

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: METRO ILA PENSION FUND
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1956
2a Plan sponsor's name: BOARD OF TRUSTEES METRO ILA PENSION FUND
2b Employer Identification Number (EIN): 13-1939129
2c Plan Sponsor's telephone number: 201-842-0202
2d Business code: 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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include Joseph Ragusa (plan administrator) and Michael Vigneron (employer/plan sponsor).

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

Form 5500 (2024) v. 240311

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	2514
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)	1020
	6a(2)	1032
	6b	828
	6c	342
	6d	2202
	6e	305
	6f	2507
	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	24

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

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

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

A Name of plan <u>METRO ILA PENSION FUND</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BOARD OF TRUSTEES METRO ILA PENSION FUND</u>	D Employer Identification Number (EIN) <u>13-1939129</u>

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

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

b Assets	
(1) Current value of assets	1b(1) <u>343378219</u>
(2) Actuarial value of assets for funding standard account	1b(2) <u>343378219</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>362291350</u>
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) <u>362291350</u>
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) <u>604967573</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) <u>12208873</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) <u>29447731</u>
(3) Expected plan disbursements for the plan year	1d(3) <u>28434023</u>

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

SIGN HERE <u>KENT ZUMBACH</u> Type or print name of actuary <u>HORIZON ACTUARIAL SERVICES, LLC</u> Firm name <u>8601 GEORGIA AVENUE, SUITE 905</u> <u>SILVER SPRING, MD 20910</u> Address of the firm	<u>10/13/2025</u> Date <u>23-05732</u> Most recent enrollment number <u>240-247-4600</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	343378219
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1138	334841399
(2) For terminated vested participants	356	38401843
(3) For active participants:		
(a) Non-vested benefits		36339442
(b) Vested benefits		195384889
(c) Total active	1020	231724331
(4) Total	2514	604967573
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	56.76 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
	16946736					
			Totals ▶	3(b)	16946736	
(d) Total withdrawal liability amounts included in line 3(b) total					3(c)	
					3(d)	0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	94.8 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

- a** Attained age normal
- b** Entry age normal
- c** Accrued benefit (unit credit)
- d** Aggregate
- e** Frozen initial liability
- f** Individual level premium
- g** Individual aggregate
- h** Shortfall
- i** Other (specify):

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	9 9
(2) Females	6c(2)	9F 9F
d Valuation liability interest rate	6d	7.00 % 7.00 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.25 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	13.3 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	13.3 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	935000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-19624103	-2013665

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	5735027

c Amortization charges as of valuation date:

- (1) All bases except funding waivers and certain bases for which the amortization period has been extended
- (2) Funding waivers
- (3) Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	163949089	23138827
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....

9d	2021170
9e	30895024

e Total charges. Add lines 9a through 9d.....
Credits to funding standard account:

- f** Prior year credit balance, if any.....
- g** Employer contributions. Total from column (b) of line 3.....

9f	75355187
9g	16946736

h Amortization credits as of valuation date.....

	Outstanding balance	
9h	69680771	10391777

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h

9i	6595423
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j Full funding limitation (FFL) and credits:

- (1) ERISA FFL (accrued liability FFL).....
- (2) "RPA '94" override (90% current liability FFL)
- (3) FFL credit

9j(1)	107003579
9j(2)	209239699
9j(3)	

- k (1)** Waived funding deficiency
- (2)** Other credits

9k(1)	
9k(2)	

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)

9l	109289123
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m Credit balance: If line 9l is greater than line 9e, enter the difference

9m	78394099
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference

9n	
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o Current year's accumulated reconciliation account:

- (1) Due to waived funding deficiency accumulated prior to the current plan year.....
- (2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:
 - (a) Reconciliation outstanding balance as of valuation date
 - (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....
- (3) Total as of valuation date.....

9o(1)	
9o(2)(a)	
9o(2)(b)	
9o(3)	

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....

10	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions

Yes No

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

A Name of plan METRO ILA PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES METRO ILA PENSION FUND	D Employer Identification Number (EIN) 13-1939129	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MORGAN STANLEY GLOBAL BANK

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 51 63 71 72	MANAGER - REL'D PLAN	518728	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)

BLACKROCK INVESTMENT MANAGER

20-5319476

(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	NONE	349810	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)

SAGE ADVISORY SERVICE

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	MANAGER - REL'D PLAN	166540	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)

JEROME BRANCATO

13-1939129

(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 - REL'D PLANS	131296	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 - REL'D PLAN	100463	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 & 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	CONSULTANT - REL'D PLANS	77000	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)

WEAVER & TIDWELL

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 - REL'D ORG.	52500	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)

GEORGE L BUENO

13-1939129

(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 - REL'D PLANS	45708	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, PC

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	CONSUL - REL'D ORG.	39143	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

13-1939129

(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 - REL'D PLANS	35924	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)

TRACEY BIONDI

13-1939129

(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 - REL'D PLANS	28066	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

13-1578842

(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 - REL'D PLANS	27281	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

13-1939129

(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 - REL'D PLANS	26663	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

13-1939129

(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 - REL'D PLANS	26273	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE NORTHERN TRUST COMPANY

36-2723087

(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	NONE	21817	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 50	CONSULTANT - REL'D PLANS	14844	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)

BARKSDALE INVESTMENT MANAGER

62-1217255

(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	NONE	11281	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
AUTOMATIC DATA PROCESSING INC 13-3036745	2 JOURNAL SQUARE JERSEY CITY, NJ 07306 15 50	PROVIDER RECEIVED TOTAL PAYMENTS OF \$48,668 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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>METRO ILA PENSION FUND</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES METRO ILA PENSION FUND</u>	D Employer Identification Number (EIN) <u>13-1939129</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>BONY AFL CIO S&P 500 INDEX</u>		
b Name of sponsor of entity listed in (a):	<u>BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-340</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>39752125</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>CTF EAFE INDEX FUND</u>		
b Name of sponsor of entity listed in (a):	<u>BLACKROCK</u>		
c EIN-PN <u>20-5519476-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>22557248</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan METRO ILA PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES METRO ILA PENSION FUND	D Employer Identification Number (EIN) 13-1939129

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2720609	2767533
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3106956	3351166
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5605164	3597613
(2) U.S. Government securities	1c(2)	72108283	67599634
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	46042359	53631172
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	80485408	75956598
(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)	53501360	62309373
(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)	80166858	97090839
(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	58834	46236
f Total assets (add all amounts in lines 1a through 1e).....	1f	343795831	366350164
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	90708	322994
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	206891	300261
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	297599	623255
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	343498232	365726909

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)	16946736	
(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)		16946736
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	288540	
(B) U.S. Government securities.....	2b(1)(B)	2536553	
(C) Corporate debt instruments.....	2b(1)(C)	2198578	
(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)		5023671
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	1071155	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2343183	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3414338
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	127179507	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	122725824	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		4453683
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	5704865	
(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)	8808012
(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)	5922708
c Other income	2c	31438
d Total income. Add all income amounts in column (b) and enter total.....	2d	50305451

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	25723194
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other.....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	25723194
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)	341217
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	52500
(5) Investment advisory and investment management fees	2i(5)	1270110
(6) Bank or trust company trustee/custodial fees	2i(6)	122280
(7) Actuarial fees	2i(7)	77000
(8) Legal fees	2i(8)	42386
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses.....	2i(11)	448087
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	2353580
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	28076774

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	22228677
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		500000
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 592566.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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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 PENSION FUND	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES METRO ILA PENSION FUND	D Employer Identification Number (EIN) 13-1939129	

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **APEXEL LLC C/O MAHER TERM**

b EIN **20-5929596**

c Dollar amount contributed by employer

3297176

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2024**

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

(1) Contribution rate (in dollars and cents) **6.00**

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

a Name of contributing employer **PORT NEWARK MAINTENANCE & REPAIR, L**

b EIN **84-1723883**

c Dollar amount contributed by employer

3196870

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2024**

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

(1) Contribution rate (in dollars and cents) **6.00**

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

a Name of contributing employer **A G SHIP MAINTENANCE CORP**

b EIN **11-2386806**

c Dollar amount contributed by employer

2171675

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2024**

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

(1) Contribution rate (in dollars and cents) **6.00**

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

a Name of contributing employer **AMERICAN MARITIME OF NY, INC**

b EIN **11-3021412**

c Dollar amount contributed by employer

1822307

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2024**

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

(1) Contribution rate (in dollars and cents) **6.00**

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

a Name of contributing employer **PORT SECURING & MAINTENANCE**

b EIN **84-1723880**

c Dollar amount contributed by employer

1648835

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2024**

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

(1) Contribution rate (in dollars and cents) **6.00**

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

a Name of contributing employer **COLUMBIA CONTAINER SERVICE**

b EIN **20-0015557**

c Dollar amount contributed by employer

1429730

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2024**

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

(1) Contribution rate (in dollars and cents) **6.00**

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer ISLAND SECURING & MAINTENANCE

b EIN 13-3856254 **c** Dollar amount contributed by employer 1114005

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2024

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

(1) Contribution rate (in dollars and cents) 6.00

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

a Name of contributing employer AMERICAN MARITIME OF NY

b EIN 11-2579099 **c** Dollar amount contributed by employer 958070

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2024

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

(1) Contribution rate (in dollars and cents) 6.00

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

a Name of contributing employer AMERICAN MARITIME OF NJ

b EIN 22-3127267 **c** Dollar amount contributed by employer 358260

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2024

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

(1) Contribution rate (in dollars and cents) 6.00

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

a Name of contributing employer ZPMC NA EAST COAST INC.

b EIN 61-1764523 **c** Dollar amount contributed by employer 183463

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 31 Year 2024

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

(1) Contribution rate (in dollars and cents) 6.00

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	46
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	32
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	34

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

a The corresponding number for the plan year immediately preceding the current plan year.....	15a	1.44
b The corresponding number for the second preceding plan year.....	15b	1.35

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 63.8 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 36.2 %
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % Other: 0.0 %

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

INDEPENDENT AUDITORS' REPORT

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

Opinion on the 2024 Financial Statements

We have audited the accompanying financial statements of Metro-ILA Pension Fund (the Plan), on 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 December 31, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, information regarding the net assets available for benefits of the Plan as of December 31, 2024, and the changes in its net assets available for benefits for the year ended December 31, 2024, 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 Pension Fund as of and for the year ended December 31, 2023, were audited by other auditors whose report dated October 15, 2024, expressed an unmodified opinion on those financial 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 Pension 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 Pension 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 Pension 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.

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

Schedule MB, Line 6 - Summary of Plan Provisions

Plan Name	Metro ILA Pension Fund Pension Plan
Plan Sponsor	Board of Trustees of Metro ILA Pension Fund
EIN / PN	13-1939129/001
Effective Date	January 1, 1956 (as we understand the Plan to be in effect as of January 1, 2024).
Plan Year	The twelve-month period beginning January 1 and ending December 31.
Employers	A participating Employer is any member of the Association, or any other Employer, who is obligated by a collective bargaining agreement with the Union to contribute to the Pension Fund on behalf of employees engaged in general ship maintenance work, the container and chassis maintenance and repair work industry, the contract cargo repair industry, the weighing of raw sugar and rubber or chassis manufacturing work
Covered Employment	Employment for which contributions are required to be made to the Plan on behalf of a participant.
Participation	Immediate.
Pension Service	<p>After 1975, one year of Pension Service for each Plan Year in which the employee works at least 700 hours; proportional credit for less than 700 hours (a full year if 700 hours or more has been the average); at least 400 hours must be earned in the Plan Year before any pension service is credited for the year.</p> <p>An employee who first completes an hour of service after 12/31/1996 and before 1/1/2005 starts earning pension service as of 1/1/2005. However, if such employee completes an hour of service on or after 1/1/2013 any previously excluded service for the period 1/1/1997 to 12/31/2004 shall be restored.</p>



Schedule MB, Line 6 - Summary of Plan Provisions

Vesting Service After 1975, one year for each year in which at least 400 hours of Pension Service and/or related service is earned.

Vesting A Participant's benefits become 100% vested upon earning 5 Years of Vesting Service.

Break-In-Service Completion of less than 400 Hours of Service in a Plan Year, except in cases of an excused absence due to maternity, paternity, military service, short term disability, and other events described in the Plan document.

Any non-vested benefits will be lost after five consecutive Break-in-Service years.

Normal Retirement Age Age 62 or, if later, the fifth anniversary of participation in the Plan.

Normal Pension *Eligibility:*
Attainment of age 62 with 5 years of participation.

Amount of Benefit:
\$110 per month for each year of Pension Service.

Early Pension *Eligibility:*
Attainment of age 60 and 20 or more years of Pension Service.

Amount of Benefit:
Normal pension accrued reduced by ½ of 1% for each month that retirement age is less than 62.

Disability Pension *Eligibility:*
Attainment of age 45 and 15 or more years of Pension Service. Must be at work in the industry at the time of disability.

Amount of Benefit:
\$110 per month for each year of Pension Service.



Schedule MB, Line 6 - Summary of Plan Provisions

Supplemental Pension A retirement window plan amendment was adopted on December 12, 2018 to provide for supplements to the benefit rates for participants who retire from active service between June 1, 2019 and December 31, 2024 as follows:

Retirement Date	Amount of Supplement	
	Less than 25 years of Pension Service	At least 25 years of Pension Service
6/1/2019 – 12/31/2019	\$40	\$70
1/1/2020 – 5/31/2022	\$0	\$30
6/1/2022 – 12/31/2022	\$50	\$80
1/1/2023 – 12/31/2024	\$0	\$30

Vested Pension

Eligibility:

Five or more years of vesting service.

Amount of Benefit:

Normal pension accrued, payable unreduced at Normal Retirement Age.

**Pre-Retirement
Survivor Pension**

Eligibility:

Five or more years of vesting service

Amount of Benefit:

50% of the benefit such employee would have received had he separated from service on the date of death (or date of separation from service, if earlier) and elected the 50% joint and survivor option. Payment is deferred until the date the participant would have reached earliest retirement age if the participant dies before earliest retirement age, otherwise, payable immediately.

**Lump Sum Death
Benefit
(Post-Retirement)**

Eligibility:

Must be receiving a pension (other than as a surviving spouse).

Amount of Benefit:

\$10,000 lump sum.



Schedule MB, Line 6 - Summary of Plan Provisions

*Normal Form of
Payment*

Single Participants:

Single life annuity

Married Participants:

Actuarially reduced 50% Joint and Survivor Annuity with Pop-up

*Changes in Plan
Provisions Since Last
Actuarial Valuation*

No changes.



METRO-ILA PENSION FUND
EIN #13-1939129
PLAN NO. 001 - 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:				
	Money Market Account 43524	755,455	\$ 755,455	\$ 755,455
	Checking Account Operating	488,395	<u>488,395</u>	<u>488,395</u>
	Total Interest Bearing Cash		<u>1,243,850</u>	<u>1,243,850</u>
Short Term Investments:				
	Cash Equivalents	2,353,763	<u>2,353,763</u>	<u>2,353,763</u>
Common Stock:				
	Acuity Brands (Holdigs Co) Inc	442	117,617	129,121
	Advanced Micro Devices Inc	7,974	970,409	963,179
	Air Prods & Chems Inc	4,877	1,278,248	1,414,525
	Allegion PLC (Ireland)	615	76,512	80,368
	Alphabet Inc Cl A	11,099	817,639	2,101,041
	Alphabet Inc Cl C	1,923	262,104	366,216
	Amazon Com Inc	18,260	2,234,463	4,006,061
	American Electric Power Inc	2,722	212,699	251,050
	American International Group	4,247	301,329	309,182
	Apple Computer Inc	11,926	1,360,664	2,986,509
	Aptiv Plc	7,393	608,048	447,129
	Assurant Inc	688	114,749	146,695
	Avantor Inc	30,222	796,680	636,778
	Avnet Inc	4,519	214,177	236,434
	Barrick Gold Corp	2,107	35,260	32,659
	Baxter Intl Inc	11,129	425,781	324,522
	Bayer A Gadrmodel	12,228	140,108	61,140
	Berkshire Hathaway Inc-Cl B	4,864	1,608,977	2,204,754
	BP Amoco Plc	17,094	549,678	505,299
	British Amern Tob Plc Spns Adr	4,497	141,511	163,331
	Broadcom Inc	5,839	1,046,711	1,353,714
	Cannae Hldgs Inc	10,344	206,228	205,432
	Cardinal Health Inc	15,601	1,515,883	1,845,130
	Carlyle Group Inc	2,363	77,246	119,308
	Cheniere Energy Inc	1,281	208,008	275,248
	Ciena Corp	23,713	1,159,151	2,011,100
	Citigroup Inc	1,080	71,333	76,021
	Citizens Financial Group	1,961	51,869	85,813
	CNH Industrial NV	6,877	81,422	77,916
	Cognizant Technology Solutions Corp	20,186	1,264,988	1,552,303
	Comcast Corp-Cl A	23,984	1,003,407	900,120
	Conocophillips	6,717	595,301	666,125
	Constellation Brands Inc	705	163,859	155,805
	Corteva Inc	19,349	748,906	1,102,119
	Crown Castle Intl Corp New	10,626	1,071,634	964,416
	Crown Holdings Inc	2,428	209,798	200,771
	CVS Caremark Corp	4,595	265,401	206,270

See Independent Auditors' Report.

METRO-ILA PENSION FUND
EIN #13-1939129
PLAN NO. 001 - 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>
	Diageo Plc Adr	3,997	598,042	508,139
	Discover Finl Svcs	7,521	1,050,974	1,302,863
	Dollar General Corp	1,130	162,932	85,677
	Dollar Tree Inc	12,935	1,389,595	969,349
	Dominion Res Inc Va New	3,399	191,832	183,070
	Dun & Bradstreet Hlds Inc	53,121	585,062	661,888
	Edison International	1,785	122,541	142,514
	Electronic Arts	8,077	1,127,975	1,181,665
	Elevance Health Inc	1,679	713,751	619,383
	Entergy Corp	5,296	259,972	401,543
	Exelon Corp	6,689	266,187	251,774
	Fidelity Natl Information Svcs	4,103	276,344	331,399
	First Citizens BCSHS-CL A	210	227,398	443,734
	Flextronics Intl Ltd	1,471	50,021	56,472
	FNF Group	17,963	737,539	1,008,443
	Fortive Corp	11,006	794,649	825,450
	Fortrea Holdings Inc	1,784	48,729	33,272
	Fox Corp	1,652	52,959	80,254
	Fulgent Genetics Inc	1,841	38,340	34,003
	General Motors Co.	4,753	182,433	253,192
	Global Pmts Inc	971	110,956	108,810
	Hasbro Inc	1,929	108,876	107,850
	Henkel Kgaa	9,044	174,189	173,283
	Hess Corporation	804	110,697	106,940
	Honeywell Intl Inc	6,599	1,441,966	1,490,648
	HP Inc	9,625	342,887	314,064
	Humana Inc	3,163	1,153,052	802,485
	Icon PLC (Ireland)	2,904	913,657	608,998
	Intercontinental Exchange Inc	10,968	1,225,275	1,634,342
	International Flavors & Fragrances	1,541	147,382	130,292
	J P Morgan Chase & Co	6,234	629,690	1,494,352
	Keurig Dr Pepper Inc	6,727	223,599	216,071
	Keysight Technologies Inc	1,260	183,048	202,394
	Kinder Morgan Inc	13,690	260,467	375,106
	Komatsu Ltd	1,966	56,975	54,417
	Koninklijke Philips Electrs Nv-Adr	3,055	82,776	77,353
	Kosmos Energy Ltd	35,614	245,953	121,800
	Kraft Heinz Co	16,457	574,881	505,394
	L3harris Technologies Inc	1,207	243,456	253,808
	Labcorp Holdings Inc	1,574	332,663	360,950
	Lamb Weston Hlds Inc	2,387	146,180	159,523
	Las Vegas Sands	3,652	206,506	187,567
	Leidos Holdings Inc	2,024	228,245	291,577
	Lyft Inc	10,451	119,897	134,818
	Marvell Technology Group Ltd	19,400	1,233,532	2,142,730
	Mattel Inc	7,924	149,659	140,493
	Meta Platforms Inc CL A (FB)	3,845	563,026	2,251,286

See Independent Auditors' Report.

METRO-ILA PENSION FUND
EIN #13-1939129
PLAN NO. 001 - 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>	
	Micron Technology Inc	8,688	679,642	731,182	
	Microsoft Corp	8,853	2,389,969	3,731,540	
	Mid-Amer Apt Cmnty Inc	312	40,057	48,226	
	Novo-Nordisk A S Spons Adr	8,994	708,694	773,664	
	Nvidia Corp	16,743	1,487,019	2,248,417	
	On Semiconductor Corp	1,656	128,688	104,411	
	Otis Worldwide Corp	6,295	476,351	582,980	
	P G & E Corp	17,155	310,508	346,188	
	Raytheon Technologies Corp	5,531	507,781	640,047	
	Reinsurance Group Of America Inc	3,695	556,404	789,363	
	Robert Half Intl Inc	2,696	180,593	189,960	
	Sanofi-Aventis Adr	21,651	1,114,618	1,044,228	
	Sealed Air Corp New	10,306	459,701	348,652	
	Sempra Energy	7,042	509,417	617,724	
	Sensata Technologies Hldng Plc	2,122	85,933	58,143	
	Shell Plc	8,309	549,439	520,559	
	Skechers U S A Inc	10,749	571,163	722,763	
	Sony Corp Adr	73,985	1,333,793	1,565,523	
	SS&C Technologies Holdings	7,782	463,963	589,720	
	Suncor Energy Inc	1,974	76,817	70,432	
	Swatch Group AG/THE - UNSP ADR	11,176	108,184	101,255	
	Tapestry Inc	2,434	103,146	159,013	
	Telephone and Data Systems	4,760	87,140	162,364	
	Tenet Healthcare Corp	6,222	420,023	785,403	
	Thermo Fisher Scientific Inc	1,703	996,438	885,952	
	Tko Group Holdings Inc Cl A	5,208	346,233	740,109	
	Uber Technologies Inc	10,168	763,571	613,334	
	United States Steel Corp	4,217	158,064	143,336	
	Unitedhealth Group Inc	1,257	524,050	635,866	
	Vodafone Group Plc-Sp ADR	9,888	95,971	83,949	
	Voya Financial Inc	1,793	131,553	123,412	
	Wabtec Corp	5,777	868,461	1,095,261	
	Warner Bros Discovery Inc	6,665	81,702	70,449	
	Western Digital Corp	3,949	234,102	235,479	
	WPP plc-Sponsored ADR	2,983	152,876	153,326	
	Yelp Inc	5,256	183,968	203,407	
	Zebra Technologies Corp	2,734	656,331	1,055,922	
	Total Common Stock		<u>60,636,926</u>	<u>75,956,598</u>	
	U.S. Government Securities:				
	CD MTG TR 2016-CD@	275,657	3.348% 11/15/49	289,117	271,908
	FG G07961	25,933	3.500% 03/01/45	26,613	23,574
	FHLMC Gold Comb	206,546	3.000% 12/01/46	206,222	178,258

See Independent Auditors' Report.

METRO-ILA PENSION FUND
EIN #13-1939129
PLAN NO. 001 - 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,</u> <u>Borrower,</u> <u>Lessor, or</u> <u>Similar Party</u>	<u>Description of Investment,</u> <u>Including Maturity Date,</u> <u>Rate of Interest, Collateral</u> <u>Par or Maturity Value</u>		<u>Cost</u>	<u>Current</u> <u>Value</u>	
FHLMC (Golds) Pool# G08572	40,768	3.500%	02/01/44	41,067	37,211
FHLMC Gold Pool #G8631	24,611	3.000%	03/01/45	24,065	21,404
FHLMC Gold Pool# A97040	36,307	4.000%	02/01/41	35,693	34,049
FHLMC Gold Pool# G08742	207,773	3.500%	01/01/47	214,850	187,317
FHLMC Gold Pool# G08762	76,766	4.000%	05/01/47	81,156	71,222
FHLMC Gold Pool# Q20860	24,408	3.500%	08/01/43	24,828	22,279
FHLMC Pc Gold Comb	58,065	4.000%	02/01/45	62,383	54,717
Fhlmc Pc Gold Comb 3	82,997	4.000%	11/01/48	85,512	76,535
FHLMC Pool# AL1406	22,648	4.000%	02/01/42	23,795	21,289
FHLMC Super 30y Fixed	1,065,432	3.500%	04/01/52	1,064,850	947,209
FHLMC Super 30y Fixed	918,445	4.500%	09/01/52	877,365	864,589
FHLMC Super 30y Fixed	1,383,318	5.000%	07/01/52	1,394,125	1,335,503
FHLMC Super 30y Fixed	783,925	5.500%	07/01/53	787,952	773,379
FHLMC Super 30y Fixed	817,859	5.000%	04/01/53	802,652	789,608
FHLMC Super 30y Fixed	813,165	5.000%	01/01/54	794,312	784,447
FHLMC Super 30y Fixed	816,767	5.000%	10/25/53	797,400	788,184
FHLMC Umbs 30y Fixed	202,916	2.500%	08/01/50	213,918	167,972
FHLMC Umbs 30y Fixed	865,355	2.500%	07/01/51	905,378	718,320
FNMA	195,000	6.625%	11/15/30	288,816	216,460
FNMA Pass-thru Int 15 Year	80,047	3.500%	08/01/32	81,973	77,014
FNMA Pass-thru Lng 30 Year	163,032	3.000%	02/01/48	155,746	140,131
FNMA PI #898416	1,217	6.000%	10/01/36	1,227	1,251
FNMA PI #ac8512	21,491	4.500%	12/01/39	21,780	20,690
FNMA PI #AH0969	1,331	3.500%	12/01/25	1,339	1,321
FNMA PI #AH5583	16,300	4.500%	02/01/41	16,817	15,692
FNMA PI #MA0583	13,893	4.000%	12/01/40	13,859	13,059
FNMA PI# AE3049	16,931	4.500%	09/01/40	17,148	16,300
FNMA Pool #AS4474	19,108	3.000%	02/01/45	19,105	16,618
FNMA Pool #AY8866	90,116	3.500%	01/01/46	95,241	81,368
FNMA Pool AP6360	37,293	3.000%	09/01/32	37,852	34,904
FNMA Pool# AB1496	1,530	3.500%	09/01/25	1,612	1,520
FNMA Pool# AE0949	16,917	4.000%	02/01/41	17,684	15,902
FNMA Pool# AL0160	36,473	4.500%	05/01/41	39,026	35,343
FNMA Pool# AU3742	64,538	3.500%	08/01/43	63,660	58,986
FNMA Pool# MA1459	47,134	3.000%	06/01/33	48,696	43,968
FNMA Remic Trust 2023-m5	123,427	4.500%	07/25/28	120,264	122,807
FNMA Super Lng 30 Year	951,891	5.000%	10/01/53	935,606	919,106
FNMA Super Lng 30 Year	1,287,104	2.500%	08/01/51	1,324,913	1,051,963
FNMA Super Lng 30 Year	1,205,738	3.000%	02/01/52	1,070,469	1,034,289
FNMA Umbs Lng 30 Year	1,286,706	2.000%	11/01/51	1,290,727	1,005,742
FNMA Umbs Lng 30 Year	490,587	3.000%	08/01/50	513,430	419,863
FNMA Umbs Lng 30 Year	295,515	5.000%	07/01/53	289,766	285,216
FNMA Umbs Lng 30 Year	501,163	6.000%	08/01/53	508,014	503,351
FNMA Umbs Lng 30 Year	1,225,636	5.000%	01/01/54	1,208,640	1,182,352
FNMA Umbs Lng 30 Year	1,482,284	5.000%	09/01/52	1,443,316	1,431,048

See Independent Auditors' Report.

METRO-ILA PENSION FUND
EIN #13-1939129
PLAN NO. 001 - 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>
	FNMA Umbs Lng 30 Year	2,391,710	3.500% 05/01/52	2,250,489	2,117,411
	FNMA Umbs Lng 30 Year	1,045,573	3.500% 04/01/52	1,032,163	928,574
	FNMA Umbs Lng 30 Year	521,069	3.500% 01/01/52	521,802	464,423
	FNMA Umbs Lng 30 Year	728,176	5.000% 11/25/53	710,597	702,399
	Freddie Mac	750,515	4.500% 11/25/52	692,936	706,092
	GNMA PI #550764	10,202	5.500% 12/15/35	10,068	10,330
	United States of America	400,000	4.500% 11/15/25	401,512	400,721
	United States of America	327,000	4.000% 11/15/42	333,080	294,327
	United States Treas Bds	325,000	2.375% 02/15/42	246,632	231,336
	United States Treas Bds	41,000	3.000% 08/15/48	40,649	29,959
	United States Treas Bds	983,000	1.875% 02/15/41	797,917	658,390
	United States Treas Bds	2,888,000	1.125% 05/15/40	2,583,809	1,737,570
	United States Treas Bds	9,198,000	1.250% 05/15/50	7,211,929	4,363,416
	United States Treas Bds	5,076,000	2.250% 02/15/52	3,800,737	3,078,983
	United States Treas Bds	790,000	2.500% 05/15/46	806,110	537,831
	United States Treas Bds	600,000	1.875% 02/15/51	471,522	333,850
	United States Treas Bds	290,000	3.625% 02/20/25	286,944	288,313
	United States Treas Bds	182,000	2.875% 01/21/25	179,469	181,565
	United States Treas Nts	1,500,000	4.625% 03/15/26	1,518,393	1,506,445
	United States Treas Nts	35,000	4.125% 07/31/28	35,037	34,762
	United States Treas Nts	200,000	3.875% 04/30/25	199,461	199,656
	United States Treas Nts	290,000	3.625% 03/31/28	278,683	284,041
	United States Treas Nts	140,000	4.000% 01/31/29	139,787	138,119
	United States Treas Nts	1,005,000	4.250% 02/28/29	1,006,399	1,000,603
	United States Treas Nts	1,023,000	3.250% 06/30/29	978,648	976,327
	United States Treas Nts	2,229,000	4.000% 02/15/34	2,195,078	2,135,305
	United States Treas Nts	4,088,000	4.625% 11/15/26	4,109,398	4,114,840
	United States Treas Nts	325,000	2.875% 05/15/28	347,585	310,452
	United States Treas Nts	675,000	1.500% 02/15/30	703,266	586,247
	United States Treas Nts	1,888,000	0.625% 05/15/30	1,630,897	1,549,785
	United States Treas Nts	1,239,000	0.043% 01/31/26	1,228,137	1,239,004
	United States Treas Nts	425,000	4.375% 05/15/34	432,354	418,756
	United States Treas Nts	2,161,000	4.625% 04/30/29	2,185,279	2,182,438
	United States Treas Nts	2,324,000	4.500% 05/31/29	2,363,952	2,335,802
	United States Treas Nts	3,021,000	4.625% 06/15/27	3,052,282	3,046,948
	United States Treas Nts	850,000	4.250% 12/31/25	843,393	850,066
	United States Treas Nts	1,744,000	4.500% 05/15/27	1,755,882	1,752,990
	United States Treas Nts	300,000	1.250% 08/15/31	298,289	244,945
	United States Treas Nts	1,300,000	1.250% 11/30/26	1,301,371	1,229,008
	United States Treas Nts	421,000	1.750% 01/31/29	409,965	380,184
	United States Treas Nts	1,700,000	2.625% 05/31/27	1,658,031	1,636,648
	United States Treas Nts	100,000	4.125% 08/31/30	100,219	98,492
	United States Treas Nts	935,000	4.625% 09/30/28	932,118	943,982
	United States Treas Nts	150,000	4.625% 10/15/26	150,838	150,926
	United States Treas Nts 4.	90,000	4.375% 12/15/26	90,490	90,211

See Independent Auditors' Report.

METRO-ILA PENSION FUND
EIN #13-1939129
PLAN NO. 001 - 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,</u>	<u>Borrower,</u>	<u>Description of Investment,</u>			<u>Cost</u>	<u>Current</u>
<u>Lessors, or</u>	<u>Similar Party</u>	<u>Including Maturity Date,</u>				<u>Value</u>
		<u>Rate of Interest, Collateral</u>				
		<u>Par or Maturity Value</u>				
United States Treas Nts 4.		900,000	4.000%	07/31/29	913,263	886,077
United States Treas Nts 3.5		150,000		09/30/29	147,604	144,375
United States Treas Nts 3.7		375,000	3.750%	04/15/26	374,121	372,599
US T Not		1,265,000	4.250%	06/30/31	1,293,169	1,249,585
US Treasury Bond		465,000	4.750%	11/15/53	483,676	460,355
US Treasury Note		767,000	3.875%	08/15/33	742,795	730,385
US Treasury Note		160,000	4.000%	06/30/28	158,022	158,375
US Treasury Nts 4.3750% 08/3		180,000	4.375%	08/31/28	179,466	180,173
Total U.S. Government Securities					<u>74,995,692</u>	<u>67,599,634</u>
Corporate Bonds:						
Abbvie Inc		255,000	4.250%	11/21/49	316,019	207,199
Aercap Ireland Capital Desi		454,000	6.450%	04/15/27	464,773	468,144
Aflac Inc		130,000	1.125%	03/15/26	116,147	124,684
Agree Ltd Partnership Sr		567,000	4.800%	10/01/32	522,048	543,479
Air Lease Cor		384,000	5.200%	07/15/31	380,805	379,728
Air Lease Corp		60,000	5.300%	06/25/26	59,747	60,394
Air Lease Corp		475,000	1.875%	08/15/26	415,307	453,014
American Express Credit Acc		120,000	4.650%	07/16/29	121,631	120,180
Amgen Inc		370,000	2.450%	02/21/30	385,951	326,928
Anheuser-busch Inbev Fin		215,000	4.900%	02/01/46	231,572	194,587
Apple Inc		300,000	2.950%	09/11/49	297,870	199,397
Applied Matls Inc		100,000	3.900%	10/01/25	102,543	99,602
Bank Amer Corp		1,034,000	3.559%	04/23/27	1,079,880	1,017,484
Bank New York Mellon Corp		291,000	3.750%	N/A	263,719	275,529
BANK5 2024-5YR8 20570817 F		460,000	5.884%	07/15/29	473,795	472,466
Bk Of America Corp		470,000	1.734%	07/22/27	431,845	448,078
Bk Of America Corp		361,000	4.375%	N/A	349,268	348,147
Bk Of America Corp		492,000	2.482%	09/21/36	412,773	401,085
Boeing Co		373,000	2.196%	02/04/26	374,779	361,792
Boeing Co		608,000	5.805%	05/01/50	599,340	566,131
Broadcom Inc		312,000	4.350%	02/15/30	311,451	303,331
Cap One Multi-ast Exec 202		850,000	4.420%	05/15/28	838,645	848,722
Cap One Multi		100,000	4.950%	10/15/25	99,984	100,337
Capital One Finl Corp		499,000	6.312%	06/08/29	516,460	516,425
Capital One Finl Corp		710,000	5.817%	02/01/34	701,733	711,814
Capital One Mul Ex Tr 2024-1		760,000	3.920%	09/17/29	759,852	746,283
Carvana Auto Recb Tr 2021-n1		9,396	0.700%	01/10/28	9,395	9,123
Centene Corp Del		343,000	4.625%	12/15/29	382,016	324,672
Centerpoint Energy Houston		478,000	5.150%	03/01/34	476,337	472,713
Cheniere Corpus Christi Hld		291,000	5.125%	06/30/27	291,585	292,593
Chevron Corp New		100,000	1.554%	05/11/25	92,964	98,937
Cintas Corp No 2		75,000	3.450%	05/01/25	74,984	74,667
Cit Group Inc		335,000	6.125%	03/09/28	382,919	344,093

See Independent Auditors' Report.

METRO-ILA PENSION FUND
EIN #13-1939129
PLAN NO. 001 - 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,</u>	<u>Borrower,</u>	<u>Description of Investment,</u>		<u>Cost</u>	<u>Current</u>
<u>Lessor, or</u>	<u>Similar Party</u>	<u>Including Maturity Date,</u>			<u>Value</u>
		<u>Rate of Interest, Collateral</u>			
		<u>Par or Maturity Value</u>			
Citigroup Inc		550,000	1.462% 06/09/27	488,576	523,511
Citigroup Inc		425,000	2.572% 06/03/31	449,501	370,332
Citigroup Inc		823,000	3.520% 10/27/28	729,935	791,987
Cno Finl Group Inc		411,000	5.250% 05/30/29	449,335	407,992
Comcast Corp New		350,000	3.450% 02/01/50	361,988	240,015
Comcast Corp New		110,000	3.950% 10/15/25	110,225	109,395
Consolidated Edison Company		524,000	6.150% 11/15/52	578,465	550,397
Corporate Office Pptys L P		405,000	2.750% 04/15/31	386,274	345,396
Cubesmart L P		795,000	2.250% 12/15/28	635,046	715,908
Cvs Health Corp		125,000	2.875% 06/01/26	117,699	121,437
Cvs Health Corp		88,000	4.300% 03/25/28	96,028	85,486
Cvs Health Corp		175,000	2.700% 08/21/40	170,513	115,158
Dell Intl L		140,000	5.250% 02/01/28	143,046	141,467
Dell Intl L		56,000	8.350% 07/15/46	71,244	71,433
Dell Intl L		330,000	4.900% 10/01/26	349,899	331,021
Dell Intl LLC		268,000	4.850% 02/01/35	267,051	254,750
Devon Energy Corp New		125,000	5.250% 10/15/27	125,655	125,018
Dollar General		102,000	4.150% 11/01/25	104,248	101,314
Dominion Resources Inc		95,000	3.900% 10/01/25	94,126	94,321
Dominion Resources INC		382,000	5.950% 06/15/35	443,369	392,127
Duke Energy Corp New		140,000	4.850% 01/05/29	139,846	139,249
Duke Energy Corp New		439,000	6.100% 09/15/53	438,811	445,795
Edison International		512,000	6.950% 11/15/29	530,330	546,556
Elevance Heal		351,000	5.375% 06/15/34	356,237	348,253
Elevance Health Inc		45,000	4.900% 02/08/26	44,953	44,983
Enbridge Inc		234,000	6.700% 11/15/53	244,495	253,376
Energy Transfer Partners		510,000	6.500% 02/01/42	541,236	526,468
Enterprise Prods Oper Llc		150,000	3.125% 07/31/29	139,122	139,469
Enterprise Products		315,000	4.450% 02/15/43	331,018	269,643
Epr Pptys		280,000	4.950% 04/15/28	290,554	275,049
Equifax Inc		220,000	7.000% 07/01/37	271,179	240,318
Equifax Inc		382,000	5.100% 06/01/28	377,011	383,520
Extra Space Storage Lp		330,000	4.000% 06/15/29	376,646	315,762
First American Financial Co		224,000	5.450% 09/30/34	224,085	216,164
Fiserv Inc		330,000	3.500% 07/01/29	340,590	309,877
Ford Cr Auto Owner Tr 2024-b		95,000	5.100% 04/15/29	94,999	95,826
Ford Mtr Co		213,000	6.100% 08/19/32	211,371	211,794
Gen Mls I		140,000	5.500% 10/17/28	138,953	142,858
General Motors Financial Co		776,000	6.100% 01/07/34	784,359	787,971
General Mtrs Finl Co Inc		160,000	5.400% 04/06/26	159,550	160,948
Gm Fin Cons Auto Rec 2022-1		23,417	1.260% 11/16/26	22,191	23,169
Gm Finl Con Auto Rec Tr 202		65,000	5.130% 04/16/29	64,990	65,275
Goldman Sachs Gp		998,000	6.750% 10/01/37	1,199,788	1,071,502
Goldman Sachs Group Inc		464,000	1.431% 03/09/27	414,941	445,818
Halliburton Co		425,000	4.850% 11/15/35	480,302	403,782
HCA Inc		143,000	5.875% 02/01/29	144,446	145,803

See Independent Auditors' Report.

METRO-ILA PENSION FUND
EIN #13-1939129
PLAN NO. 001 - 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,</u> <u>Borrower,</u> <u>Lessor, or</u> <u>Similar Party</u>	<u>Description of Investment,</u> <u>Including Maturity Date,</u> <u>Rate of Interest, Collateral</u> <u>Par or Maturity Value</u>		<u>Cost</u>	<u>Current</u> <u>Value</u>	
HCA Inc.	490,000	6.000%	04/01/54	498,408	466,487
Hcp Inc	680,000	3.500%	07/15/29	628,232	636,913
Hewlett Packard Enterprise	447,000	4.550%	10/15/29	446,504	436,961
Home Depot Inc	140,000	4.900%	04/15/29	139,943	141,201
Home Depot Inc	450,000	2.700%	04/15/30	491,351	406,126
Honda Auto Rec Owner Tr 202	75,000	4.570%	03/21/29	74,988	74,872
Honda Auto Receivables 2024	45,000	4.330%	03/15/29	44,994	44,705
Huntington Bancshares Inc	304,000	6.141%	11/18/39	306,168	303,840
Hyundai Auto	50,000	4.840%	03/15/29	49,992	50,271
Hyundai Auto Rec Tr 2024-c	60,000	4.420%	05/15/29	59,996	59,724
Intel Corp	46,000	4.875%	02/10/26	46,000	46,021
Invitation Homes Operating	365,000	4.875%	02/01/35	361,806	345,161
Jbs USA Lux S A	396,000	3.625%	01/15/32	347,708	348,901
John Deere Owner Tr 2024-b	60,000	1.000%	03/15/29	59,988	60,611
John Deere Owner Tr 2024-c	150,000	4.060%	06/15/29	149,965	148,004
Jp Morgan Chase Bank Na	255,000	3.540%	05/01/28	258,244	247,745
Jp Morgan Chase Bank Na	1,143,000	4.203%	07/23/29	1,097,383	1,113,159
Jpmorgan Chase & Co	400,000	1.764%	11/19/31	390,676	332,069
Jpmorgan Chase & Co	581,000	2.963%	01/25/33	562,449	502,477
Juniper Networks	337,000	1.200%	12/10/25	336,919	326,287
Kinder Morgan En Mtn	262,000	6.950%	01/15/38	278,647	283,827
Kinder Morgan Inc Del	255,000	4.300%	06/01/25	265,377	254,404
Kite Rlty Grp	518,000	5.500%	03/01/34	505,957	514,576
Kroger	298,000	5.500%	09/15/54	296,772	280,405
Kyndryl Holdings	253,000	3.150%	10/15/31	207,361	219,417
Lockheed Martin Corp	140,000	4.450%	05/15/28	139,832	138,832
Lowe's Cos Inc	350,000	1.700%	10/15/30	351,775	294,074
Lpl Hldgs Inc	261,000	6.000%	05/20/34	264,847	265,854
Lpl Hldgs Inc	251,000	5.700%	05/20/27	251,655	253,521
Mastercard Inc	350,000	3.350%	03/26/30	405,671	326,921
Mercedes Auto Rec Tr 2023-1	170,000	4.310%	04/16/29	169,555	168,823
Microsoft Corp	215,000	2.525%	06/01/50	232,583	132,441
Morgan Stanley	210,000	4.375%	01/22/47	187,730	175,144
Mylan Nv	661,000	5.250%	06/15/46	657,806	556,754
National Rural Utils Coop F	742,000	4.300%	03/15/49	815,277	601,424
Netflix Inc	264,000	5.400%	08/15/54	263,446	257,392
Nissan Auto Lease Trust 202	115,000	5.930%	03/15/28	115,642	116,487
Nissan Auto Rec Own Tr 5.28	100,000	5.280%	12/15/28	99,991	101,246
Northrop Grumman Corp	275,000	2.930%	01/15/25	263,956	274,826
Oracle Corp	440,000	2.950%	04/01/30	474,404	398,049
Oracle Corp	712,000	3.600%	04/01/50	671,802	498,717
Pnc Finl Svcs Group Inc	290,000	3.400%	02/20/25	259,013	274,775
Primerica Inc	479,000	2.800%	11/19/31	460,024	408,673
Prudential Finl Inc	499,000	5.375%	05/15/45	478,042	496,020
Radian Group Inc	335,000	6.200%	05/15/29	337,201	343,944

See Independent Auditors' Report.

METRO-ILA PENSION FUND
EIN #13-1939129
PLAN NO. 001 - 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,</u>	<u>Borrower,</u>	<u>Description of Investment,</u>		<u>Cost</u>	<u>Current</u>	
<u>Lessors, or</u>	<u>Similar Party</u>	<u>Including Maturity Date,</u>			<u>Value</u>	
		<u>Rate of Interest, Collateral</u>				
		<u>Par or Maturity Value</u>				
Realty Income Corp Sr Nt 5		492,000	5.375%	09/01/54	484,000	466,269
Regions Financial Corp New		338,000	5.722%	06/06/30	338,859	342,509
Rogers Commun		281,000	4.550%	03/15/52	202,233	224,449
Rtx Corporation		200,000	6.400%	03/15/54	224,300	217,379
Schwab Charles Corp		230,000	4.000%		210,565	222,497
Schwab Charles Corp		140,000	5.643%	05/19/29	142,341	142,888
Selective Ins Group Inc		285,000	5.375%	03/01/49	309,065	260,324
Southern Co		346,000	3.250%	07/01/26	323,434	338,922
Southern Co		181,000	3.750%	09/15/51	169,688	173,229
Southwest Airls Co		353,000	5.125%	06/15/27	360,662	354,520
Southwestern Energy		186,000	4.750%	02/01/32	179,258	172,836
Sprint Spectrum Co L		325,000	5.152%	09/20/29	335,563	326,381
State Str Corp		639,000	3.152%	03/30/31	571,828	585,490
Stryker Corp		106,000	3.375%	11/01/25	104,634	104,944
Sunoco Logistics Partners		382,000	4.000%	10/01/27	408,732	373,457
Sysco Corp		494,000	6.600%	04/01/50	687,958	541,326
T Mobile Usa Inc		350,000	5.050%	07/15/33	337,635	342,912
T Mobile Usa Inc		1,054,000	3.375%	04/15/29	944,222	983,445
The Bank Of New York Mellon		140,000	4.543%	02/01/02	137,530	138,883
Toronto Dominion		262,000	5.146%	09/10/34	262,000	256,186
Toronto Dominion Bank		333,000	4.693%	09/15/27	327,379	332,374
Toyota Auto Rec Own 2024-c		80,000	5.450%	03/15/29	80,000	80,513
Toyota Mtr Cr Corp		90,000	1.450%	01/13/25	89,879	89,913
Truist Finl Corp		395,000	5.867%	06/08/34	387,112	402,298
Unitedhealth Group Inc		350,000	2.000%	05/15/30	363,164	301,361
Us Bancorp		1,249,000	2.491%	11/03/36	1,049,622	1,011,995
US Bancorp		290,000	5.300%	04/15/27	290,000	285,343
Us Bancorp		281,000	5.384%	01/23/30	282,871	283,371
Valero Energy Corp		602,000	6.625%	06/15/37	777,931	632,346
Verizon Communications Inc		565,000	2.875%	11/20/50	540,801	347,386
Verizon Ma Tr 24-6		150,000	4.170%	08/20/30	149,961	147,686
Verizon Master Trust 2024-3		1,190,000	5.340%	04/22/30	1,189,737	1,206,260
Verizon Master Trust 2024-4		125,000	5.210%	06/20/29	124,993	126,573
Vmware Inc		265,000	3.900%	08/21/27	251,702	259,043
Wells Fargo & Co		159,000	6.850%		159,000	163,727
Wells Fargo & Co		1,291,000	2.393%	06/02/28	1,309,922	1,215,693
Williams Cos Inc		465,000	5.400%	03/02/26	464,568	468,225
Willis North Amer Inc		173,000	5.900%	03/05/54	181,871	170,687
Total Corporate Bonds					<u>56,433,463</u>	<u>53,631,172</u>
Mutual Funds:						
Lazard Global Listed Infrastructure Inst'l		2,096,828			29,924,871	32,773,421
Invesco S&P 500 Equal Weight ETF		302,255			42,735,369	52,964,122

See Independent Auditors' Report.

METRO-ILA PENSION FUND
EIN #13-1939129
PLAN NO. 001 - 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>
	Vaneck Vectors Etf Trust Emerging Mkts Hi	44,310	1,069,905	862,716
	iShares 0-5 Year High Yield Corp	23,110	1,074,153	984,717
	Vaneck Vectors ETF Tr JP Morgan Mkts	20,985	663,333	484,963
	Vanguard Short Term Corporate Bond ETF	115,638	<u>9,031,448</u>	<u>9,020,900</u>
	Total Mutual Funds		<u>84,499,079</u>	<u>97,090,839</u>
	Common Collective Trust:			
	BONY AFL CIO S&P 500 Index	21,300,203	21,300,203	39,752,125
	CTF EAFE Index Fund	51,200	<u>17,208,836</u>	<u>22,557,248</u>
	Total Common Collective Trust		<u>38,509,039</u>	<u>62,309,373</u>
	Total Investments		<u>\$318,671,812</u>	<u>\$360,185,229</u>

See Independent Auditors' Report.

Schedule MB, Line 8b(2) - Schedule of Active Participant Data

Measurement Date: January 1, 2024

[Form 5500 Sch. MB, Line 8b(2)]

Age	Stat	Years of Service										Total
		Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	
Under 25	Count	5	19	-	-	-	-	-	-	-	-	24
	Avg Ben											\$255
25 - 29	Count	5	26	24	-	-	-	-	-	-	-	55
	Avg Ben		\$286	\$734								\$465
30 - 34	Count	7	20	39	27	2	-	-	-	-	-	95
	Avg Ben		\$366	\$927	\$1,352							\$887
35 - 39	Count	7	25	42	48	30	3	-	-	-	-	155
	Avg Ben		\$337	\$931	\$1,317	\$1,901						\$1,129
40 - 44	Count	8	17	27	40	42	31	1	-	-	-	166
	Avg Ben			\$860	\$1,325	\$1,948	\$2,331					\$1,441
45 - 49	Count	3	13	25	21	33	25	13	2	-	-	135
	Avg Ben			\$895	\$1,357	\$1,990	\$2,402					\$1,663
50 - 54	Count	2	8	24	30	36	25	16	13	2	-	156
	Avg Ben			\$974	\$1,301	\$1,976	\$2,279					\$1,883
55 - 59	Count	1	6	15	19	17	18	10	7	8	1	102
	Avg Ben											\$2,039
60 - 64	Count	-	1	12	10	17	12	7	11	6	9	85
	Avg Ben											\$2,403
65 - 69	Count	-	-	4	9	-	9	2	4	1	8	37
	Avg Ben											\$2,666
70 +	Count	-	-	1	1	-	1	-	-	1	6	10
	Avg Ben											
Total	Count	38	135	213	205	177	124	49	37	18	24	1,020
	Avg Ben	\$109	\$321	\$895	\$1,332	\$1,957	\$2,353	\$2,963	\$3,451		\$4,350	\$1,565

Stat Description:

- Count: Number of active participants as of the valuation date
- Avg Ben: The average accrued monthly benefit for active participants as of the valuation date

Notes

- Age and service totals for purposes of determining category are based on exact (not rounded) values.



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

Charges

[Schedule MB, Line 9c]

Type	Date Established	Initial Period	Initial Balance	Outstanding at 1/1/2024		Annual Payment
				Period	Balance	
Assumption	1/1/1997	30.00	N/A	3.00	\$ 625,186	\$ 222,646
Amendment	1/1/1997	30.00	N/A	3.00	888,882	316,551
Assumption	1/1/1998	30.00	N/A	4.00	296,790	81,886
Amendment	1/1/2002	30.00	N/A	8.00	3,761,936	588,790
Assumption	1/1/2005	30.00	N/A	11.00	66,104	8,240
Amendment	1/1/2005	30.00	N/A	11.00	27,267,645	3,398,439
Assumption	1/1/2007	30.00	N/A	13.00	1,010,260	112,972
Exper Loss	1/1/2012	15.00	N/A	3.00	1,761,945	627,467
Amendment	1/1/2013	15.00	N/A	4.00	14,711,628	4,059,147
Exper Loss	1/1/2016	15.00	N/A	7.00	11,592,803	2,010,358
Exper Loss	1/1/2017	15.00	N/A	8.00	2,073,721	324,563
Amendment	1/1/2017	15.00	N/A	8.00	225,794	35,339
Exper Loss	1/1/2019	15.00	N/A	10.00	10,210,741	1,358,672
Amendment	1/1/2019	15.00	N/A	10.00	7,884,678	1,049,160
Assumption	1/1/2021	15.00	N/A	12.00	21,068,617	2,479,047
Exper Loss	1/1/2023	15.00	N/A	14.00	60,502,359	6,465,550
Total Charges					\$ 163,949,089	\$ 23,138,827



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

Credits				[Schedule MB, Line 9h]		
Type	Date Established	Initial Period	Initial Balance	Outstanding at 1/1/2024		Annual Payment
				Period	Balance	
Assumption	1/1/1999	30.00	N/A	5.00	\$ 1,555,086	\$ 354,459
Assumption	1/1/2004	30.00	N/A	10.00	730,462	97,198
Exper Gain	1/1/2010	15.00	N/A	1.00	1,009,454	1,009,454
Exper Gain	1/1/2011	15.00	N/A	2.00	1,235,955	638,875
Exper Gain	1/1/2013	15.00	N/A	4.00	526,551	145,283
Exper Gain	1/1/2014	15.00	N/A	5.00	3,659,081	834,033
Exper Gain	1/1/2015	15.00	N/A	6.00	668,062	130,987
Assumption	1/1/2015	15.00	N/A	6.00	706,794	138,582
Exper Gain	1/1/2018	15.00	N/A	9.00	8,255,116	1,184,158
Exper Gain	1/1/2020	15.00	N/A	11.00	21,140,703	2,634,821
Exper Gain	1/1/2021	15.00	N/A	12.00	4,853,861	571,132
Exper Gain	1/1/2022	15.00	N/A	13.00	5,715,543	639,130
Exper Gain	1/1/2024	15.00	N/A	15.00	19,624,103	2,013,665
Total Credits					\$ 69,680,771	\$ 10,391,777
Net Total					\$ 94,268,318	\$ 12,747,050

The table above shows the outstanding amortization bases in the funding standard account as of the valuation date. The amortization bases are grouped as charges, which represent increases in the unfunded actuarial liability, and credits, which represent decreases in the unfunded actuarial liability.

Different types of amortization bases are as follows:

Abbreviation	Description
Initial Liab	Initial unfunded actuarial accrued liability
Exper Loss	Actuarial experience loss (charge only)
Exper Gain	Actuarial experience gain (credit only)
ENIL (2008)	Eligible net investment loss under the Pension Relief Act of 2010
Amendment	Plan amendment
Assumption	Change in actuarial assumptions
Method	Change in the actuarial cost method or asset valuation method
Combined	Combined charge base or combined credit base
Offset	Combined and offset charge and credit bases



Schedule MB, Line 11 - Justification for Change in Actuarial Assumptions

*Justification for
Changes in
Assumptions*

The changes in the interest rate and mortality tables used to determine the RPA '94 current liability were mandated legislative changes.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

<i>Plan Name</i>	Metro ILA Pension Fund Pension Plan
<i>Plan Sponsor</i>	Board of Trustees of Metro ILA Pension Fund
<i>EIN / PN</i>	13-1939129/001
<i>Interest Rates</i>	<p>7.00% per annum, compounded annually, net of investment expense for determining costs and liabilities. The valuation interest rate was chosen in consideration of the purpose of the measurement (long-term contribution budgeting), current and historical investment data, and the Plan’s asset allocation as set by the Plan Sponsor.</p> <p>3.29% per annum for determining Current Liability. The interest rate used to measure Current Liability represents the maximum rate permitted under the Internal Revenue Code, 105% of the weighted average of the rates of interest on 30-year Treasury securities during the 4-year period ending on the last day before the beginning of the plan year.</p>
<i>Non-Disabled Mortality</i>	<p><i>Participants and Beneficiaries:</i></p> <p>The sex-distinct Pri-2012 mortality tables with blue collar adjustment, with no provision for future mortality improvement.</p> <p>The non-disabled mortality assumption was chosen based on a review of standard mortality tables, projection scales, and historical and current demographic data, and reflects anticipated future experience and professional judgment.</p> <p>For determining the RPA '94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.</p>



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Disabled Mortality The sex-distinct RP-2000 mortality tables for disabled annuitants, with no provision made for future mortality improvement.

The disabled mortality assumption was chosen upon review of available tables and projection scales, the underlying demographic basis of those tables, the Plan’s definition of disabled, expectations regarding future mortality improvement, and professional judgment.

For determining the RPA '94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.

Retirement Age *Active and Inactive Participants:*

Attained Age	Rate
60	5%
61	15%
62	25%
63	25%
64	20%
65	25%
66	25%
67	15%
68	20%
69	20%
70+	100%

The rates of retirement are the same for females and males.

The retirement assumption is based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment.

The weighted average retirement age for active participants is 64.76. This average is based on the active population as of the valuation date. All decrements are considered when projecting the current population to retirement. The weighted average retirement age is the average age at which the lives that reach the retirement decrement retire.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Withdrawal Illustrations of the annual rates of withdrawal (for reasons other than mortality or disablement) are shown in the table below:

Age	Rate
25	5.27%
45	3.22%
55	0.33%

The withdrawal assumption was chosen based on a review of standard termination rate tables and historical and current demographic data and reflects anticipated future experience and professional judgment.

Reemployment It is assumed that participants will not be reemployed following a break in service.

Disability The 1973 Disability Model, Transactions of SOA XXVI (the same rates are used for males and females).

The disability assumption was chosen based on a review of standard disability rate tables and historical and current demographic data and reflects anticipated future experience and professional judgment.

Operating Expenses Prior year’s actual operating expenses (\$935,191), rounded to the nearest \$1,000 (\$935,000) were added to the normal cost, as of the beginning of the year, to allow for the cost of operating the plan. The operating expenses assumption was developed based on actual prior and anticipated future experience.

Active Participants Active participants are defined as those who are employed in covered employment.

Form of Payment Single Participants: Single Life Annuity.
Married Participants: 50% Joint and Survivor Annuity with Pop-up.

Marriage 80% of eligible participants are assumed to be married.

Spouse Ages Female spouses are assumed to be 3 years younger than male spouses.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Future Increases in Maximum Benefits It is assumed that maximum benefit limitations under the Internal Revenue Code will not increase in the future.

Benefits Not Included in Valuation None.

Cost Method The Unit Credit Cost Method is used to determine the normal cost and the actuarial accrued liability. The actuarial accrued liability is the present value of the accrued benefits as of the beginning of the year for active participants and is the present value of all benefits for other participants. The normal cost is the present value of the difference between the accrued benefits as of the beginning and end of the year. The normal cost and actuarial accrued liability for the plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all plan participants.

Asset Valuation Method The actuarial value of assets is set equal to the market value of assets.

Participant Data Participant census data as of the valuation date was provided by the Plan administrator.

Missing or Incomplete Participant Data Assumptions were made to adjust for participants and beneficiaries with missing or incomplete data, based on those exhibited by participants with similar known characteristics.

Financial Information Financial information was from the audited financial statements for the Plan Year ended December 31, 2023 supplied by Weaver and Tidwell, L.L.C.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Nature of Actuarial Calculations The valuation results presented in this report are estimates. The results are based on data that may be imperfect and on assumptions made about future events. Certain plan provisions may be approximated or deemed immaterial for the purposes of the valuation. Assumptions may be made about missing or incomplete participant census data or other factors. Reasonable efforts were made to ensure that significant items and factors are included in the valuation and treated appropriately. A range of results different from those presented in this report could also be considered reasonable.

The actuarial assumptions selected for this valuation – including the valuation interest rate – generally reflect average expectations over the long term. If overall future demographic or investment experience is less favorable than assumed, the relative level of plan costs determined in this valuation will likely increase in future valuations. Investment returns and demographic factors may fluctuate significantly from year to year. The deterministic actuarial models used in this valuation do not take into consideration the possibility of such volatility.

Unfunded Vested Benefits for Employer Withdrawals Valued using a discount rate of 6.25% per annum, and the market value of assets.

The withdrawal liability discount rate was selected in consideration of the purpose of the measurement (a settlement calculation) and factors that are particular to the Plan and the industry. The ultimate selection of the discount rate is our best estimate and reflects professional judgment.

All other assumptions were consistent with those used in the January 1, 2024 funding valuation.

Changes in Methods and Assumptions Since the prior valuation, the interest rate and mortality assumptions used to determine the RPA '94 current liability were updated in accordance with the changes in the IRS prescribed assumptions.



Schedule MB – Statement by the Enrolled Actuary

Plan Sponsor: Board of Trustees of Metro ILA Pension Fund
EIN / PN: 13-1939129 / 001
Plan Name: Metro ILA Pension Fund Pension Plan
Valuation Date: January 1, 2024
Enrolled Actuary: Kent Zumbach
Enrollment Number: 23-05732

Actuarial assumptions: The actuarial assumptions and methods are individually reasonable and, in combination, represent the enrolled actuary's best estimate of anticipated experience under the Plan.

Census data and financial information: The actuarial valuation, on which the information in this Schedule MB is based, has been prepared in reliance upon the participant census data and financial information furnished by the Plan administrator and the auditor. The enrolled actuary has not made a rigorous check of the accuracy of this information but has reviewed it and concluded it to be reasonable for the purpose of this actuarial valuation. The amounts of contributions and dates paid shown in Line 3 of Schedule MB were listed in reliance on information provided by the Plan auditor.

Attached as separate exhibits are:

- Line 6 – Statement of Actuarial Assumptions/Methods
- Line 6 – Summary of Plan Provisions
- Line 8b(1) – Schedule of Projection of Expected Benefit Payments
- Line 8b(2) – Schedule of Active Participant Data
- Line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments
- Lines 9c and 9h – Schedule of Funding Standard Account Bases
- Line 11 – Justification for Change in Actuarial Assumptions



Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Measurement Date: January 1, 2024

[Form 5500 Sch. MB, Line 8b(1)]

Expected Benefit Payments				
Plan Year Beginning January 1	Active Participants	Inactive Vested Participants	Retired Participants and Beneficiaries	Total
2024	2,131,427	676,026	25,901,512	28,708,964
2025	3,187,768	781,978	25,298,639	29,268,385
2026	4,074,352	891,947	24,658,329	29,624,628
2027	4,995,179	1,010,543	23,980,130	29,985,852
2028	5,754,408	1,153,872	23,263,506	30,171,786
2029	6,483,388	1,306,065	22,508,266	30,297,719
2030	7,154,341	1,387,891	21,714,462	30,256,694
2031	7,842,397	1,477,169	20,882,405	30,201,971
2032	8,527,382	1,579,367	20,012,843	30,119,593
2033	9,166,313	1,650,337	19,107,065	29,923,715
2034	9,734,782	1,682,662	18,166,923	29,584,367
2035	10,257,614	1,748,157	17,195,013	29,200,784
2036	10,746,277	1,821,138	16,194,909	28,762,324
2037	11,169,417	1,874,308	15,171,332	28,215,057
2038	11,489,240	1,890,168	14,130,155	27,509,564
2039	11,802,966	1,911,250	13,078,416	26,792,631
2040	12,160,679	1,929,164	12,024,196	26,114,039
2041	12,463,599	1,967,768	10,976,251	25,407,618
2042	12,820,292	1,971,234	9,943,666	24,735,192
2043	13,034,916	2,037,345	8,935,623	24,007,883
2044	13,180,666	1,983,283	7,960,935	23,124,885
2045	13,235,960	1,944,572	7,027,838	22,208,370
2046	13,237,852	1,906,030	6,143,750	21,287,633
2047	13,161,647	1,872,901	5,315,188	20,349,736
2048	13,105,196	1,810,705	4,547,730	19,463,630

Notes

- Expected benefit payments assume no additional accruals, no future new entrants to the Plan, and experience consistent with the valuation assumptions set forth herein.



Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Measurement Date: January 1, 2024

[Form 5500 Sch. MB, Line 8b(1)]

Expected Benefit Payments

Plan Year Beginning January 1	Active Participants	Inactive Vested Participants	Retired Participants and Beneficiaries	Total
2049	13,031,676	1,741,397	3,845,767	18,618,839
2050	12,868,660	1,664,792	3,212,306	17,745,758
2051	12,686,750	1,585,503	2,648,862	16,921,115
2052	12,359,660	1,531,091	2,155,335	16,046,086
2053	11,985,658	1,457,200	1,729,991	15,172,849
2054	11,567,320	1,370,417	1,369,541	14,307,277
2055	11,112,977	1,286,220	1,069,286	13,468,483
2056	10,605,057	1,198,393	823,464	12,626,913
2057	10,127,209	1,111,430	625,635	11,864,274
2058	9,615,199	1,027,064	469,101	11,111,364
2059	9,074,627	948,879	347,274	10,370,780
2060	8,504,587	872,950	253,968	9,631,505
2061	7,951,708	798,149	183,602	8,933,459
2062	7,395,412	726,947	131,312	8,253,671
2063	6,844,989	659,451	92,991	7,597,431
2064	6,303,652	595,713	65,266	6,964,632
2065	5,789,404	535,741	45,439	6,370,584
2066	5,291,401	479,522	31,407	5,802,330
2067	4,810,614	427,020	21,567	5,259,201
2068	4,352,263	378,181	14,722	4,745,165
2069	3,920,013	332,937	9,994	4,262,945
2070	3,511,136	291,228	6,749	3,809,113
2071	3,127,247	253,004	4,536	3,384,787
2072	2,769,004	218,204	3,035	2,990,243
2073	2,437,769	186,776	2,022	2,626,567

Notes

- Expected benefit payments assume no additional accruals, no future new entrants to the Plan, and experience consistent with the valuation assumptions



Schedule MB, Line 8b(3) - Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Measurement Date: January 1, 2024

[Form 5500 Sch. MB, Line 8b(3)]

Plan Year Beginning January 1	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$ 14,250,000	\$ 0	\$ 14,250,000
2025	14,250,000	0	14,250,000
2026	14,250,000	0	14,250,000
2027	14,250,000	0	14,250,000
2028	14,250,000	0	14,250,000
2029	14,250,000	0	14,250,000
2030	14,250,000	0	14,250,000
2031	14,250,000	0	14,250,000
2032	14,250,000	0	14,250,000
2033	14,250,000	0	14,250,000



METRO-ILA PENSION 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 PENSION FUND

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INDEPENDENT AUDITORS' REPORT

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

Opinion on the 2024 Financial Statements

We have audited the accompanying financial statements of Metro-ILA Pension Fund (the Plan), on 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 December 31, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, information regarding the net assets available for benefits of the Plan as of December 31, 2024, and the changes in its net assets available for benefits for the year ended December 31, 2024, 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 Pension Fund as of and for the year ended December 31, 2023, were audited by other auditors whose report dated October 15, 2024, expressed an unmodified opinion on those financial 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 Pension 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 Pension 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 Pension 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.

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.

A handwritten signature in black ink, appearing to read 'MSPC', is positioned above the company name.

MSPC
Certified Public Accountants and Advisors,
A Professional Corporation

Cranford, New Jersey
October 10, 2025

METRO-ILA PENSION FUND

Statements of Net Assets Available for Benefits

	December 31,	
	2024	2023
<i>Assets:</i>		
Investments at Fair Value:		
Interest-Bearing Cash	\$ 1,243,850	\$ 2,892,411
U.S. Government Securities	67,599,634	72,108,283
Corporate Bonds	53,631,172	46,042,359
Common Stocks	75,956,598	80,485,408
Mutual Funds	97,090,839	80,166,858
Short-Term Investment Fund	2,353,763	2,712,753
Collective Trust Funds	62,309,373	53,501,360
Total Investments at Fair Value	360,185,229	337,909,432
Receivables:		
Employer Contributions	2,767,533	2,720,609
Interest and Dividends	1,202,235	871,657
Total Receivables	3,969,768	3,592,266
Other Assets:		
Prepaid Benefits	2,128,704	2,226,354
Prepaid Expenses	20,227	8,945
Total Other Assets	2,148,931	2,235,299
Property and Equipment - Net	46,236	58,834
Total Assets	366,350,164	343,795,831
<i>Liabilities:</i>		
Accounts Payable and Accrued Expenses	322,994	90,708
Due to Related Entities	300,261	206,891
Total Liabilities	623,255	297,599
Net Assets Available for Benefits	\$365,726,909	\$343,498,232

See Accompanying Notes to Financial Statements.

METRO-ILA PENSION 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	\$ 24,889,268	\$ 34,955,922
Interest and Dividends	<u>8,438,009</u>	<u>6,832,597</u>
Totals	33,327,277	41,788,519
Less: Investment Expenses	<u>1,392,390</u>	<u>1,139,992</u>
Net Investment Income	31,934,887	40,648,527
Employers' Contributions	16,946,736	16,167,977
Other Income	<u>31,438</u>	<u>4,515</u>
Total Additions	<u>48,913,061</u>	<u>56,821,019</u>
Deductions from Net Assets Attributable to:		
Benefits Paid Directly to Participants	<u>25,723,194</u>	<u>25,974,999</u>
Administrative Expenses:		
Payroll	341,217	320,514
Employee Benefits	148,156	146,738
Insurance	134,138	144,979
Actuary	77,000	77,000
Office and General Expenses	56,286	46,733
Auditing	52,500	52,000
Legal	42,386	49,489
Occupancy Cost	33,957	34,329
Payroll Taxes	29,966	28,014
Other Consulting	21,795	18,112
Depreciation and Amortization	13,123	2,369
Postage	9,452	8,906
Telephone	<u>1,214</u>	<u>6,008</u>
Total Administrative Expenses	<u>961,190</u>	<u>935,191</u>
Total Deductions	<u>26,684,384</u>	<u>26,910,190</u>
Net Increase in Assets Available for Benefits	22,228,677	29,910,829
Net Assets Available for Benefits - Beginning of Years	<u>343,498,232</u>	<u>313,587,403</u>
Net Assets Available for Benefits - End of Years	<u>\$365,726,909</u>	<u>\$343,498,232</u>

See Accompanying Notes to Financial Statements.

METRO-ILA PENSION FUND

Notes to Financial Statements

(1) Description of the Plan

The following brief description of the Metro-ILA Pension 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 defined benefit pension plan established under an Agreement and Declaration of Trust, as amended, between the Metropolitan Marine Maintenance Contractors' Association, Inc. (the Association) and the International Longshoremen's Association, AFL-CIO, Local No's. 1814 and 1804-1 (collectively, the Union). The Plan provides retirement, disability and death benefits to covered employees and retired employees pursuant to collective bargaining agreements between the Association and the Union. The Plan is administered by a joint board of union and employer trustees, each group having equal representation. The Plan is irrevocable, and no money can be returned to any employer participating in the Plan. Benefits are paid to those employees who meet eligibility requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Covered participants include substantially all employees employed in container repair work, lashing work and related crafts in the Port of New York and New Jersey whose employers were obligated by collective bargaining agreements with the Union to contribute to the Plan on their behalf. Covered participants also include employees of the Plan, the Union, the Association, the Metro-ILA Fringe Benefit Fund, and certain employers who have agreed to contribute to the Plan on behalf of their non-bargaining unit employees.

Contributions - Contributing employers are required to make contributions to the Plan on behalf of each participant on the basis of, a rate fixed by the applicable collective bargaining agreement in effect. Employee participants are not required to contribute to the Plan.

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

Pension Protection Act Funding Status - Beginning January 1, 2024, based on actuarial assumptions, participant and financial data, and plan provisions, the Plan's actuary certified that the Plan was in neither critical nor endangered status as defined in the Pension Protection Act of 2006.

Pension Benefits - The Plan provides eligible participants who meet certain requirements as to age and years of service with the following types of benefits, as applicable:

<u>Type of Benefit</u>	<u>Age Requirement</u>	<u>Service Requirement</u>
Participation	None	Work in covered employment
Normal pension	62	5 years of prior participation
Early pension	60	20 years of pension service
Disability pension	At least age 45	15 years of pension service and working in the industry at time of disability
Pre-pension surviving spouse pension	None	Married for a year and vested
Post-employment lump sum	Receiving a pension (other than as surviving spouse)	None
Vesting	None	5 years of vesting service (with at least one hour of vesting service to be 100% vested
Vesting service	None	A year of vesting service is a plan year during which you earn at least 400 hours of service

METRO-ILA PENSION FUND

Notes to Financial Statements

(1) Description of the Plan (Continued)

Pension Benefits (Continued) - *Normal pension* - \$110 per month for each year of pension service earned for those in the plan on or after January 1, 2020. Participant must have at least 1 hour of service after December 31, 2019.

Supplemental pension - For those participants who retire during the June 1, 2019 through December 31, 2019 there shall be a supplemental benefit of \$40 per year of year of credited service for participants with less than 25 years of credited service and \$70 for participants with 25 years or more of credited service. For participants who retire during the period of June 1, 2022 through December 31, 2022 there shall be a supplemental benefit of \$50 per year of the credited service for participants with less than 25 years of credited service and \$80 for participants with 25 years or more of credited service.

Early pension - Same as normal but reduced by 1/2 of 1% for each month prior to age 62.

Disability pension - Same as normal but not less than \$625 per month for those in plan before 1994.

Pre-pension surviving spouse pension - 50% of married couple benefit.

Post-employment lump sum death - Lump sum of \$10,000.

(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 PENSION 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 utilizing information provided by the investment advisers and custodians.

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.

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

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. Certain investment-related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Employers' Contributions Receivable - 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. Contributing employers are required to make contributions to the Plan on behalf of each participant on the basis of, a rate fixed by the applicable collective bargaining agreement in effect. Employee participants are not required to contribute to the Plan. 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 evaluates participating employers' contributions receivable periodically for potential uncollectible amounts based on the likelihood of collection including subsequent period collections. 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 discount rate for present value of the lease payments when the rate implicit in the contract is not readily determinable.

METRO-ILA PENSION FUND

Notes to Financial Statements

(2) Summary of Significant Accounting Policies (Continued)

Property and Equipment - Net - Property and equipment are recorded at cost, less accumulated depreciation. Major additions are capitalized, whereas replacements, maintenance, and repairs, which do not improve or extend the useful lives of the respective assets, are expensed currently. Depreciation is computed using the straight-line method over the estimated useful lives.

Long-Lived Asset Impairment - The Plan reviews the carrying value of fixed 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, 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.

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

(3) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the services employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered prior to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

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

The accumulated plan benefits information at January 1, 2024 was as follows:

Vested Benefits:	
Participants Currently Receiving Benefits	\$ 230,634,037
Other Participants	<u>119,400,546</u>
Total Vested Benefits	350,034,583
Non-Vested Benefits	<u>11,687,482</u>
<u>Total Actuarial Present Value of Accumulated Plan Benefits</u>	<u>\$ 361,722,065</u>

METRO-ILA PENSION FUND

Notes to Financial Statements

(3) Actuarial Present Value of Accumulated Plan Benefits (Continued)

The change in the actuarial present value of accumulated plan benefits from January 1, 2023 to January 1, 2024 is attributable to the following:

Actuarial Present Value of Accumulated Plan Benefits -	
Beginning of Years	\$ <u>359,608,344</u>
Increase (Decrease) During Year Attributable to:	
Benefits Accumulated (Net Experience Gain or Loss)	3,825,261
Increase in Interest Due to the Decrease in the Discount Period	24,263,459
Benefits Paid	<u>(25,974,999)</u>
Net Increase	<u>2,113,721</u>
<u>Actuarial Present Value of Accumulated Plan Benefits -</u>	
<u>End of Years</u>	<u>\$ 361,722,065</u>

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

Mortality	PRI-2012 Blue Collar
Disability life mortality	RP-2000 Disability Mortality set forward two years
Interest rate	7% per annum compounded annually
Termination	Terminations of employment. other than death, disability or pension. will occur in the future in accordance with the following rates:

<u>Age</u>	<u>Rate of Withdrawal</u>
25	5.27%
46	3.22%
55	0.33%

Disability	1973 Disability Model. transactions of SOA XXVI
Percent married	80%
Age of spouse	Females are assumed to be three years younger than their spouses
Retirement	This year, retirement rates are as follows:

<u>Age</u>	<u>Retirement</u>
60	5%
61	15%
62	20%
63	20%
65	25%
66	25%
67	15%
68	20%
69	20%
70	100%

METRO-ILA PENSION FUND

Notes to Financial Statements

(3) Actuarial Present Value of Accumulated Plan Benefits (Continued)

Actuarial value of asset The actuarial value of asset is equal to the market value of assets

Administration expenses Assumed to be \$935,000 (\$927,000 in 2023)

These actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2023. Had the valuations been performed as of December 31, there would be no material differences.

The Plan's actuary has advised that the actuarial certification of plan status for 2024 is safe, or "Green Zone", pursuant to the Pension Protection Act of 2006.

(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.

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 using amortized cost, which approximates fair value.

U.S. Government Securities: U.S. Government 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.

METRO-ILA PENSION FUND

Notes to Financial Statements

(4) Fair Value Measurements (Continued)

Corporate bonds and notes: 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. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments from certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

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

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

Collective trust funds: Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trusts, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

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>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Interest Bearing Cash	\$ 1,243,850	\$	\$ --	\$ 1,243,850
U.S. Government Securities	43,216,099	24,383,535	\$ --	67,599,634
Corporate Bonds and Notes	--	53,631,172	--	53,631,172
Common Stocks	75,956,598	--	--	75,956,598
Mutual Funds	<u>97,090,840</u>	<u>--</u>	<u>--</u>	<u>97,090,840</u>
<u>Total Assets in the Fair Value Hierarchy</u>	<u>\$217,507,387</u>	<u>\$78,014,707</u>	<u>\$ --</u>	<u>295,522,094</u>
Investments Measured at Net Asset Value*				<u>64,663,136</u>
<u>Total Assets at Fair Value</u>				<u>\$360,185,230</u>
	<u>Assets at Fair Value as of December 31, 2023</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Interest Bearing Cash	\$ 2,892,411	\$ --	\$ --	\$ 2,892,411
U.S. Government Securities	50,912,289	21,195,994	--	72,108,283
Corporate Bonds and Notes	--	46,042,359	--	46,042,359
Common Stocks	80,485,408	--	--	80,485,408
Mutual Funds	<u>80,166,858</u>	<u>--</u>	<u>--</u>	<u>80,166,858</u>
<u>Total Assets in the Fair Value Hierarchy</u>	<u>\$214,456,966</u>	<u>\$67,238,353</u>	<u>\$ --</u>	<u>281,695,319</u>
Investments Measured at Net Asset Value*				<u>56,214,113</u>
<u>Total Assets at Fair Value</u>				<u>\$337,909,432</u>

METRO-ILA PENSION FUND

Notes to Financial Statements

(4) Fair Value Measurements (Continued)

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.

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2024 and 2023, respectively:

	December 31, 2024			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
BONY AFL CIO S&P 500 Index	\$ 39,752,125	None	Immediate	None
CTF EAFE Index Fund	22,557,248	None	Immediate	None
<u>Total</u>	\$ 62,309,373			
	December 31, 2023			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
BONY AFL CIO S&P 500 Index	\$ 31,788,560	None	Immediate	None
CTF EAFE Index Fund	21,712,800	None	Immediate	None
<u>Total</u>	\$ 53,501,360			

(5) Property and Equipment

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

	2024	2023
Furniture and Equipment	\$ 20,184	\$ 20,184
Lease Improvements	5,012	5,012
Computer Software	86,758	86,232
Totals	111,954	111,428
Less: Accumulated Depreciation	(65,718)	(52,594)
<u>Property Assets - Net</u>	\$ 46,236	\$ 58,834

Depreciation and amortization expense amounted to \$13,123 and \$2,369 for the years ended December 31, 2024 and 2023, respectively.

METRO-ILA PENSION FUND

Notes to Financial Statements

(6) Transactions with Related Parties

The Association operates in a jointly administered office with the Plan and other related collectively-bargaining employee benefit plans. Since these organizations co-exist 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.

The Plan was charged approximately \$454,538 and \$553,000 during the years ended December 31, 2024 and 2023, respectively, by the Association and by one of the related employee benefit plans, Metro-ILA Fringe Benefit Fund, for allocated administrative expenses incurred in the operation of a jointly administered office. Additionally, certain expenses are charged directly to the Plan by the Association, 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 \$33,957 and \$34,329 of allocated rent expense in the years ended December 31, 2024 and 2023, respectively.

The Metro-ILA Fringe Benefit Fund and the Association share office space with the Plan. For December 31, 2024 and 2023, the amounts due (to) from the related entities are as follows:

	<u>2024</u>	<u>2023</u>
Metropolitan Marine Maintenance Contractors' Association, Inc.	\$ (52,385)	\$ (601)
Metro-ILA Fringe Benefit Fund	(247,619)	(230,948)
Metro-ILA Individual Account Retirement Plan	<u>(257)</u>	<u>24,658</u>
<u>Total Due (to) Related Entities</u>	<u>\$ (300,261)</u>	<u>\$ (206,891)</u>

(7) Tax Status

The Plan obtained its latest determination letter on October 27, 2015, in which the Internal Revenue Service (IRS) stated that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, Plan management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

US GAAP requires 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 IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

(8) Plan Termination

In the event of termination of the Plan, its net assets will generally not be available on a pro-rata basis to provide participant's benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC's benefit guaranty, while other benefits may not be provided for at all.

METRO-ILA PENSION FUND

Notes to Financial Statements

(9) Commitments and 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 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 re-file 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.

(10) Risks and Uncertainties

Concentrations of Credit Risk - Financial instruments which potentially subject the Plan to concentrations of credit risk are investments, employers' contributions receivable and cash and cash equivalents. In order to secure payment of contributions, the Plan and other benefit plans of the Union require the participating employers to provide surety bonds or other security.

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 Statements of Net Assets Available for Benefits.

Actuarial Assumptions - Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, health care inflation rates and employee demographics, all of which are subject to change. Due to uncertainties 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.

Concentrations - Five and four employers accounted for approximately 73% and 81% of employers' contribution income for the years ended December 31, 2024 and 2023, respectively, and accounted for approximately 77% and 81% of employers' contributions receivable as of December 31, 2024 and 2023, respectively.

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SUPPLEMENTARY INFORMATION

METRO-ILA PENSION FUND
EIN #13-1939129
PLAN NO. 001 - 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>
Interest Bearing Cash:				
	Money Market Account 43524	755,455	\$ 755,455	\$ 755,455
	Checking Account Operating	488,395	<u>488,395</u>	<u>488,395</u>
	Total Interest Bearing Cash		<u>1,243,850</u>	<u>1,243,850</u>
Short Term Investments:				
	Cash Equivalents	2,353,763	<u>2,353,763</u>	<u>2,353,763</u>
Common Stock:				
	Acuity Brands (Holdigs Co) Inc	442	117,617	129,121
	Advanced Micro Devices Inc	7,974	970,409	963,179
	Air Prods & Chems Inc	4,877	1,278,248	1,414,525
	Allegion PLC (Ireland)	615	76,512	80,368
	Alphabet Inc Cl A	11,099	817,639	2,101,041
	Alphabet Inc Cl C	1,923	262,104	366,216
	Amazon Com Inc	18,260	2,234,463	4,006,061
	American Electric Power Inc	2,722	212,699	251,050
	American International Group	4,247	301,329	309,182
	Apple Computer Inc	11,926	1,360,664	2,986,509
	Aptiv Plc	7,393	608,048	447,129
	Assurant Inc	688	114,749	146,695
	Avantor Inc	30,222	796,680	636,778
	Avnet Inc	4,519	214,177	236,434
	Barrick Gold Corp	2,107	35,260	32,659
	Baxter Intl Inc	11,129	425,781	324,522
	Bayer A Gadrmodel	12,228	140,108	61,140
	Berkshire Hathaway Inc-Cl B	4,864	1,608,977	2,204,754
	BP Amoco Plc	17,094	549,678	505,299
	British Amern Tob Plc Spns Adr	4,497	141,511	163,331
	Broadcom Inc	5,839	1,046,711	1,353,714
	Cannae Hldgs Inc	10,344	206,228	205,432
	Cardinal Health Inc	15,601	1,515,883	1,845,130
	Carlyle Group Inc	2,363	77,246	119,308
	Cheniere Energy Inc	1,281	208,008	275,248
	Ciena Corp	23,713	1,159,151	2,011,100
	Citigroup Inc	1,080	71,333	76,021
	Citizens Financial Group	1,961	51,869	85,813
	CNH Industrial NV	6,877	81,422	77,916
	Cognizant Technology Solutions Corp	20,186	1,264,988	1,552,303
	Comcast Corp-Cl A	23,984	1,003,407	900,120
	Conocophillips	6,717	595,301	666,125
	Constellation Brands Inc	705	163,859	155,805
	Corteva Inc	19,349	748,906	1,102,119
	Crown Castle Intl Corp New	10,626	1,071,634	964,416
	Crown Holdings Inc	2,428	209,798	200,771
	CVS Caremark Corp	4,595	265,401	206,270

See Independent Auditors' Report.

METRO-ILA PENSION FUND
EIN #13-1939129
PLAN NO. 001 - 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>
	Diageo Plc Adr	3,997	598,042	508,139
	Discover Finl Svcs	7,521	1,050,974	1,302,863
	Dollar General Corp	1,130	162,932	85,677
	Dollar Tree Inc	12,935	1,389,595	969,349
	Dominion Res Inc Va New	3,399	191,832	183,070
	Dun & Bradstreet Hldgs Inc	53,121	585,062	661,888
	Edison International	1,785	122,541	142,514
	Electronic Arts	8,077	1,127,975	1,181,665
	Elevance Health Inc	1,679	713,751	619,383
	Entergy Corp	5,296	259,972	401,543
	Exelon Corp	6,689	266,187	251,774
	Fidelity Natl Information Svcs	4,103	276,344	331,399
	First Citizens BCSHS-CL A	210	227,398	443,734
	Flextronics Intl Ltd	1,471	50,021	56,472
	FNF Group	17,963	737,539	1,008,443
	Fortive Corp	11,006	794,649	825,450
	Fortrea Holdings Inc	1,784	48,729	33,272
	Fox Corp	1,652	52,959	80,254
	Fulgent Genetics Inc	1,841	38,340	34,003
	General Motors Co.	4,753	182,433	253,192
	Global Pmts Inc	971	110,956	108,810
	Hasbro Inc	1,929	108,876	107,850
	Henkel Kgaa	9,044	174,189	173,283
	Hess Corporation	804	110,697	106,940
	Honeywell Intl Inc	6,599	1,441,966	1,490,648
	HP Inc	9,625	342,887	314,064
	Humana Inc	3,163	1,153,052	802,485
	Icon PLC (Ireland)	2,904	913,657	608,998
	Intercontinental Exchange Inc	10,968	1,225,275	1,634,342
	International Flavors & Fragrances	1,541	147,382	130,292
	J P Morgan Chase & Co	6,234	629,690	1,494,352
	Keurig Dr Pepper Inc	6,727	223,599	216,071
	Keysight Technologies Inc	1,260	183,048	202,394
	Kinder Morgan Inc	13,690	260,467	375,106
	Komatsu Ltd	1,966	56,975	54,417
	Koninklijke Philips Electrs Nv-Adr	3,055	82,776	77,353
	Kosmos Energy Ltd	35,614	245,953	121,800
	Kraft Heinz Co	16,457	574,881	505,394
	L3harris Technologies Inc	1,207	243,456	253,808
	Labcorp Holdings Inc	1,574	332,663	360,950
	Lamb Weston Hldgs Inc	2,387	146,180	159,523
	Las Vegas Sands	3,652	206,506	187,567
	Leidos Holdings Inc	2,024	228,245	291,577
	Lyft Inc	10,451	119,897	134,818
	Marvell Technology Group Ltd	19,400	1,233,532	2,142,730
	Mattel Inc	7,924	149,659	140,493
	Meta Platforms Inc CL A (FB)	3,845	563,026	2,251,286

See Independent Auditors' Report.

METRO-ILA PENSION FUND
EIN #13-1939129
PLAN NO. 001 - 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,</u> <u>Borrower,</u> <u>Lessor, or</u> <u>Similar Party</u>	<u>Description of Investment,</u> <u>Including Maturity Date,</u> <u>Rate of Interest, Collateral</u> <u>Par or Maturity Value</u>	<u>Cost</u>	<u>Current</u> <u>Value</u>	
Micron Technology Inc	8,688	679,642	731,182	
Microsoft Corp	8,853	2,389,969	3,731,540	
Mid-Amer Apt Cmnty Inc	312	40,057	48,226	
Novo-Nordisk A S Spons Adr	8,994	708,694	773,664	
Nvidia Corp	16,743	1,487,019	2,248,417	
On Semiconductor Corp	1,656	128,688	104,411	
Otis Worldwide Corp	6,295	476,351	582,980	
P G & E Corp	17,155	310,508	346,188	
Raytheon Technologies Corp	5,531	507,781	640,047	
Reinsurance Group Of America Inc	3,695	556,404	789,363	
Robert Half Intl Inc	2,696	180,593	189,960	
Sanofi-Aventis Adr	21,651	1,114,618	1,044,228	
Sealed Air Corp New	10,306	459,701	348,652	
Sempra Energy	7,042	509,417	617,724	
Sensata Technologies Hldng Plc	2,122	85,933	58,143	
Shell Plc	8,309	549,439	520,559	
Skechers U S A Inc	10,749	571,163	722,763	
Sony Corp Adr	73,985	1,333,793	1,565,523	
SS&C Technologies Holdings	7,782	463,963	589,720	
Suncor Energy Inc	1,974	76,817	70,432	
Swatch Group AG/THE - UNSP ADR	11,176	108,184	101,255	
Tapestry Inc	2,434	103,146	159,013	
Telephone and Data Systems	4,760	87,140	162,364	
Tenet Healthcare Corp	6,222	420,023	785,403	
Thermo Fisher Scientific Inc	1,703	996,438	885,952	
Tko Group Holdings Inc Cl A	5,208	346,233	740,109	
Uber Technologies Inc	10,168	763,571	613,334	
United States Steel Corp	4,217	158,064	143,336	
Unitedhealth Group Inc	1,257	524,050	635,866	
Vodafone Group Plc-Sp ADR	9,888	95,971	83,949	
Voya Financial Inc	1,793	131,553	123,412	
Wabtec Corp	5,777	868,461	1,095,261	
Warner Bros Discovery Inc	6,665	81,702	70,449	
Western Digital Corp	3,949	234,102	235,479	
WPP plc-Sponsored ADR	2,983	152,876	153,326	
Yelp Inc	5,256	183,968	203,407	
Zebra Technologies Corp	2,734	656,331	1,055,922	
Total Common Stock		<u>60,636,926</u>	<u>75,956,598</u>	
U.S. Government Securities:				
CD MTG TR 2016-CD@	275,657	3.348% 11/15/49	289,117	271,908
FG G07961	25,933	3.500% 03/01/45	26,613	23,574
FHLMC Gold Comb	206,546	3.000% 12/01/46	206,222	178,258

See Independent Auditors' Report.

METRO-ILA PENSION FUND
EIN #13-1939129
PLAN NO. 001 - 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,</u> <u>Borrower,</u> <u>Lessor, or</u> <u>Similar Party</u>	<u>Description of Investment,</u> <u>Including Maturity Date,</u> <u>Rate of Interest, Collateral</u> <u>Par or Maturity Value</u>		<u>Cost</u>	<u>Current</u> <u>Value</u>	
FHLMC (Golds) Pool# G08572	40,768	3.500%	02/01/44	41,067	37,211
FHLMC Gold Pool #G8631	24,611	3.000%	03/01/45	24,065	21,404
FHLMC Gold Pool# A97040	36,307	4.000%	02/01/41	35,693	34,049
FHLMC Gold Pool# G08742	207,773	3.500%	01/01/47	214,850	187,317
FHLMC Gold Pool# G08762	76,766	4.000%	05/01/47	81,156	71,222
FHLMC Gold Pool# Q20860	24,408	3.500%	08/01/43	24,828	22,279
FHLMC Pc Gold Comb	58,065	4.000%	02/01/45	62,383	54,717
Fhlmc Pc Gold Comb 3	82,997	4.000%	11/01/48	85,512	76,535
FHLMC Pool# AL1406	22,648	4.000%	02/01/42	23,795	21,289
FHLMC Super 30y Fixed	1,065,432	3.500%	04/01/52	1,064,850	947,209
FHLMC Super 30y Fixed	918,445	4.500%	09/01/52	877,365	864,589
FHLMC Super 30y Fixed	1,383,318	5.000%	07/01/52	1,394,125	1,335,503
FHLMC Super 30y Fixed	783,925	5.500%	07/01/53	787,952	773,379
FHLMC Super 30y Fixed	817,859	5.000%	04/01/53	802,652	789,608
FHLMC Super 30y Fixed	813,165	5.000%	01/01/54	794,312	784,447
FHLMC Super 30y Fixed	816,767	5.000%	10/25/53	797,400	788,184
FHLMC Umbs 30y Fixed	202,916	2.500%	08/01/50	213,918	167,972
FHLMC Umbs 30y Fixed	865,355	2.500%	07/01/51	905,378	718,320
FNMA	195,000	6.625%	11/15/30	288,816	216,460
FNMA Pass-thru Int 15 Year	80,047	3.500%	08/01/32	81,973	77,014
FNMA Pass-thru Lng 30 Year	163,032	3.000%	02/01/48	155,746	140,131
FNMA PI #898416	1,217	6.000%	10/01/36	1,227	1,251
FNMA PI #ac8512	21,491	4.500%	12/01/39	21,780	20,690
FNMA PI #AH0969	1,331	3.500%	12/01/25	1,339	1,321
FNMA PI #AH5583	16,300	4.500%	02/01/41	16,817	15,692
FNMA PI #MA0583	13,893	4.000%	12/01/40	13,859	13,059
FNMA PI# AE3049	16,931	4.500%	09/01/40	17,148	16,300
FNMA Pool #AS4474	19,108	3.000%	02/01/45	19,105	16,618
FNMA Pool #AY8866	90,116	3.500%	01/01/46	95,241	81,368
FNMA Pool AP6360	37,293	3.000%	09/01/32	37,852	34,904
FNMA Pool# AB1496	1,530	3.500%	09/01/25	1,612	1,520
FNMA Pool# AE0949	16,917	4.000%	02/01/41	17,684	15,902
FNMA Pool# AL0160	36,473	4.500%	05/01/41	39,026	35,343
FNMA Pool# AU3742	64,538	3.500%	08/01/43	63,660	58,986
FNMA Pool# MA1459	47,134	3.000%	06/01/33	48,696	43,968
FNMA Remic Trust 2023-m5	123,427	4.500%	07/25/28	120,264	122,807
FNMA Super Lng 30 Year	951,891	5.000%	10/01/53	935,606	919,106
FNMA Super Lng 30 Year	1,287,104	2.500%	08/01/51	1,324,913	1,051,963
FNMA Super Lng 30 Year	1,205,738	3.000%	02/01/52	1,070,469	1,034,289
FNMA Umbs Lng 30 Year	1,286,706	2.000%	11/01/51	1,290,727	1,005,742
FNMA Umbs Lng 30 Year	490,587	3.000%	08/01/50	513,430	419,863
FNMA Umbs Lng 30 Year	295,515	5.000%	07/01/53	289,766	285,216
FNMA Umbs Lng 30 Year	501,163	6.000%	08/01/53	508,014	503,351
FNMA Umbs Lng 30 Year	1,225,636	5.000%	01/01/54	1,208,640	1,182,352
FNMA Umbs Lng 30 Year	1,482,284	5.000%	09/01/52	1,443,316	1,431,048

See Independent Auditors' Report.

METRO-ILA PENSION FUND
EIN #13-1939129
PLAN NO. 001 - 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,</u> <u>Borrower,</u> <u>Lessor, or</u> <u>Similar Party</u>	<u>Description of Investment,</u> <u>Including Maturity Date,</u> <u>Rate of Interest, Collateral</u> <u>Par or Maturity Value</u>			<u>Cost</u>	<u>Current</u> <u>Value</u>	
FNMA Umbs Lng 30 Year	2,391,710	3.500%	05/01/52	2,250,489	2,117,411	
FNMA Umbs Lng 30 Year	1,045,573	3.500%	04/01/52	1,032,163	928,574	
FNMA Umbs Lng 30 Year	521,069	3.500%	01/01/52	521,802	464,423	
FNMA Umbs Lng 30 Year	728,176	5.000%	11/25/53	710,597	702,399	
Freddie Mac	750,515	4.500%	11/25/52	692,936	706,092	
GNMA PI #550764	10,202	5.500%	12/15/35	10,068	10,330	
United States of America	400,000	4.500%	11/15/25	401,512	400,721	
United States of America	327,000	4.000%	11/15/42	333,080	294,327	
United States Treas Bds	325,000	2.375%	02/15/42	246,632	231,336	
United States Treas Bds	41,000	3.000%	08/15/48	40,649	29,959	
United States Treas Bds	983,000	1.875%	02/15/41	797,917	658,390	
United States Treas Bds	2,888,000	1.125%	05/15/40	2,583,809	1,737,570	
United States Treas Bds	9,198,000	1.250%	05/15/50	7,211,929	4,363,416	
United States Treas Bds	5,076,000	2.250%	02/15/52	3,800,737	3,078,983	
United States Treas Bds	790,000	2.500%	05/15/46	806,110	537,831	
United States Treas Bds	600,000	1.875%	02/15/51	471,522	333,850	
United States Treas Bds	290,000	3.625%	02/20/25	286,944	288,313	
United States Treas Bds	182,000	2.875%	01/21/25	179,469	181,565	
United States Treas Nts	1,500,000	4.625%	03/15/26	1,518,393	1,506,445	
United States Treas Nts	35,000	4.125%	07/31/28	35,037	34,762	
United States Treas Nts	200,000	3.875%	04/30/25	199,461	199,656	
United States Treas Nts	290,000	3.625%	03/31/28	278,683	284,041	
United States Treas Nts	140,000	4.000%	01/31/29	139,787	138,119	
United States Treas Nts	1,005,000	4.250%	02/28/29	1,006,399	1,000,603	
United States Treas Nts	1,023,000	3.250%	06/30/29	978,648	976,327	
United States Treas Nts	2,229,000	4.000%	02/15/34	2,195,078	2,135,305	
United States Treas Nts	4,088,000	4.625%	11/15/26	4,109,398	4,114,840	
United States Treas Nts	325,000	2.875%	05/15/28	347,585	310,452	
United States Treas Nts	675,000	1.500%	02/15/30	703,266	586,247	
United States Treas Nts	1,888,000	0.625%	05/15/30	1,630,897	1,549,785	
United States Treas Nts	1,239,000	0.043%	01/31/26	1,228,137	1,239,004	
United States Treas Nts	425,000	4.375%	05/15/34	432,354	418,756	
United States Treas Nts	2,161,000	4.625%	04/30/29	2,185,279	2,182,438	
United States Treas Nts	2,324,000	4.500%	05/31/29	2,363,952	2,335,802	
United States Treas Nts	3,021,000	4.625%	06/15/27	3,052,282	3,046,948	
United States Treas Nts	850,000	4.250%	12/31/25	843,393	850,066	
United States Treas Nts	1,744,000	4.500%	05/15/27	1,755,882	1,752,990	
United States Treas Nts	300,000	1.250%	08/15/31	298,289	244,945	
United States Treas Nts	1,300,000	1.250%	11/30/26	1,301,371	1,229,008	
United States Treas Nts	421,000	1.750%	01/31/29	409,965	380,184	
United States Treas Nts	1,700,000	2.625%	05/31/27	1,658,031	1,636,648	
United States Treas Nts	100,000	4.125%	08/31/30	100,219	98,492	
United States Treas Nts	935,000	4.625%	09/30/28	932,118	943,982	
United States Treas Nts	150,000	4.625%	10/15/26	150,838	150,926	
United States Treas Nts 4.	90,000	4.375%	12/15/26	90,490	90,211	

See Independent Auditors' Report.

METRO-ILA PENSION FUND
EIN #13-1939129
PLAN NO. 001 - 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,</u>	<u>Borrower,</u>	<u>Description of Investment,</u>			<u>Cost</u>	<u>Current</u>
<u>Lesser, or</u>	<u>Similar Party</u>	<u>Including Maturity Date,</u>				<u>Value</u>
		<u>Rate of Interest, Collateral</u>				
		<u>Par or Maturity Value</u>				
United States Treas Nts 4.		900,000	4.000%	07/31/29	913,263	886,077
United States Treas Nts 3.5		150,000		09/30/29	147,604	144,375
United States Treas Nts 3.7		375,000	3.750%	04/15/26	374,121	372,599
US T Not		1,265,000	4.250%	06/30/31	1,293,169	1,249,585
US Treasury Bond		465,000	4.750%	11/15/53	483,676	460,355
US Treasury Note		767,000	3.875%	08/15/33	742,795	730,385
US Treasury Note		160,000	4.000%	06/30/28	158,022	158,375
US Treasury Nts 4.3750% 08/3		180,000	4.375%	08/31/28	179,466	180,173
Total U.S. Government Securities					<u>74,995,692</u>	<u>67,599,634</u>
Corporate Bonds:						
Abbvie Inc		255,000	4.250%	11/21/49	316,019	207,199
Aercap Ireland Capital Desi		454,000	6.450%	04/15/27	464,773	468,144
Aflac Inc		130,000	1.125%	03/15/26	116,147	124,684
Agree Ltd Partnership Sr		567,000	4.800%	10/01/32	522,048	543,479
Air Lease Cor		384,000	5.200%	07/15/31	380,805	379,728
Air Lease Corp		60,000	5.300%	06/25/26	59,747	60,394
Air Lease Corp		475,000	1.875%	08/15/26	415,307	453,014
American Express Credit Acc		120,000	4.650%	07/16/29	121,631	120,180
Amgen Inc		370,000	2.450%	02/21/30	385,951	326,928
Anheuser-busch Inbev Fin		215,000	4.900%	02/01/46	231,572	194,587
Apple Inc		300,000	2.950%	09/11/49	297,870	199,397
Applied Matls Inc		100,000	3.900%	10/01/25	102,543	99,602
Bank Amer Corp		1,034,000	3.559%	04/23/27	1,079,880	1,017,484
Bank New York Mellon Corp		291,000	3.750%	N/A	263,719	275,529
BANK5 2024-5YR8 20570817 F		460,000	5.884%	07/15/29	473,795	472,466
Bk Of America Corp		470,000	1.734%	07/22/27	431,845	448,078
Bk Of America Corp		361,000	4.375%	N/A	349,268	348,147
Bk Of America Corp		492,000	2.482%	09/21/36	412,773	401,085
Boeing Co		373,000	2.196%	02/04/26	374,779	361,792
Boeing Co		608,000	5.805%	05/01/50	599,340	566,131
Broadcom Inc		312,000	4.350%	02/15/30	311,451	303,331
Cap One Multi-ast Exec 202		850,000	4.420%	05/15/28	838,645	848,722
Cap One Multi		100,000	4.950%	10/15/25	99,984	100,337
Capital One Finl Corp		499,000	6.312%	06/08/29	516,460	516,425
Capital One Finl Corp		710,000	5.817%	02/01/34	701,733	711,814
Capital One Mul Ex Tr 2024-1		760,000	3.920%	09/17/29	759,852	746,283
Carvana Auto Recb Tr 2021-n1		9,396	0.700%	01/10/28	9,395	9,123
Centene Corp Del		343,000	4.625%	12/15/29	382,016	324,672
Centerpoint Energy Houston		478,000	5.150%	03/01/34	476,337	472,713
Cheniere Corpus Christi Hld		291,000	5.125%	06/30/27	291,585	292,593
Chevron Corp New		100,000	1.554%	05/11/25	92,964	98,937
Cintas Corp No 2		75,000	3.450%	05/01/25	74,984	74,667
Cit Group Inc		335,000	6.125%	03/09/28	382,919	344,093

See Independent Auditors' Report.

METRO-ILA PENSION FUND
EIN #13-1939129
PLAN NO. 001 - 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,</u>	<u>Borrower,</u>	<u>Description of Investment,</u>			<u>Cost</u>	<u>Current</u>
<u>Lessor, or</u>	<u>Similar Party</u>	<u>Including Maturity Date,</u>				<u>Value</u>
		<u>Rate of Interest, Collateral</u>				
		<u>Par or Maturity Value</u>				
Citigroup Inc		550,000	1.462%	06/09/27	488,576	523,511
Citigroup Inc		425,000	2.572%	06/03/31	449,501	370,332
Citigroup Inc		823,000	3.520%	10/27/28	729,935	791,987
Cno Finl Group Inc		411,000	5.250%	05/30/29	449,335	407,992
Comcast Corp New		350,000	3.450%	02/01/50	361,988	240,015
Comcast Corp New		110,000	3.950%	10/15/25	110,225	109,395
Consolidated Edison Company		524,000	6.150%	11/15/52	578,465	550,397
Corporate Office Pptys L P		405,000	2.750%	04/15/31	386,274	345,396
Cubesmart L P		795,000	2.250%	12/15/28	635,046	715,908
Cvs Health Corp		125,000	2.875%	06/01/26	117,699	121,437
Cvs Health Corp		88,000	4.300%	03/25/28	96,028	85,486
Cvs Health Corp		175,000	2.700%	08/21/40	170,513	115,158
Dell Intl L		140,000	5.250%	02/01/28	143,046	141,467
Dell Intl L		56,000	8.350%	07/15/46	71,244	71,433
Dell Intl L		330,000	4.900%	10/01/26	349,899	331,021
Dell Intl LLC		268,000	4.850%	02/01/35	267,051	254,750
Devon Energy Corp New		125,000	5.250%	10/15/27	125,655	125,018
Dollar General		102,000	4.150%	11/01/25	104,248	101,314
Dominion Resources Inc		95,000	3.900%	10/01/25	94,126	94,321
Dominion Resources INC		382,000	5.950%	06/15/35	443,369	392,127
Duke Energy Corp New		140,000	4.850%	01/05/29	139,846	139,249
Duke Energy Corp New		439,000	6.100%	09/15/53	438,811	445,795
Edison International		512,000	6.950%	11/15/29	530,330	546,556
Elevance Heal		351,000	5.375%	06/15/34	356,237	348,253
Elevance Health Inc		45,000	4.900%	02/08/26	44,953	44,983
Enbridge Inc		234,000	6.700%	11/15/53	244,495	253,376
Energy Transfer Partners		510,000	6.500%	02/01/42	541,236	526,468
Enterprise Prods Oper Llc		150,000	3.125%	07/31/29	139,122	139,469
Enterprise Products		315,000	4.450%	02/15/43	331,018	269,643
Epr Pptys		280,000	4.950%	04/15/28	290,554	275,049
Equifax Inc		220,000	7.000%	07/01/37	271,179	240,318
Equifax Inc		382,000	5.100%	06/01/28	377,011	383,520
Extra Space Storage Lp		330,000	4.000%	06/15/29	376,646	315,762
First American Financial Co		224,000	5.450%	09/30/34	224,085	216,164
Fiserv Inc		330,000	3.500%	07/01/29	340,590	309,877
Ford Cr Auto Owner Tr 2024-b		95,000	5.100%	04/15/29	94,999	95,826
Ford Mtr Co		213,000	6.100%	08/19/32	211,371	211,794
Gen Mls I		140,000	5.500%	10/17/28	138,953	142,858
General Motors Financial Co		776,000	6.100%	01/07/34	784,359	787,971
General Mtrs Finl Co Inc		160,000	5.400%	04/06/26	159,550	160,948
Gm Fin Cons Auto Rec 2022-1		23,417	1.260%	11/16/26	22,191	23,169
Gm Finl Con Auto Rec Tr 202		65,000	5.130%	04/16/29	64,990	65,275
Goldman Sachs Gp		998,000	6.750%	10/01/37	1,199,788	1,071,502
Goldman Sachs Group Inc		464,000	1.431%	03/09/27	414,941	445,818
Halliburton Co		425,000	4.850%	11/15/35	480,302	403,782
HCA Inc		143,000	5.875%	02/01/29	144,446	145,803

See Independent Auditors' Report.

METRO-ILA PENSION FUND
EIN #13-1939129
PLAN NO. 001 - 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,</u>	<u>Borrower,</u>	<u>Description of Investment,</u>			<u>Cost</u>	<u>Current</u>
<u>Lessor, or</u>	<u>Similar Party</u>	<u>Including Maturity Date,</u>				<u>Value</u>
		<u>Rate of Interest, Collateral</u>				
		<u>Par or Maturity Value</u>				
HCA Inc.		490,000	6.000%	04/01/54	498,408	466,487
Hcp Inc		680,000	3.500%	07/15/29	628,232	636,913
Hewlett Packard Enterprise		447,000	4.550%	10/15/29	446,504	436,961
Home Depot Inc		140,000	4.900%	04/15/29	139,943	141,201
Home Depot Inc		450,000	2.700%	04/15/30	491,351	406,126
Honda Auto Rec Owner Tr 202		75,000	4.570%	03/21/29	74,988	74,872
Honda Auto Receivables 2024		45,000	4.330%	03/15/29	44,994	44,705
Huntington Bancshares Inc		304,000	6.141%	11/18/39	306,168	303,840
Hyundai Auto		50,000	4.840%	03/15/29	49,992	50,271
Hyundai Auto Rec Tr 2024-c		60,000	4.420%	05/15/29	59,996	59,724
Intel Corp		46,000	4.875%	02/10/26	46,000	46,021
Invitation Homes Operating		365,000	4.875%	02/01/35	361,806	345,161
Jbs USA Lux S A		396,000	3.625%	01/15/32	347,708	348,901
John Deere Owner Tr 2024-b		60,000	1.000%	03/15/29	59,988	60,611
John Deere Owner Tr 2024-c		150,000	4.060%	06/15/29	149,965	148,004
Jp Morgan Chase Bank Na		255,000	3.540%	05/01/28	258,244	247,745
Jp Morgan Chase Bank Na		1,143,000	4.203%	07/23/29	1,097,383	1,113,159
Jpmorgan Chase & Co		400,000	1.764%	11/19/31	390,676	332,069
Jpmorgan Chase & Co		581,000	2.963%	01/25/33	562,449	502,477
Juniper Networks		337,000	1.200%	12/10/25	336,919	326,287
Kinder Morgan En Mtn		262,000	6.950%	01/15/38	278,647	283,827
Kinder Morgan Inc Del		255,000	4.300%	06/01/25	265,377	254,404
Kite Rlty Grp		518,000	5.500%	03/01/34	505,957	514,576
Kroger		298,000	5.500%	09/15/54	296,772	280,405
Kyndryl Holdings		253,000	3.150%	10/15/31	207,361	219,417
Lockheed Martin Corp		140,000	4.450%	05/15/28	139,832	138,832
Lowe's Cos Inc		350,000	1.700%	10/15/30	351,775	294,074
Lpl Hldgs Inc		261,000	6.000%	05/20/34	264,847	265,854
Lpl Hldgs Inc		251,000	5.700%	05/20/27	251,655	253,521
Mastercard Inc		350,000	3.350%	03/26/30	405,671	326,921
Mercedes Auto Rec Tr 2023-1		170,000	4.310%	04/16/29	169,555	168,823
Microsoft Corp		215,000	2.525%	06/01/50	232,583	132,441
Morgan Stanley		210,000	4.375%	01/22/47	187,730	175,144
Mylan Nv		661,000	5.250%	06/15/46	657,806	556,754
National Rural Utils Coop F		742,000	4.300%	03/15/49	815,277	601,424
Netflix Inc		264,000	5.400%	08/15/54	263,446	257,392
Nissan Auto Lease Trust 202		115,000	5.930%	03/15/28	115,642	116,487
Nissan Auto Rec Own Tr 5.28		100,000	5.280%	12/15/28	99,991	101,246
Northrop Grumman Corp		275,000	2.930%	01/15/25	263,956	274,826
Oracle Corp		440,000	2.950%	04/01/30	474,404	398,049
Oracle Corp		712,000	3.600%	04/01/50	671,802	498,717
Pnc Finl Svcs Group Inc		290,000	3.400%	02/20/25	259,013	274,775
Primerica Inc		479,000	2.800%	11/19/31	460,024	408,673
Prudential Finl Inc		499,000	5.375%	05/15/45	478,042	496,020
Radian Group Inc		335,000	6.200%	05/15/29	337,201	343,944

See Independent Auditors' Report.

METRO-ILA PENSION FUND
EIN #13-1939129
PLAN NO. 001 - 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,</u>	<u>Borrower,</u>	<u>Description of Investment,</u>		<u>Cost</u>	<u>Current</u>	
<u>Lessor, or</u>	<u>Similar Party</u>	<u>Including Maturity Date,</u>			<u>Value</u>	
		<u>Rate of Interest, Collateral</u>				
		<u>Par or Maturity Value</u>				
Realty Income Corp Sr Nt 5		492,000	5.375%	09/01/54	484,000	466,269
Regions Financial Corp New		338,000	5.722%	06/06/30	338,859	342,509
Rogers Commun		281,000	4.550%	03/15/52	202,233	224,449
Rtx Corporation		200,000	6.400%	03/15/54	224,300	217,379
Schwab Charles Corp		230,000	4.000%		210,565	222,497
Schwab Charles Corp		140,000	5.643%	05/19/29	142,341	142,888
Selective Ins Group Inc		285,000	5.375%	03/01/49	309,065	260,324
Southern Co		346,000	3.250%	07/01/26	323,434	338,922
Southern Co		181,000	3.750%	09/15/51	169,688	173,229
Southwest Airls Co		353,000	5.125%	06/15/27	360,662	354,520
Southwestern Energy		186,000	4.750%	02/01/32	179,258	172,836
Sprint Spectrum Co L		325,000	5.152%	09/20/29	335,563	326,381
State Str Corp		639,000	3.152%	03/30/31	571,828	585,490
Stryker Corp		106,000	3.375%	11/01/25	104,634	104,944
Sunoco Logistics Partners		382,000	4.000%	10/01/27	408,732	373,457
Sysco Corp		494,000	6.600%	04/01/50	687,958	541,326
T Mobile Usa Inc		350,000	5.050%	07/15/33	337,635	342,912
T Mobile Usa Inc		1,054,000	3.375%	04/15/29	944,222	983,445
The Bank Of New York Mellon		140,000	4.543%	02/01/02	137,530	138,883
Toronto Dominion		262,000	5.146%	09/10/34	262,000	256,186
Toronto Dominion Bank		333,000	4.693%	09/15/27	327,379	332,374
Toyota Auto Rec Own 2024-c		80,000	5.450%	03/15/29	80,000	80,513
Toyota Mtr Cr Corp		90,000	1.450%	01/13/25	89,879	89,913
Truist Finl Corp		395,000	5.867%	06/08/34	387,112	402,298
Unitedhealth Group Inc		350,000	2.000%	05/15/30	363,164	301,361
Us Bancorp		1,249,000	2.491%	11/03/36	1,049,622	1,011,995
US Bancorp		290,000	5.300%	04/15/27	290,000	285,343
Us Bancorp		281,000	5.384%	01/23/30	282,871	283,371
Valero Energy Corp		602,000	6.625%	06/15/37	777,931	632,346
Verizon Communications Inc		565,000	2.875%	11/20/50	540,801	347,386
Verizon Ma Tr 24-6		150,000	4.170%	08/20/30	149,961	147,686
Verizon Master Trust 2024-3		1,190,000	5.340%	04/22/30	1,189,737	1,206,260
Verizon Master Trust 2024-4		125,000	5.210%	06/20/29	124,993	126,573
Vmware Inc		265,000	3.900%	08/21/27	251,702	259,043
Wells Fargo & Co		159,000	6.850%		159,000	163,727
Wells Fargo & Co		1,291,000	2.393%	06/02/28	1,309,922	1,215,693
Williams Cos Inc		465,000	5.400%	03/02/26	464,568	468,225
Willis North Amer Inc		173,000	5.900%	03/05/54	181,871	170,687
Total Corporate Bonds					<u>56,433,463</u>	<u>53,631,172</u>
Mutual Funds:						
Lazard Global Listed Infrastructure Inst'l		2,096,828			29,924,871	32,773,421
Invesco S&P 500 Equal Weight ETF		302,255			42,735,369	52,964,122

See Independent Auditors' Report.

METRO-ILA PENSION FUND
EIN #13-1939129
PLAN NO. 001 - 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>
	Vaneck Vectors Etf Trust Emerging Mkts Hi	44,310	1,069,905	862,716
	iShares 0-5 Year High Yield Corp	23,110	1,074,153	984,717
	Vaneck Vectors ETF Tr JP Morgan Mkts	20,985	663,333	484,963
	Vanguard Short Term Corporate Bond ETF	115,638	<u>9,031,448</u>	<u>9,020,900</u>
	Total Mutual Funds		<u>84,499,079</u>	<u>97,090,839</u>
	Common Collective Trust:			
	BONY AFL CIO S&P 500 Index	21,300,203	21,300,203	39,752,125
	CTF EAFE Index Fund	51,200	<u>17,208,836</u>	<u>22,557,248</u>
	Total Common Collective Trust		<u>38,509,039</u>	<u>62,309,373</u>
	Total Investments		<u>\$318,671,812</u>	<u>\$360,185,229</u>

See Independent Auditors' Report.

METRO-ILA PENSION FUND
EIN #13-1939129
PLAN NO. 001 - 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		\$ 100	\$ --	\$ --	\$ 24,735,979	\$ 24,735,979	\$ --
FDIC Bank Deposit Fund		--	100	--	25,094,969	25,094,969	--

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

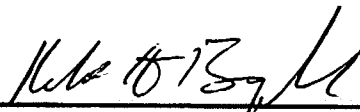


THOMAS J. GIBLIN, ESQ.

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

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

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

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

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

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

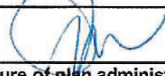
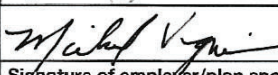
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

1a Name of plan METRO ILA PENSION FUND	1b Three-digit plan number (PN) ▶	001
	1c Effective date of plan	01/01/1956
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES METRO ILA PENSION FUND 301 ROUTE 17 NORTH RUTHERFORD NJ 07070	2b Employer Identification Number (EIN) * *- * * * 9129	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		10/14/2025	JOSEPH RAGUSA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/15/25	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 PENSION FUND
EIN #13-1939129
PLAN NO. 001 - 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		\$ 100	\$ --	\$ --	\$ 24,735,979	\$ 24,735,979	\$ --
FDIC Bank Deposit Fund		--	100	--	25,094,969	25,094,969	--

See Independent Auditors' Report.

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

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

A Name of plan METRO ILA PENSION FUND	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES METRO ILA PENSION FUND	D Employer Identification Number (EIN) 13-1939129	

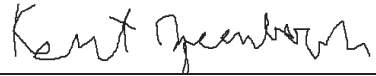
E Type of plan: (1) Multiemployer Defined Benefit (2) Money Purchase (see instructions)

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

b Assets

(1) Current value of assets	1b(1)	343,378,219
(2) Actuarial value of assets for funding standard account.....	1b(2)	343,378,219
c (1) Accrued liability for plan using immediate gain methods	1c(1)	362,291,350
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	362,291,350
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	604,967,573
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	12,208,873
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	29,447,731
(3) Expected plan disbursements for the plan year	1d(3)	28,434,023

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

SIGN HERE	 Signature of actuary	10/13/2025 Date
	Kent Zumbach Type or print name of actuary	2305732 Most recent enrollment number
	Horizon Actuarial Services, LLC Firm name	240-247-4600 Telephone number (including area code)
	8601 Georgia Avenue Suite 905 Silver Spring MD 20910 Address of the firm	

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

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability

	Pre-retirement			Post-retirement		
b Rates specified in insurance or annuity contracts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:						
(1) Males	6c(1)	9		9		
(2) Females	6c(2)	9F		9F		
d Valuation liability interest rate	6d	7.00 %		7.00 %		
e Salary scale	6e	%	<input checked="" type="checkbox"/> N/A			
f Withdrawal liability interest rate:						
(1) Type of interest rate	6f(1)	<input checked="" type="checkbox"/> Single rate	<input type="checkbox"/> ERISA 4044	<input type="checkbox"/> Other	<input type="checkbox"/> N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)					6.25 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g					13.3 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h					13.3 %
i Expense load included in normal cost reported in line 9b	6i					<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)					%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)					935,000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)					<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-19,624,103	-2,013,665

8 Miscellaneous information:

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

b Demographic, benefit, and contribution information

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

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

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

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

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

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

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

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

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

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

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

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s)	8e	
9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date	9b	5,735,027
c Amortization charges as of valuation date:		
	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	163,949,089
(2) Funding waivers	9c(2)	23,138,827
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c	9d	2,021,170
e Total charges. Add lines 9a through 9d	9e	30,895,024
Credits to funding standard account:		
f Prior year credit balance, if any	9f	75,355,187
g Employer contributions. Total from column (b) of line 3	9g	16,946,736
h Amortization credits as of valuation date:		
	Outstanding balance	
(1) ERISA FFL (accrued liability FFL)	9h	69,680,771
(2) "RPA '94" override (90% current liability FFL)	9j(2)	10,391,777
(3) FFL credit	9j(3)	
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	6,595,423
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	107,003,579
(2) "RPA '94" override (90% current liability FFL)	9j(2)	209,239,699
(3) FFL credit	9j(3)	
k (1) Waived funding deficiency	9k(1)	
(2) Other credits	9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	109,289,123
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	78,394,099
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)	10	
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No