$ 73,234,886</u>

See Accompanying Notes to Financial Statements.

METRO-ILA FRINGE BENEFIT FUND

Notes to Financial Statements

(1) Description of the Plan

The following brief description of the Metro-ILA Fringe Benefit Fund (the "Plan") is provided for general information purposes only. Participants should refer to the Plan Document for more complete information.

General - The Plan is a multiemployer fringe benefit plan established under an Agreement and Declaration of Trust, as amended, among the Metropolitan Marine Maintenance Contractors' Association, Inc. (the "Association") and the International Longshoremen's Association, AFL-CIO, Locals Nos. 1814 and 1804-1 (collectively, the "Union"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. The Plan is administered by a joint board of union and employer trustees, each group having equal representation.

The Plan provides health, medical and other benefits for eligible participants, including members who meet eligibility requirements, pensioners and their eligible dependents pursuant to collective bargaining agreements between the Association and the Union. Eligible participants also include employees of the Union, the Plan, the Metropolitan Marine Maintenance Contractors' Association, Inc., (The Association) the Metro-ILA Pension Fund, the Metro-ILA Individual Account Retirement Plan.

Contributions - Employer contributions are made to the Plan based on hours worked by their employees under the collective bargaining agreements effective through December 31, 2024.

The Plan is noncontributory for employees except for COBRA premiums as required by law and is funded mainly from contributions received by employers.

Benefits Paid to Participants and Pensioners - The Plan provides fringe benefits (vacation, holiday, bereavement and jury duty) for full-time eligible members. Each eligible member is paid a sum equal to ten percent of their gross wages payable on or about June 1st for vacation benefits, and up to a maximum of seventeen paid holidays at a specific rate payable on or about December 1 of each year.

Eligible pensioners who elect to secure medical coverage elsewhere may receive medical expense reimbursements equal to 80% of submitted monthly premium payments, not to exceed \$240.15 per month. Benefit is paid quarterly in arrears.

Eligible pensioners who enroll in Medicare Part D prescription coverage elsewhere and submit proof of enrollment receive expense reimbursement equal to \$31 per month. Benefit is paid quarterly in arrears.

Insured Benefits - The Plan provides health benefits (life, accidental death and dismemberment, disability, major medical, hospitalization and surgical, pharmaceutical, optical and dental services and an employee assistance program) for the eligible participants and their dependents through various insurance arrangements.

Medicare eligible pensioners and their eligible spouses are covered for certain health benefits under a group Medicare Risk HMO Program and other supplemental benefits.

The Plan also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act ("COBRA").

METRO-ILA FRINGE BENEFIT FUND

Notes to Financial Statements

(1) Description of the Plan (Continued)

Insured Benefits (Continued) - During 2024 and 2023, health claims of certain eligible participants and their dependents were provided under non-experience rated group insurance contracts with Connecticut General Life Insurance Company (a.k.a., CIGNA HealthCare), Hartford Life Insurance Co., Aetna Health, Inc. and Metropolitan Life Insurance Company.

"Effective January 1, 2014, the Trustees of the Plan entered into an agreement with the Trustees of the Management-ILA Healthcare Trust Fund to provide health and medical benefit coverage for the Plan's participants (and their dependents).

Pursuant to this agreement, the Plan remits contributions to Management-ILA Managed Health Care Trust Fund ("MILA") for each hour worked by participants who are currently employed by employer-members of the Association. In turn, MILA provides processes and adjudicates the health and medical benefits for the Plan's participants and their eligible dependents. Eligibility for current year health and medical benefits under both the Plan and MILA are based on contributions made in the previous year. This includes payments made to MILA of \$17,859,622 and \$16,924,166 for the years ended 2024 and 2023, respectively.

Eligibility - In order to be entitled to benefits under the Plan, a participant must have worked at least 700 hours during the prior calendar year. In order to maintain eligibility for benefits, a member must be credited with the minimum number of hours of covered work applicable to their division, as established in the collective bargaining agreement.

(2) Summary of Significant Accounting Policies

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

Adoption of New Accounting Standard - Effective January 1, 2023, the Plan adopted ASC 326 which changed how entities will measure credit losses for certain financial assets that aren't measured at fair value through changes in net assets available to benefits. The most significant change in this standard is a shift from the incurred loss model to the expected loss model. Under the standard, disclosures are required to provide users of the financial statements with useful information in analyzing the Plan's exposure to credit risk and the measurement of credit losses. The primary financial asset held by the Plan that are subject to the guidance in ASC 326 is employers' contributions receivable. The impact of the adoption was not considered material to the financial statements and primarily resulted solely in enhanced disclosures.

On July 30, 2025, the FASB issued Accounting Standards Update (ASU) 2025-05, Financial Instruments—Credit Losses (Topic 326): Measurement of Credit Losses for Accounts Receivable and Contract Assets. This standard allows entities to elect a practical expedient that assumes that current conditions as of the fiscal year-end do not change for the remaining life of the asset. In addition, the standard provides for consideration of subsequent collections in developing reasonable and supportable forecasts as part of estimating expected credit losses. The Plan elected to early adopt this standard in the reporting period ended December 31, 2024.

Use of Estimates - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (US GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

METRO-ILA FRINGE BENEFIT FUND

Notes to Financial Statements

(2) Summary of Significant Accounting Policies (Continued)

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. The Plan's Board of Trustees determines the Plan's valuation policies and procedures.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded at the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Employer Contribution Receivables - The Plan's policy is to recognize contributions based on the latest executed collective bargaining agreement on an individual employer basis. Contributions from participating employers are based on a percentage of the participating employers' monthly payroll for covered employees and are payable to the Plan during the subsequent month. Contributions due but not paid prior to year-end are recorded as contributions receivable. The Plan evaluates participating employers' contributions receivable periodically for potential uncollectible amounts based on the likelihood of collection including subsequent collectibles. As of December 31, 2024 and 2023, the Plan did not record any credit loss allowance for employers' contributions receivable.

The Board of Trustees has established a program to review participating employer records in order to determine compliance with contribution provisions of the collective bargaining agreement. As a result of this program, previously unreported contributions are identified related to current and prior fiscal years. However, due to the collection efforts required by the Plan, including litigation, the ultimate realization of any additional contribution receivable cannot be reasonably estimated until the collection process is completed. Accordingly, the Plan primarily recognizes these previously unreported contributions in the fiscal year in which the settlement proceeds are received.

Leases - Leases are categorized at their inception as either operating or financing leases. Operating right-of-use assets and liabilities are recognized at the lease commencement date based on the present value of the lease payments over the lease term. Leased assets represent the Plan's right to use an underlying asset for the lease term, and lease liabilities represent the Plan's obligation to make lease payments arising from the lease. The lease term may include options to extend or terminate the lease when it is reasonably certain that the Plan will exercise that option. Lease expense for lease payments is recognized on a straight-line basis over the lease term. The Plan uses a risk-free rate as a discount rate for present value of the lease payments when the rate implicit in the contract is not readily determinable.

Property and Equipment - Net - Property assets are stated at cost. Expenditures for maintenance and repairs are charged to expense. When assets are retired or otherwise disposed of, the assets and related depreciation are eliminated from the accounts and any resulting gain or loss is reflected in income. Provision for depreciation is computed on the straight-line method based upon the estimated useful lives of the related assets which vary from three to ten years for furniture equipment, and three to five years for computer software.

Long-Lived Asset Impairment - The Plan reviews the carrying value of other assets for impairment whenever events and circumstances indicate that the carrying value of an asset may not be recoverable from the estimated future cash flows expected to result from its use and eventual disposition. In cases where undiscounted expected future cash flows are less than the carrying value, an impairment loss is recognized equal to an amount by which the carrying value exceeds the fair value of assets. The factors considered by management in performing this assessment include current operating results, trends, and prospects, as well as the effects of obsolescence and other economic factors. For the years ended December 31, 2024 and 2023, the Plan recorded no impairment charges against the carrying value of long-lived assets.

METRO-ILA FRINGE BENEFIT FUND

Notes to Financial Statements

(2) Summary of Significant Accounting Policies (Continued)

Administrative Expenses - Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. The Plan shares certain administrative expenses with related ERISA plans and the Association. In computing these allocated costs, various factors were considered, including the time spent, space used, costs incurred, and volume of transactions relating to the Plan in relation to the other plan.

Payment of Benefits - Premiums paid are recorded insurance premium expense in the accompanying statement of changes in net assets available for benefits. Claim payments are recorded when submitted to the Plan by the third-party claims processor for reimbursement.

Reclassifications - Certain reclassifications were made to the 2023 financial statement presentation to correspond to the current year's format. Total members' equity and net income were unchanged due to these reclassifications.

Subsequent Events - The Plan has evaluated subsequent events through October 10, 2025, the date the financial statements were available to be issued.

(3) Benefit Obligations

A postretirement benefit obligation has been recognized for retiree medical benefits for eligible participants and their dependents upon retirement. This benefit obligation represents the actuarial present value of the cost of those estimated future benefits that are attributed by the terms of the plan to employee service rendered to the date of the financial statements. The obligation represents the amounts that are expected to be funded by employers' contributions and from existing assets of the Plan. Postretirement benefits include future benefits expected to be paid to (a) currently retired or terminated employees and their beneficiaries and dependents, and (b) active employees and their beneficiaries and dependents after retirement from service.

The actuarial present value of expected postretirement benefit obligation is determined by the Plan's actuary, and is that amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used to determine the postretirement and postemployment benefit obligations as of December 31, 2024 and 2023 were as follows: ·

Discount Rate: Future costs have been discounted at the rate of 5.25% and 5.00% for 2024 and 2023, respectively.

Mortality: The mortality table employed is the RP-2000 Blue Collar Group Annuity Table for the years ended December 31, 2024 and 2023.

Funding Method: The funding method employed is the Projected Unit Credit Actuarial Cost Method.

METRO-ILA FRINGE BENEFIT FUND

Notes to Financial Statements

(3) Benefit Obligations (Continued)

Inflation - Medical Trend: Health care premiums will increase at an annual rate indicated as follows:

- Rx and opt-out- 1% per annum
- Other benefits - 5% per annum for 1st year, 4.2% thereafter
- All - 5% per annum for 1st year, 4.2% thereafter

Administrative Expense: Costs are projected at 3% per annum for the year ended December 31, 2024. Costs are projected at 3.0% per annum for the year ended December 31, 2023.

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

The Plan's deficiency of net assets over benefit obligations at December 31, 2024 and 2023 relates primarily to the PBO, the funding of which is not covered by the contribution rate provided by the current bargaining agreement. It is expected that the deficiency will be funded through future increases in the collectively bargained contribution rates.

The employers are not permitted under present tax law to deduct amounts for future benefits (beyond one year). The cost of health and medical benefits for future years in respect of the Plan's PBO are expected to be funded by employers' contributions to the Plan in those later years.

The health care cost-trend rate assumption has a significant effect on the amounts reported. If the assumed rates increased by one percentage point in each year, it would increase the PBO by \$1,263,086 and \$897,290 as of December 31, 2024 and 2023, respectively.

Other plan benefits, including fringe benefits payable, represent those claims incurred prior to December 31, but unpaid at that date. Health claims incurred by retired participants but not reported at the year end are Included in the PBO.

	<u>Years ended</u>	
	<u>December 31,</u>	
	<u>2024</u>	<u>2023</u>
Amounts Currently Payable:		
Fringe Benefits and Insurance Premiums Payable	\$ 33,035,715	\$ 28,500,441
Postretirement Benefit Obligations Net of Amounts Currently Payable:		
Current Covered Retirees and Spouses	12,768,652	11,503,610
Other Active Participants and Spouses Fully Eligible to Receive Benefits	789,662	791,618
Totals	13,558,314	12,295,228
<u>Plan's Total Benefit Obligations</u>	\$ 46,594,029	\$ 40,795,669

METRO-ILA FRINGE BENEFIT FUND

Notes to Financial Statements

(3) *Benefit Obligations (Continued)*

Details of the change in the actuarial present value of the postretirement obligations are as follows:

	Years ended December 31,	
	2024	2023
Amounts Currently Payable:		
Balance at Beginning of Years	\$ 28,500,441	\$ 30,364,755
Claims, Premiums and Contributions Incurred	54,754,333	45,215,235
Claims, Premiums and Contributions Paid	<u>(50,219,059)</u>	<u>(47,079,549)</u>
Balance at End of Years	<u>33,035,715</u>	<u>28,500,441</u>
Postretirement Benefit Obligations, Net of Amounts Currently Payable:		
Balance at Beginning of Years	12,295,228	6,752,000
Increase (Decrease) in Postretirement Benefits Attributable to:		
Benefits Accumulated During the Years	(198,300)	(242,281)
Changes in Actuarial Assumptions	<u>1,461,386</u>	<u>5,785,509</u>
Balance at End of Years	<u>13,558,314</u>	<u>12,295,228</u>
<u>Plan's Total Benefit Obligations at End of Years</u>	<u>\$ 46,594,029</u>	<u>\$ 40,795,669</u>

(4) *Fair Value Measurements*

Financial Accounting Standards Board ("FASB") Accounting Standards Codifications ("ASC") 820, *Fair Value Measurements and Disclosures*, establishes framework for measuring fair value. That framework 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 market prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

METRO-ILA FRINGE BENEFIT FUND

Notes to Financial Statements

(4) Fair Value Measurements (Continued)

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.

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

Interest-Bearing Cash: Valued at amortized cost which approximates fair value.

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

U.S. government securities: Securities classified as Level 1 are valued based upon quoted market prices reported on the active market on which they are traded. U.S. government securities classified as Level 2 are valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Exchange-traded fund: Valued at the daily closing price as reported by the fund. The exchange-traded fund held by the Plan is an open-end exchange-traded fund that are registered with the Securities and Exchange Commission. This fund is required to publish its daily net asset value (NAV) and to transact at that price. The exchange-traded fund held by the Plan is deemed to be actively traded.

Short-term investment fund: Valued using the NAV of the fund shares.

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

	<u>Assets at Fair Value as of December 31, 2024</u>			<u>Total</u>
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	
Interest Bearing Cash	\$ 20,157,122	\$ --	\$ --	\$ 20,157,122
U.S. Government Securities	9,881,671	6,144,458	--	16,026,129
Corporate Bonds	--	9,146,674	--	9,146,674
Common Stocks	9,778,572	--	--	9,778,572
Exchange-Traded Fund	<u>10,732,688</u>	<u>--</u>	<u>--</u>	<u>10,732,688</u>
<i><u>Total Assets in the Fair Value Hierarchy</u></i>	<u>\$ 50,550,053</u>	<u>\$15,291,132</u>	<u>\$ --</u>	<u>\$ 65,841,185</u>
Investments Measured at Net Asset Value				<u>1,924,683</u>
<i><u>Total Assets at Fair Value</u></i>				<u>\$ 67,765,868</u>

METRO-ILA FRINGE BENEFIT FUND

Notes to Financial Statements

(4) Fair Value Measurements (Continued)

	<u>Assets at Fair Value as of December 31, 2023</u>			<u>Total</u>
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	
Interest Bearing Cash	\$ 16,776,978	\$ --	\$ --	\$ 16,776,978
U.S. Government Securities	10,343,291	4,948,603	--	15,291,894
Corporate Bonds	--	9,327,476	--	9,327,476
Common Stocks	8,669,096	--	--	8,669,096
Exchange-Traded Fund	<u>9,549,684</u>	<u>--</u>	<u>--</u>	<u>9,549,684</u>
<u>Total Assets in the Fair Value Hierarchy</u>	<u>\$ 45,339,049</u>	<u>\$14,276,079</u>	<u>\$ --</u>	<u>\$ 59,615,128</u>
Investments Measured at Net Asset Value				<u>1,752,450</u>
<u>Total Assets at Fair Value</u>				<u>\$ 61,367,578</u>

Transfers Between Levels - The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another.

The Plan evaluates the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits.

(5) Property and Equipment

Property assets, at cost, consisted of the following at December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Furniture and Equipment	\$ 39,820	\$ 39,820
Computer Software	<u>143,438</u>	<u>142,639</u>
Totals	183,258	182,459
Less: Accumulated Depreciation	<u>(129,496)</u>	<u>(96,218)</u>
<u>Property Assets - Net</u>	<u>\$ 53,762</u>	<u>\$ 86,241</u>

Depreciation and amortization expense amounted to \$33,279 and \$4,268 for the years ended December 31, 2024 and 2023, respectively.

(6) Transactions with Related Parties

The Association operates in a jointly administered office with the Plan and other related collectively bargained employee benefit plans. Since these organizations coexist in the same premises, utilizing mutual resources, equipment and personnel to effectuate cost-savings and to minimize duplication of efforts, interfund relationships have been established on a continuing basis. Due (to)/from related entities balances result from the reimbursement of shared expenses, allocations of shared expenses or transfers of funds.

METRO-ILA FRINGE BENEFIT FUND

Notes to Financial Statements

(6) Transactions with Related Parties (Continued)

The Plan was charged approximately \$117,285 and \$107,000 during the years ended December 31, 2024 and 2023, respectively, by the Association and Metro-ILA Pension Fund, and the Plan also charged approximately \$955,000 and \$993,000 and to its related employee benefit plans, Metro-ILA Fringe Benefit Fund and Metro-ILA Individual Account Retirement Plan (collectively, the "Plans"), for allocated administrative expenses incurred in the operation of a jointly administered office. Additionally, certain expenses are charged directly, and are not included in the allocated charge.

The Association and Meadows LLC (landlord) entered into a lease agreement for office space located in North Rutherford, New Jersey. The Plans are not a legal party to the lease agreement but are allocated a portion of the rent expense incurred by the Association under the lease agreement. The Plan recorded \$42,563 and \$43,159 of allocated rent expense in the years ended December 31, 2024 and 2023, respectively.

The amounts due from related entities as of December 31, 2024 and 2023 are as follows:

	<u>2024</u>	<u>2023</u>
Metro-ILA Pension Fund	\$ 247,618	\$ 230,947
Metropolitan Marine Maintenance Contractors' Association. Inc.	4,502	11,738
Metro-ILA Individual Account Retirement Plan	<u>126,716</u>	<u>99,334</u>
<u>Total Due from Related Entities</u>	<u>\$ 378,836</u>	<u>\$ 342,019</u>

The Plan pays fees for several arrangements with service providers and affiliated entities. These transactions are considered exempt party in interest transactions under ERISA.

(7) Contingency

The Plan is a defendant in a civil RICO action brought by the United States government (the "Government") in the United States District Court for the Eastern District of New York. The Government filed a complaint on July 5, 2005 and an amended complaint on February 21, 2006. The complaint alleges that nine individual defendants conspired in violation of the civil RICO statute, in conducting and participating in the conduct of affairs of the Plan, and acquiring or maintaining an interest in or control of the Plan. Although the Plan is not alleged to have violated RICO statutes, it is named as a "nominal" defendant, joined in the action solely for the purpose of effecting the equitable relief sought by the Government. The Government also seeks court ordered monitorships to oversee various operations of the Plan. The Plan filed motions to dismiss the complaint on May 19, 2006. The Government filed its response on December 13, 2006. The Plan has filed a response to the Government and oral arguments were held by the court on July 31, 2007. On November 1, 2007, the judge dismissed the Government's amended complaint with leave to refile an amended complaint. On December 31, 2007, the Government filed a second amended complaint. In February 2008, the Plan and the Board of Trustees filed motions to dismiss the second amended complaint. The Government filed its response on May 16, 2008, and the moving defendants filed their replies on June 30, 2008. The court has not scheduled argument on the motions to dismiss, and the motions have remained pending. There has been no substantive communication from, or action by, the Government or the court regarding this litigation since approximately July 2008. Management and legal counsel are unable to express an opinion as to how or when the litigation will be formally concluded.

METRO-ILA FRINGE BENEFIT FUND

Notes to Financial Statements

(8) Multi Employer Pension Plans

The Plan participates in the Metro-ILA Pension Fund (the "Multiemployer Plan"), a defined benefit multiemployer pension Plan which covers its employees. The risks of participating in multiemployer plans are different from pension plans in the following aspects:

- a. Assets contributed to the multiemployer plan by one company may be used to provide benefits to employees of other participating companies.
- b. If a participating company stops contributing to the plan, the unfunded obligation of the plan may be borne by the remaining participating companies.
- c. If the Plan chooses to stop participating in the multiemployer plan, the Plan may be required to pay the multiemployer plan an amount based on the underfunded status of the Plan, referred to as a withdrawal liability.

The Plan's participation in the Multiemployer Plan for the years ended December 31, 2024 and 2023 is outlined in the table below. The "EIN/Pension Plan Number" row provides the Multiemployer Plan's Employee Identification Number ("EIN") and the three-digit plan number. The most recent Pension Protection Act ("PPA") zone status available in 2024 and 2023 is for the Multiemployer Plan's year end at December 31, 2024 and December 31, 2023. The zone status is based on information that the Plan received from the Multiemployer Plan and is certified by the Multiemployer Plan's actuary. Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded, and plans in the green zone are at least 80 percent funded. The "FIP /RP Status Pending/Implemented" row indicates whether a financial improvement plan ("FIP") or a rehabilitation plan ("RP") is either pending or has been implemented. The "Surcharge imposed" row indicates whether a surcharge was imposed by the Multiemployer Plan. The last row lists the expiration date of the collective-bargaining agreement to which the Plan is subject.

<u>Pension Fund</u>	<u>EIN/Pension Plan Number</u>	<u>Pension Protection Act Zone Status</u>		<u>FIP/RP Status Pending/ Implemented</u>	<u>Contributions of the Plan</u>		<u>Surcharge Imposed</u>	<u>Expiration Date of Collective Bargaining Agreement</u>
		<u>2024</u>	<u>2023</u>		<u>2024</u>	<u>2023</u>		
Metro-ILA Pension Fund	13-1939129/001	Green	Green	Yes	\$21,664	\$21,092	No	12/31/24

The Plan also contributes to the Marine Maintenance Staff Pension Fund, a money purchase pension plan for eligible employees. Pension expense for the years ended December 31, 2024 and 2023 amounted to \$86,926 and \$91,223, respectively.

(9) Tax Status

In addition, the Plan and related trust are required to operate in conformity with the IRC to maintain the tax exempt status of the trust. Plan management believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore believes that the related trust is tax-exempt.

US GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

METRO-ILA FRINGE BENEFIT FUND

Notes to Financial Statements

(9) Tax Status (Continued)

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the [identify the taxing authority]. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

(10) Plan Termination

In the event of termination of the Plan, the Trust Agreement requires the Trustees to pay all obligations and apply any remaining surplus to best effectuate the purposes of the Plan. for the exclusive benefit of its participants and beneficiaries.

(11) Risks and Uncertainties

Investment Risk - The Plan 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 that such changes could materially affect the amounts reported in the Statement of Net Assets Available for Benefits.

Actuarial Assumptions - The actuarial present value of accumulated plan benefit obligations are reported 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

(12) Concentrations of Credit Risk

Financial instruments which potentially subject the Plan to concentrations of credit risk are cash, and employers' and reciprocal contributions receivable arising from its normal business activities. The Plan routinely assesses the financial strength of its employers and reciprocals based upon factors surrounding the industry and its geographical locations. A substantial portion of the Plan's income is derived from the employers of the this industry which is in turn dependent upon the stability and environment of the local economy. A downturn in the industry would affect employer contributions. A surety bond is required of certain contractors which reduces the risk of possible losses due to delinquent employer contributions.

(13) Significant Participating Employers

Four employers accounted for approximately 70% and 61% of employers' contribution income for the years ended December 31, 2024 and 2023, respectively and accounted for approximately 56% and 63% of employers' contributions receivable as of December 31 2024 and 2023, respectively.

METRO-ILA FRINGE BENEFIT FUND

Notes to Financial Statements

(14) Reconciliation of Financial Statements to Form 5500

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

	<u>December 31,</u>	
	<u>2024</u>	<u>2023</u>
Net Assets Available for Benefits per the Financial Statements	\$ 81,430,502	\$ 73,234,886
Less: Benefit Obligations Currently Payable	<u>(33,035,715)</u>	<u>(28,500,441)</u>
<u>Net Assets Available for Benefits per the Form 5500</u>	<u>\$ 48,394,787</u>	<u>\$ 44,734,445</u>

The following is a reconciliation of benefits paid to participants per the financial statements to the Form 5500:

	<u>December 31,</u>	
	<u>2024</u>	<u>2023</u>
Benefits Paid to Participants per the Financial Statements	\$ 23,691,546	\$ 25,616,563
Payments to MILA Managed Healthcare Trust Fund	17,859,622	16,924,166
Payroll Taxes on Benefits	<u>2,329,059</u>	<u>2,717,834</u>
Totals	43,880,227	45,258,563
Add: Amounts Currently Payable at December 31, 2024	33,035,715	28,500,441
Less: Amounts Currently Payable at December 31, 2023	<u>(28,500,441)</u>	<u>(30,364,755)</u>
<u>Benefits Paid to Participants per the Form 5500</u>	<u>\$ 48,415,501</u>	<u>\$ 43,394,249</u>

Amounts currently payable to or for participants, dependents, and beneficiaries are recorded on the Form 5500 for benefit claims that have been processed and approved for payment prior to December 31st, but not yet paid as of that date.

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SUPPLEMENTARY INFORMATION

METRO-ILA FRINGE BENEFIT FUND
EIN #13-3050863
PLAN NO. 501 - PLAN YEAR ENDED DECEMBER 31, 2024

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

(a)	(b) <u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	(c) <u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
Interest Bearing Cash:				
	TD Bank Money Market 4315138754	10,733,872	\$ 10,733,872	\$ 10,733,872
	TD Bank Money Market 4327440650	9,423,250	<u>9,423,250</u>	<u>9,423,250</u>
	Total Interest Bearing Cash		<u>20,157,122</u>	<u>20,157,122</u>
Short Term Investments:				
	FDIC Bank Deposit Fund	1,924,683	<u>1,924,683</u>	<u>1,924,683</u>
U.S. Government Securities:				
	FHLMC Super 30 Year Fixed	305,589	04/01/52	303,679
	FHLMC Super 30 Year Fixed	346,104	05/01/52	341,588
	FHLMC Super 30 Year Fixed	401,510	05/01/52	401,729
	FHLMC Super 30 Year Fixed	267,341	09/01/52	255,383
	FHLMC Super 30 Year Fixed	237,767	01/01/54	232,255
	FHLMC Super 30 Year Fixed	208,010	04/01/53	204,687
	FHLMC Super 30 Year Fixed	230,306	07/01/53	231,489
	FHLMC Umbs 30 Year Fixed	125,577	07/01/53	122,119
	FNMA Super Long 30 Year	142,714	12/25/53	141,986
	FNMA Super Long 30 Year	245,184	10/01/53	240,989
	FNMA Umbs Long 30 Year	401,643	06/25/53	392,481
	FNMA Umbs Long 30 Year	599,069	11/25/53	588,656
	FNMA Umbs Long 30 Year	255,747	12/25/53	255,228
	FNMA Umbs Long 30 Year	267,474	04/01/52	267,254
	FNMA Umbs Long 30 Year	465,493	05/01/52	450,038
	FNMA Umbs Long 30 Year	242,277	01/01/54	235,368
	FNMA Umbs Long 30 Year	326,707	09/01/52	315,736
	United States Treasury Notes	610,000	06/30/29	588,711
	United States Treasury Notes	511,000	02/15/33	498,546
	United States Treasury Notes	900,000	08/31/29	906,367
	United States Treasury Notes	383,000	05/31/30	371,287
	United States Treasury Notes	473,000	01/31/29	468,113
	United States Treasury Notes	990,000	02/15/34	974,457
	United States Treasury Notes	1,080,000	11/15/27	1,082,028
	United States Treasury Notes	551,000	06/30/29	551,196
	United States Treasury Notes	1,160,000	07/15/27	1,168,749
	United States Treasury Notes	788,000	04/30/29	798,807
	United States Treasury Notes	763,000	06/15/27	769,647
	United States Treasury Notes	603,000	11/15/26	606,919
	United States Treasury Notes	1,235,000	09/15/27	1,212,282
	United States Treasury Notes	1,442,000	08/15/33	<u>1,387,953</u>
	Total U.S. Government Securities		<u>16,365,727</u>	<u>16,026,129</u>

See Independent Auditors' Report.

METRO-ILA FRINGE BENEFIT FUND
EIN #13-3050863
PLAN NO. 501 - PLAN YEAR ENDED DECEMBER 31, 2024

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

(a)	(b)	(c)			(d)	(e)
	<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>			<u>Cost</u>	<u>Current Value</u>
Corporate and Foreign Bonds:						
	Aon North America Inc.	97,000	5.150%	03/01/29	96,865	97,180
	Apple Inc.	240,000	3.350%	02/09/27	257,623	234,842
	AvalonBay Cmnty Inc Mtn Be	258,000	3.350%	05/15/27	246,614	250,326
	Baker Hughes A Ge Co Li	193,000	3.138%	11/07/29	196,367	178,229
	Bank New York Mellon Corp	336,000	6.317%	10/25/29	361,969	352,813
	Bank of America	362,000	3.824%	01/20/28	387,186	354,777
	Bank of America Corp	163,000	1.734%	07/22/27	146,297	155,397
	Bank of America Corp	263,000	2.299%	07/21/32	241,066	219,341
	Citigroup Inc	251,000	2.572%	06/03/31	258,846	218,713
	Citigroup Inc	133,000	3.980%	03/20/30	117,742	126,831
	Citigroup Inc	105,000	3.070%	02/24/28	98,838	100,984
	CNA Financial Corp	146,000	4.500%	03/01/26	167,211	145,547
	Consolidated Edison Co NY	108,000	3.350%	04/01/30	110,858	100,477
	Duke Energy Carolinas LLC	240,000	2.950%	12/01/26	260,225	233,033
	Entergy LA LLC	246,000	5.150%	09/15/34	245,481	241,656
	Entergy Louisiana LLC	115,000	2.400%	10/01/26	114,499	110,985
	Enterprise Products Operation	253,000	4.850%	01/31/34	246,635	244,798
	Exxon Mobil Corporation	245,000	3.043%	03/01/26	257,360	241,180
	Florida Pwr & Lt Co	255,000	0.044%	05/15/28	254,832	252,332
	Goldman Sachs Group Inc	190,000	1.948%	10/21/27	169,757	180,254
	Goldman Sachs Group Inc	230,000	3.102%	02/24/33	207,605	198,217
	Goldman Sachs Group Inc	180,000	3.814%	04/23/29	170,201	173,379
	Home Depot Inc	240,000	3.350%	09/15/25	253,533	238,066
	Intercontinental Exchange	53,000	3.750%	12/01/25	60,966	52,609
	John Deere Capital Corp	245,000	2.650%	06/10/26	255,003	238,953
	JP Morgan Chase & Co	235,000	1.045%	11/19/26	229,738	227,494
	JP Morgan Chase Bank Na	121,000	4.203%	07/23/29	134,514	117,841
	JP Morgan Chase Bank Na	109,000	3.540%	05/01/28	103,704	105,899
	Kimberly-Clark Corp	122,000	2.750%	02/15/26	114,152	119,618
	Merck & Co Inc	251,000	2.150%	12/10/31	220,870	210,028
	Meta Platforms Inc	257,000	3.500%	08/15/27	246,748	251,139
	New Jersey St Tpk Auth Tpk	205,000	1.047%	01/01/26	205,000	197,731
	Philip Morris Intl Inc	120,000	3.375%	08/11/25	131,056	119,131
	Primerica Inc	121,000	2.800%	11/19/31	120,456	103,235
	Rutgers St Univ NJ	180,000	2.349%	05/01/25	181,193	178,803
	San Antonio Tex Arpt Sys Rev	160,000	2.736%	07/01/27	160,496	150,477
	San Diego G & E	170,000	2.500%	05/15/26	169,468	165,325
	Schlumberger Finance	141,000	1.400%	09/17/25	140,831	137,772
	Simon Ppty Group LP	132,000	3.375%	06/15/27	130,082	128,178
	South Dakota St Health Edl	175,000	2.591%	07/01/25	175,000	173,182
	Southern Calif Edison Co	125,000	3.700%	08/01/25	124,733	124,164
	State Street Corp	195,084	3.152%	03/30/31	195,084	199,745
	State Street Corp	138,114	4.421%	05/13/33	138,114	130,368
	Toronto Dominion	77,000	5.146%	09/10/34	77,000	75,291

See Independent Auditors' Report.

METRO-ILA FRINGE BENEFIT FUND
EIN #13-3050863
PLAN NO. 501 - PLAN YEAR ENDED DECEMBER 31, 2024

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

(a)	(b)	(c)	(d)	(e)
	<u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	<u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	<u>Cost</u>	<u>Current Value</u>
	Toronto Dominion Bank	560,000 4.693% 09/15/27	552,815	558,948
	Truist Finl Corp	140,000 7.161% 10/30/29	148,630	149,543
	U S Bancorp Mtns Bk Ent	240,000 3.000% 07/30/29	239,978	219,475
	US Bancorp	85,164 5.836% 06/12/34	85,164	86,570
	Wells Fargo & Co	126,000 4.808% 07/25/28	124,347	125,554
	Wells Fargo & Co	149,077 5.574% 07/25/29	149,077	150,244
	Total Corporate and Foreign Bonds		9,481,829	9,146,674
	Common Stock:			
	3M Co	1,165	156,440	150,390
	Accenture Plc Cl A	224	71,390	78,801
	Allegion PLC	145	18,327	18,949
	Allstate Corp	298	53,894	57,451
	Analog Devices Inc	463	82,363	98,369
	Archer Daniels Midland Co	1,303	81,307	65,827
	Avery Dennison Corp	66	14,592	12,351
	Bank America Corp	6,757	215,555	296,970
	Baxter Intl Inc	812	29,295	23,678
	Becton Dickinson & Co	564	131,063	127,955
	Berkley W R Corp	1,099	59,157	64,313
	Best Buy Company Inc	672	51,970	57,658
	Bristol Myers Squibb Co	3,650	212,992	206,444
	Broadridge Finl Solutions Inc	84	18,790	18,992
	Brown Forman Corp Cl B	340	14,990	12,913
	Bunge Global Sa	236	22,885	18,351
	C S X Corp	1,933	68,221	62,378
	Campbell Soup Co	516	25,198	21,610
	Caterpillar Inc	798	197,937	289,482
	CBOE Holdings Inc	86	15,052	16,804
	Cf Industries Holdings Inc	297	23,131	25,340
	Chevron Corporation	2,186	361,845	316,620
	Chubb Ltd	172	44,901	47,524
	Cincinnati Fincl Corp	468	54,803	67,252
	Cisco Sys Inc	2,742	138,508	162,326
	Citigroup Inc	3,179	210,122	223,770
	Cognizant Technology Solutions Corp	1,225	79,612	94,203
	Colgate Palmolive Co	400	40,753	36,364
	Conagra Foods Inc	807	27,558	22,394
	ConocoPhillips	2,097	229,170	208,000
	Coterra Energy Inc	2,286	62,328	58,384
	CRH Plc	717	62,148	66,337
	Cummins Inc	345	89,858	120,267
	Deere & Co	459	181,916	194,478
	Devon Energy Corporation New	434	18,141	14,205

See Independent Auditors' Report.

METRO-ILA FRINGE BENEFIT FUND
EIN #13-3050863
PLAN NO. 501 - PLAN YEAR ENDED DECEMBER 31, 2024

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

(a)	(b) <u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	(c) <u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	Dick's Sporting Goods Inc	257	51,335	58,812
	East West Bancorp Inc	231	16,634	22,121
	eBay Inc	1,391	72,399	86,172
	Elevance Health Inc	97	47,790	35,783
	Emerson Electric Co	578	65,279	71,632
	Eog Res Inc	566	73,414	69,380
	Everest Re Group Limited	96	34,319	34,796
	Expand Energy Corporation Com	227	19,858	22,598
	Exxon Mobil Corp	2,899	337,704	311,845
	Fedex Corp	483	118,474	135,882
	Ferguson Enterprises Inc	123	24,879	21,349
	Fifth Third Bancorp	1,842	66,110	77,880
	Fox Corp	746	22,749	36,241
	General MIs Inc	1,430	94,533	91,191
	Genuine Parts Co	423	54,585	49,389
	Gilead Sciences Inc	2,321	159,926	214,391
	Halliburton Co	2,265	79,905	61,585
	Hartford Finl Svccs Group Inc	768	61,758	84,019
	Hess Corporation	185	25,439	24,607
	Hf Sinclair Corporation	343	19,790	12,022
	Home Depot Inc	246	89,424	95,692
	Honeywell Intl Inc	788	162,866	178,001
	Humana Inc	73	19,252	18,521
	Huntington Bancshares Inc	4,196	51,079	68,269
	Huntington Ingalls Industries	67	18,223	12,661
	International Paper Co	580	20,448	31,216
	Interpublic Group Cos Inc	623	18,863	17,456
	Johnson & Johnson	2,290	364,643	331,180
	JP Morgan Chase & Co	1,652	244,084	396,001
	Kenvue Inc Com	2,345	45,047	50,066
	Kimberly Clark Corp	569	71,789	74,562
	Kraft Heinz Co	2,806	106,165	86,172
	LabCorp Holdings Inc	133	28,646	30,500
	Las Vegas Sands	949	44,757	48,741
	Lennar Corp	165	26,982	22,501
	Lkq Corp	421	20,259	15,472
	Lockheed Martin Corp	406	166,249	197,292
	Marathon Petroleum Corp	776	83,805	108,252
	Masco Corp	512	37,687	37,156
	Medtronic Plc	2,216	209,389	177,014
	Merck & Co Inc	810	90,170	80,579
	Microchip Technology Inc	877	68,089	50,296
	Molson Coors-B	339	21,658	19,431
	Mondelez International Inc	1,246	85,320	74,424
	Mosaic Co/The	593	18,125	14,576
	Nucor Corp	291	46,473	33,963

See Independent Auditors' Report.

METRO-ILA FRINGE BENEFIT FUND
EIN #13-3050863
PLAN NO. 501 - PLAN YEAR ENDED DECEMBER 31, 2024

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

(a)	(b) <u>Identity of Issue, Borrower, Lessor, or Similar Party</u>	(c) <u>Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	Occidental Pete Corp	1,016	57,341	50,201
	Omnicom Group	631	51,323	54,291
	Ovintiv Inc	437	22,731	17,699
	Paccar Inc	1,041	120,336	108,284
	Penske Auto Group	120	18,042	18,293
	Permian Resources Corp	1,308	22,997	18,809
	Phillips 66	855	105,418	97,410
	PNC Financial Services Group	576	85,036	111,082
	PPG Industries Inc	611	82,854	72,984
	Quest Diagnostics Inc	284	37,648	42,844
	Ralph Lauren Corporation	110	17,589	25,408
	Raytheon Technologies Corp	2,081	210,171	240,813
	Reliance Steel & Aluminum Co	46	13,963	12,386
	Rockwell Automation, Inc	75	20,704	21,434
	Royalty Pharma Plc	890	24,640	22,704
	Schlumberger Ltd	2,821	143,136	108,157
	Skyworks Solutions Inc	365	40,349	32,368
	Smith A O Corp	263	22,713	17,939
	Smurfit Westrock Plc Shs	1,210	52,474	65,171
	Snap On Inc	80	22,734	27,158
	SS&C Technologies Holdings	574	35,245	43,498
	Steel Dynamics Inc	230	30,523	26,236
	Sysco Corp	1,223	94,076	93,510
	Tapestry Inc	408	16,531	26,655
	The Hershey Company	495	90,289	83,828
	Travelers Companies Inc	517	84,625	124,540
	Truist Finl Corp	2,845	98,650	123,416
	UnitedHealth Group Inc	545	264,655	275,694
	US Bancorp New	2,983	147,933	142,677
	Valero Energy Corp	696	102,473	85,323
	Viatis Inc	1,996	22,247	24,850
	Wells Fargo & Co New	4,523	211,619	317,695
	Westlake Chemical	201	29,274	23,045
	Williams-Sonoma Inc	396	54,051	73,331
	Total Common Stock		<u>9,226,974</u>	<u>9,778,572</u>
	Exchange Traded Funds:			
	Invesco S&P 500 Equal Weight ETF	61,249	<u>8,487,841</u>	<u>10,732,688</u>
	Total Assets Held		<u>\$ 65,644,176</u>	<u>\$ 67,765,868</u>

See Independent Auditors' Report.

METRO-ILA FRINGE BENEFIT FUND
EIN #13-3050863
PLAN NO. 501 - PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H, Line 4j - Schedule of Reportable Transactions

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Expense Incurred with Transaction</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain or (Loss)</u>
FDIC Bank Deposit Fund		\$ 4,692,764	\$ --	\$ --	\$ 100	\$ 4,692,764	--
FDIC Bank Deposit Fund		--	4,520,532	--	100	4,520,532	--

See Independent Auditors' Report.

**ANNUAL REPORT OF THE METRO-ILA PENSION FUND,
THE METRO-ILA FRINGE BENEFIT FUND AND THE METRO-ILA INDIVIDUAL
ACCOUNT RETIREMENT FUND TO THE SECRETARY OF THE UNITED STATES
DEPARTMENT OF LABOR REGARDING OUTSTANDING EMPLOYER
CONTRIBUTIONS DUE THE FUNDS**

This report has been prepared by the attorneys for the Metro-ILA Pension, Fringe Benefit and Individual Account Retirement Funds pursuant to the Settlement Agreement and Consent Order in the action entitled Martin v. Guido et al., U.S. District Court, Southern District of New York, 89 Civ. 4953 (JFK). That agreement was approved by the Court and entered in the office of the Clerk of the U.S. District Court, Southern District of New York, on August 27, 1992. The agreement finally settled an action instituted by the Secretary of the U.S. Department of Labor against certain former Trustees of the Funds for alleged non-compliance with the requirements of ERISA regarding the collection of past due contributions to the Funds. The Funds were joined as parties pursuant to Rule 19 of the Federal Rules of Civil Procedure in order to afford complete relief among the parties. No allegations of wrongdoing were made against the Funds themselves.

Paragraph 6 of the Settlement Agreement provides as follows:

"The Settling Defendants, and/or their successors in office, title, or interest, shall cause to be included in the financial statements attached to and submitted with the Form 5500 annual reports filed by the respective Funds a statement which shall accurately reflect the status of all delinquent contributions from employers and all actions, including demand, arbitration, and litigation, undertaken to collect the amounts due."

Counsel attaches to this report a copy of the Collection Rules for the Metro-ILA Funds, which were originally adopted at a meeting of all Fund Trustees on March 20, 1991, and amended on January 1, 1994. The rules set forth the procedures and the timetables which the Trustees of the Funds and the parties to the MMMCA-ILA Collective Bargaining Agreements have implemented to seek collection of past due balances. The Collection Rules are still in full force and effect.

Prior to the adoption of the Collection Rules, the labor-management negotiators amended the MMMCA-ILA Collective Bargaining Agreements as of January 1, 1991, to provide for in-house arbitration by labor and management representatives in cases where an employer has failed to pay monies due the Funds after receiving the notice required under the Collection Rules. It was determined to use the arbitration procedure as appropriate under the particular circumstances present because of the substantial delays often experienced by the Funds in seeking to collect monies through the Courts. The arbitration procedures contained in the Collective Bargaining Agreements remain in full force and effect. The Trustees retain the right to sue in Federal Court or exercise any other rights they have under ERISA or at common law to recover contributions due the Funds.

On February 28, 1994, the Metro-ILA Clinic Fund was merged into the Metro-ILA Welfare Fund, with the Welfare Fund assuming all the assets and liabilities of the Clinic

Fund. Thus, this report contains no reference to the Clinic Fund since any amounts owed the Clinic Fund have been included in the accounts receivable of the Welfare Fund.

On January 1, 1997, the parties to the MMMCA-ILA collective bargaining agreements caused to be created a new benefit fund, the Metro-ILA Individual Account Retirement Fund, which is covered by this report.

On January 1, 2001, the Metro-ILA Welfare Fund was merged into the Metro-ILA Fringe Benefit Fund, with the Fringe Benefit Fund assuming all the assets and liabilities of the Welfare Fund. Thus, this report contains no further reference to the Welfare Fund since any amounts owed the Welfare Fund have been included in the accounts receivable of the Fringe Benefit Fund.

In accordance with paragraph 6 of the Settlement Agreement, Fund counsel submit the following summary of delinquent accounts, i.e., accounts more than thirty (30) days past due, together with actions taken by the Trustees to collect the sums due. The information provided in the summary is as of October 9, 2025 and is attached to the Forms 5500 being filed on behalf of the Metro-ILA Pension, Fringe Benefit and Individual Account Retirement Funds. Please note that counsel have included herein only outstanding balances due that are more than \$1,000.

As of October 9, 2025, there are no current delinquent contribution amounts due the Funds of principal or interest.

Respectfully submitted,

GIBLIN & LYNCH LLC

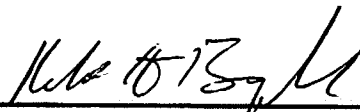


THOMAS J. GIBLIN, ESQ.

**Attorney for the Metro-ILA Pension Fund,
the Metro-ILA Individual Account
Retirement Fund
and the Metro-ILA Fringe Benefit Fund
141 Dayton Street, Suite 203
Ridgewood, NJ 07450
(201) 670-3510**

October 9, 2025

October 9, 2025



ROBERT H. BOGUCKI, P.C.
Attorney for the Metro-ILA Pension
Fund and the Metro-ILA Individual
Account Retirement Fund
1225 Franklin Ave, Suite 325
Garden City, NY 11530
(516) 984-5205

**COLLECTION RULES FOR THE METRO-ILA FUNDS
ADOPTED AT A MEETING OF THE TRUSTEES
OF ALL THE FUNDS ON MARCH 20, 1991
AS AMENDED ON JANUARY 1, 1994**

1. Contributions due the Funds shall be paid by the employer on or before the "due date". The "due date" shall be defined as the forty-fifth (45th) day of the month following the month in which hours for which contributions are due were worked by the employer's employee-participants. If contributions are received after the due date, the funds shall charge interest at the rate of one (1%) percent per month on the unpaid principal balance in accordance with §11.05(a) of the Fringe Benefit Fund Trust Agreement dated January 1, 1981.

2. In the event that an employer has failed to pay its contributions by the thirtieth (30th) day after the due date, the Funds shall:

- a. Notify the Union and the Association in writing of the employer's default;
- b. Make written demand from the employer by Certified Mail, Return Receipt Requested, for all outstanding contributions plus interest; and
- c. Continue to impose interest from the date due on the unpaid principal balance of contributions due at the rate of one (1%) percent per month.

3. If the contributions due are not paid by the forty-fifth (45th) day after the due date, the Association, the Union, or the Trustees of any of the Funds may refer the matter to arbitration as provided by the applicable MHLCA-ILA collective bargaining agreement. The Association or the Trustees also reserve the right to commence an action in a court of appropriate jurisdiction to recover the contributions due, plus interest, attorneys' fees, costs, liquidated damages, and equitable relief. In the event that contributions have not been paid by an employer by the seventy-fifth (75th) day after the due date, the Trustees shall be required to refer the matter to arbitration as provided in this paragraph.

4. Fund counsel are authorized to participate in settlement negotiations with a delinquent employer. Any agreement between counsel and the employer must be in writing and must be approved by the Trustees prior to execution of the settlement agreement.

Form 5500 <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	<small>OMB Nos. 1210 - 0110 1210 - 0089</small> 2024 This Form is Open to Public Inspection
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Part I Annual Report Identification Information

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

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

B This return/report is: a single-employer plan the first return/report a DFE (specify) _____
 an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description) _____

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

Part II Basic Plan Information - enter all requested information

1a Name of plan METRO - ILA FRINGE BENEFIT FUND	1b Three-digit plan number (PN) ▶	501
	1c Effective date of plan	01/01/1981
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) METRO - ILA FRINGE BENEFIT FUND 301 ROUTE 17 NORTH, 7TH FLOOR RUTHERFORD NJ 07070	2b Employer Identification Number (EIN) **-***0863	
	2c Plan Sponsor's telephone number	201-842-0202
	2d Business code (see instructions)	488300

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		<u>10/14/2025</u>	JOSEPH RAGUSA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>10/15/25</u>	MICHAEL VIGNERON
	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

METRO-ILA FRINGE BENEFIT FUND
EIN #13-3050863
PLAN NO. 501 - PLAN YEAR ENDED DECEMBER 31, 2024

Schedule H, Line 4j - Schedule of Reportable Transactions

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Expense Incurred with Transaction</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain or (Loss)</u>
FDIC Bank Deposit Fund		\$ 4,692,764	\$ --	\$ --	\$ 100	\$ 4,692,764	--
FDIC Bank Deposit Fund		--	4,520,532	--	100	4,520,532	--

See Independent Auditors' Report.