

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 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☒ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan NYS-ILA MEDICAL AND CLINICAL SERVICES FUND RETIREMENT TRUST AND PLAN
1b	Three-digit plan number (PN) ▶ 002
1c	Effective date of plan 01/01/1960
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 NYS-ILA MED AND C/O EXECUTIVE SECRETARY 10 EXCHANGE PLACE SUITE 1400 JERSEY CITY, NJ 07302
2b	Employer Identification Number (EIN) 13-6320346
2c	Plan Sponsor's telephone number 201-479-3605
2d	Business code (see instructions) 483000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/20/2026	JOHN NARDI & HAROLD J. DAGGETT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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	5 128
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) 64 6a(2) 62 6b 18 6c 32 6d 112 6e 13 6f 125 6g(1) 128 6g(2) 125 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

2C 2G

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

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

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ **A** (Insurance Information) – Number Attached 2
- (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 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan NYSA-ILA MEDICAL AND CLINICAL SERVICES FUND RETIREMENT TRUST AND PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES NYSA-ILA MED AND	D Employer Identification Number (EIN) 13-6320346	

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

(a) Name of insurance carrier
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	524474-01	98	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid 29367	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CHRIS PURDUE MORGAN STANLEY INS SER 10 MADISON AVE
MORRISTOWN, NJ 07962

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
17967		SERVICES TO INSURER OR PLAN	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CHRIS PURDUE MORGAN STANLEY CO INC 10 MADISON AVE
MORRISTOWN, NJ 07962

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11400		SERVICES TO INSURER OR PLAN	3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 19311399**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT****b** Balance at the end of the previous year **7b** 19982805**c** Additions: (1) Contributions deposited during the year **7c(1)** 568105
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)** 687431
(4) Transferred from separate account **7c(4)** 43183
(5) Other (specify below) **7c(5)** 2519
▶ **LOAN REPAYMENT**(6) Total additions **7c(6)** 1301238**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 21284043**e** Deductions:
(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 1056986
(2) Administration charge made by carrier **7e(2)** 29256
(3) Transferred to separate account **7e(3)** 886402
(4) Other (specify below) **7e(4)**
▶ **MISCELLANEOUS OUT**(5) Total deductions **7e(5)** 1972644**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 19311399

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan NYSA-ILA MEDICAL AND CLINICAL SERVICES FUND RETIREMENT TRUST AND PLAN	B Three-digit plan number (PN) 002	
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES NYSA-ILA MED AND	D Employer Identification Number (EIN) 13-6320346	

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

(a) Name of insurance carrier EMPOWER ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	524474-01	55	01/01/2025	12/31/2025

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.	
(a) Total amount of commissions paid 12316	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).	
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid CHRIS PURDUE MORGAN STANLEY CO INC10 MADISON AVE MORRISTOWN, NJ 07962	

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7535		SERVICES TO INSURER OR PLAN	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid CHRIS PURDUE MORGAN STANLEY INS SER10 MADISON AVE MORRISTOWN, NJ 07962	
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4781		SERVICES TO INSURER OR PLAN	3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	8098626

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year**7b****c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits

7c(2)

(3) Interest credited during the year

7c(3)

(4) Transferred from separate account

7c(4)

(5) Other (specify below)

7c(5)

▶

(6) Total additions

7c(6)**d** Total of balance and additions (add lines **7b** and **7c(6)**)**7d****e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier

7e(2)

(3) Transferred to separate account

7e(3)

(4) Other (specify below)

7e(4)

▶

(5) Total deductions

7e(5)**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**)**7f**

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan NYSA-ILA MEDICAL AND CLINICAL SERVICES FUND RETIREMENT TRUST AND PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES NYSA-ILA MED AND		D Employer Identification Number (EIN) 13-6320346

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

EMPOWER ANNUITY INSURANCE COMPANY O

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

06-1050034

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	38977	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☒ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan NYS-ILA MEDICAL AND CLINICAL SERVICES FUND RETIREMENT TRUST AND PLAN		B Three-digit plan number (PN) ▶ 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES NYS-ILA MED AND		D Employer Identification Number (EIN) 13-6320346
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: LCV/LSV ASSET MGMT		
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY		
c EIN-PN 06-1050034-318	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 991091
a Name of MTIA, CCT, PSA, or 103-12 IE: CORE PLUS BOND/PGIM FUND		
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY		
c EIN-PN 06-1050034-299	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 210533
a Name of MTIA, CCT, PSA, or 103-12 IE: LCG/JENNISON FD		
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY		
c EIN-PN 06-1050034-408	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2470939
a Name of MTIA, CCT, PSA, or 103-12 IE: DRYDEN S&P 500 INDEX FUND		
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY		
c EIN-PN 06-1050034-123	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1041500
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL BLEND/AQR		
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY		
c EIN-PN 06-1050034-125	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 473497
a Name of MTIA, CCT, PSA, or 103-12 IE: SCV/VICTORY FUND		
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY		
c EIN-PN 06-1050034-701	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2911
a Name of MTIA, CCT, PSA, or 103-12 IE: MCV/INTEGRITY		
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY		
c EIN-PN 06-1050034-441	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 324508
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2025 v. 250312		

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP GROWTH / WESTFIELD CAPITAL		
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY		
c EIN-PN 06-1050034-560	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 660359

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTMAM RETIREMENT ADV 2060 SA		
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY		
c EIN-PN 06-1050034-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 49584

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTMAM RETIREMENT ADV 2030 SA		
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY		
c EIN-PN 06-1050034-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 644764

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTMAM RETIREMENT ADV 2040 SA		
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY		
c EIN-PN 06-1050034-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 533871

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTMAM RETIREMENT ADV 2050 SA		
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY		
c EIN-PN 06-1050034-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 161353

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTMAM RETIREMENT ADV MATURITY SA		
b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INSURANCE COMPANY		
c EIN-PN 06-1050003-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 533717

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)

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan NYSA-ILA MEDICAL AND CLINICAL SERVICES FUND RETIREMENT TRUST AND PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES NYSA-ILA MED AND	D Employer Identification Number (EIN) 13-6320346	

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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	71892	86322
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		222881
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	5775753	8098627
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	19982805	19311399
(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)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	25830450	27719229

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	25830450	27719229
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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)	953846	
(B) Participants	2a(1)(B)	236303	
(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)		1190149
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	5476	
(F) Other	2b(1)(F)	687361	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		692837
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1060352	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1060352

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2943338

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1003973	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	50586	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1054559
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1054559

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1888779
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **DESENA & CO. CPAS LLC**

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		2500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

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

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

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

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

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

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN 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 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan NYS-ILA MEDICAL AND CLINICAL SERVICES FUND RETIREMENT TRUST AND PLAN	B Three-digit Plan number (PN)..... ►	002
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF BOARD OF TRUSTEES NYS-ILA MED AND	D Administrator's EIN 13-6320346	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
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- 1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).
- a ☒ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b ☐ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d ☐ other multiple-employer pension plan (Describe) _____ (Complete Part II)

Part II	Participating Employer Information.
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2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer NYS-ILA CONTAINER ROYALTY FUND	2b EIN 13-6264730	2c Percentage of Total Contributions for the Plan Year 2.42	2d Aggregate Account Balances Attributable to Participating Employer 22758
2a Name of Participating Employer NYS-ILA FRINGE BENEFITS ESCROW FUND	2b EIN 13-6555423	2c Percentage of Total Contributions for the Plan Year 68.34	2d Aggregate Account Balances Attributable to Participating Employer 641977

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	☐ Yes ☒ No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer NYS-ILA PENSION TRUST FUND	2b EIN 13-5652028	2c Percentage of Total Contributions for the Plan Year 8.06	2d Aggregate Account Balances Attributable to Participating Employer 75715
2a Name of Participating Employer NYS-ILA VACATION & HOLIDAY FUND	2b EIN 23-7254775	2c Percentage of Total Contributions for the Plan Year 6.25	2d Aggregate Account Balances Attributable to Participating Employer 58691
2a Name of Participating Employer NYS-ILA WELFARE FUND	2b EIN 13-5638505	2c Percentage of Total Contributions for the Plan Year 14.93	2d Aggregate Account Balances Attributable to Participating Employer 140206
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III	Pooled Employer Plan Information
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Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)..... ☐ Yes ☐ No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)
ACK ID _____

Financial Statements

NYSA-ILA
Medical & Clinical Services Fund
Retirement Trust

As of December 31, 2025 and 2024
and for the Year Ended December 31, 2025

**NYSA-ILA MEDICAL AND CLINICAL SERVICES FUND RETIREMENT TRUST
FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES
DECEMBER 31, 2025**

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INDEPENDENT AUDITOR'S REPORT

The Board of Trustees

NYSA-ILA Medical and Clinical Services Fund Retirement Trust

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

We have performed an audit of the accompanying financial statements of NYSA-ILA Medical and Clinical Services Fund Retirement Trust ("The Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statement of net assets available for benefits as of December 31, 2025, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 9 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of The Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

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

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

and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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

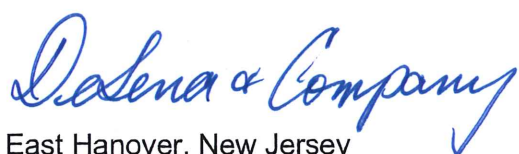
Supplemental Schedule Required by ERISA

The supplemental schedule of assets held at year end of NYSA-ILA Medical and Clinical Services Fund Retirement Trust ("supplemental schedule") is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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



East Hanover, New Jersey
September 18, 2026

NYSA-ILA MEDICAL AND CLINICAL SERVICES FUND RETIREMENT TRUST
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2025	2024
<u>ASSETS</u>		
Investments at fair value (See Note 8)	\$ 8,098,627	\$ 5,775,753
Investments at contract value (See Note 3)	19,311,399	19,982,805
Receivables:		
Notes receivable from participants (See Note 1)	222,881	-
Employers contributions receivable	<u>86,322</u>	<u>71,892</u>
TOTAL ASSETS	<u>\$ 27,719,229</u>	<u>\$ 25,830,450</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 27,719,229</u>	<u>\$ 25,830,540</u>

**NYSA-ILA MEDICAL AND CLINICAL SERVICES FUND RETIREMENT TRUST
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2025**

ADDITIONS

Guaranteed Interest account	
Interest Income	\$ 687,361
Other Investments	
Net appreciation in fair value of investments	1,060,352
Total Investment gain	<u>1,747,713</u>
Interest income- participants notes receivable	5,476
Contributions	
Employers	953,846
Participants	<u>236,303</u>
TOTAL ADDITIONS	2,943,338

DEDUCTIONS

Benefits paid to participants	1,003,973
Participant fees	38,977
Loan Payments	<u>11,609</u>

TOTAL DEDUCTIONS 1,054,559

NET INCREASE IN NET ASSETS
AVAILABLE FOR BENEFITS 1,888,779

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>25,830,450</u>
End of Year	<u><u>\$ 27,719,229</u></u>

NYSA-ILA MEDICAL AND CLINICAL SERVICES FUND RETIREMENT TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025

Note 1 – DESCRIPTION OF THE FUND

The following description of the NYSA-ILA Medical and Clinical Services Fund Retirement Trust (the “Plan”) provides only general information. Participants should refer to the Plan document for a complete description of the Plan’s provisions.

a) General

The Plan was originally established as of January 1, 1960 by an Agreement and Declaration of Trust (the “Agreement”) between the NYSA-ILA Medical Center of Brooklyn, Inc. and its trustees and was amended and restated a number of times adding and removing employers. The current Agreement was amended and restated on November 17, 2015. Currently, eligible employees of the following multiemployer plans are participants in the Plan during the year: NYSA-ILA Fringe Benefits Escrow Fund, NYSA-ILA GAI Fund, NYSA-ILA Vacation & Holiday Fund, NYSA-ILA Container Royalty Fund, NYSA-ILA Pension Trust Fund, and NYSA-ILA Welfare Fund (collectively, the “Employers”).

The Plan is a multiple-employer, self-directed defined contribution plan that provides retirement benefits to employees not eligible for benefits under the Employer’s other retirement plans. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

b) Contributions

Each month, the Employers contribute to the Plan an amount equal to 10% of the participants’ cash compensation, excluding overtime, premium, or bonus payments. Contributions cease upon death or termination of the employee. Employer contributions are irrevocable and cannot be returned (to the Employer) except for those made by error of either fact or law.

Participants may make additional contributions of 2% to 100% of their cash compensation, excluding overtime, premium, or bonus payments, subject to the contribution limits set forth by the Internal Revenue Service. Participants can elect to withdraw all or part of their employee contributions including interest at any time.

c) Participant Accounts

Each participant’s account is credited weekly for the participant’s contribution and monthly for the Employer’s contribution. Interest earned on the account is allocated to participant accounts on a daily basis based upon the daily balance in each account. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

NYSA-ILA MEDICAL AND CLINICAL SERVICES FUND RETIREMENT TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025

Note 1 – DESCRIPTION OF THE FUND (CONTINUED)

d) Vesting

Participants vest immediately in their voluntary contributions plus actual earnings thereon. A participant is 100% vested in Employer contributions plus actual earnings thereon after three years of credited service with no vesting in Employer contributions prior to that time. Participants are also fully vested, regardless of their years of service, at age 65, at death, if a participant is found to be totally and permanently disabled, or if their employment is terminated as a result of a deliberate reduction in the workforce.

e) Forfeitures

The Plan can utilize forfeitures to satisfy future employer matching contributions, if applicable. Forfeitures cannot be used to offset expenses or be allocated to participants, in accordance with the Plan document.

The following table summarizes the Plan's forfeiture activity for the year ended December 31, 2025:

Balance, beginning of year:	\$2,007
Deductions during the year:	(1)
Change in market value:	<u>70</u>
Balance, end of year:	\$2,076

f) Payment of Benefits

At separation or termination of service from the Employer before retirement or death, a participant may choose to withdraw their entire vested balance in a lump sum, have the amount transferred into any other qualified retirement plan, or have their vested balance held by Empower Annuity Insurance Company of America ("Empower") for future retirement distributions. Empower acts as the custodian. Amounts transferred to alternative funding agencies or distributed to the participants are removed from the holdings of the Plan.

On termination of service due to retirement, a participant may elect to receive either a lump-sum amount equal to the value of the vested portion of their account, fixed payments, or an annuity. If the participant elects to receive an annuity, either life or term, Empower purchases this annuity in the value of the participant's account, and the total participant account balance is removed from the holdings, and the value and obligations under the contract are not reported as part of the Plan's assets or obligations.

On termination of service due to death, the beneficiary may elect to receive either a lump-sum amount equal to the value of the participant's account, or an annuity.

NYSA-ILA MEDICAL AND CLINICAL SERVICES FUND RETIREMENT TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025

Note 1 – DESCRIPTION OF THE FUND (CONTINUED)

g) Notes Receivable from Participants

Participants may borrow from their vested fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance, reduced by the highest outstanding loan balance in the last twelve months. Loans must be fully repaid within 5 years unless used by a participant to acquire a principal residence in which case the loan must be fully repaid within 15 years. Loans have an interest rate equal to the bank prime rate plus 1% at the time the loan is originated. The bank prime rate is set on the last business day of the calendar quarter immediately preceding the loan. Principal and interest on the loans must be paid at least quarterly, on an after-tax basis. Interest rates on the loans receivable ranged from 7.75% to 8.50% at December 31, 2025.

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

Note 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

a) Basis of Accounting

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

b) Investments, Valuation, and Income Recognition

Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 8 for discussion of fair value measurements.

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

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

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

**NYSA-ILA MEDICAL AND CLINICAL SERVICES FUND RETIREMENT TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025**

Note 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

c) Excess Contributions Payable

Amounts payable to participants in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to employee contributions. There were no excess contributions for the years ended December 31, 2025 and 2024.

d) Benefits to Participants

Benefits are recorded when paid.

e) Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Note 3 – GUARANTEED INVESTMENT CONTRACT

The Plan entered into a fully benefit-responsive guaranteed investment contract with Empower totaling \$19,311,399 for 2025 and \$19,982,805 for 2024. Empower maintains the contributions in a general account. Payment obligations and the fulfillment of any guarantees specified in the group annuity contract are insurance claims supported by the full faith and credit of Empower. Under the group annuity insurance contract that supports this product, participants may ordinarily direct permitted withdrawals or transfers of all or a portion of their account balance at Contract Value within reasonable timeframes. Contract Value is also referred to as "Book Value". The Contract is affected directly between the plan sponsor (or their trustee) and the issuer. The repayment of principal and interest credited to participants is a financial obligation of the issuer. Given these provisions, Empower considers this contract to be fully benefit-responsive. Beginning and end of period balances are reported at Contract Value on the certified financial statement. There are not any events that could limit the ability of the Plan to transact at Contract Value paid within 90 days or Contract Value paid overtime. There are not any events that allow the issuer to terminate the contract and which require the Plan sponsor to settle an amount different than Contract Value paid either within 90 days or over time.

NYSA-ILA MEDICAL AND CLINICAL SERVICES FUND RETIREMENT TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025

Note 4 – RISKS AND UNCERTAINTIES

The Plan's investments are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain 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 participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

The Plan is also subject to credit risk should Empower be unable to fulfill its obligations in regard to the Guaranteed Interest Account.

Note 5 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Board of Trustees has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their account balance.

Note 6 – TAX STATUS

The trust established under the Plan obtained its latest determination letter on January 30, 2017 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code Section 401(a) and 410(b), and accordingly is exempt from income taxes. The Plan's management believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. The Fund had no unrecognized tax benefits as of and for the year ended December 31, 2025 and has no open years subject to examination prior to the year ended December 31, 2024. The Fund has no income tax related penalties or interest for the period reported in the financial statements.

Note 7 – INVESTMENTS

Investments are comprised of the following:

	December 31,	
	2025	2024
Investments in assets held by Empower:		
Guaranteed Interest Account	<u>\$ 19,311,399</u>	<u>\$ 19,982,805</u>
Pooled Separate Accounts	<u>\$ 8,098,627</u>	<u>\$ 5,775,753</u>

During 2025 and 2024, the Plan's investments (including investments bought, sold, and held during the year) appreciated by \$1,054,606 and \$762,551, respectively.

NYSA-ILA MEDICAL AND CLINICAL SERVICES FUND RETIREMENT TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025

Note 8 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ("FASB"), Accounting Standards Codification ("ASC"), 820 ("FASB ASC 820"), *Fair Value Measurements*, established a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2025.

Guaranteed Investment Contracts: Empower contracts at December 31, 2025 and 2024 were valued at Contract Value (See Note 3).

Pooled Separate Accounts: Valued at the net asset value ("NAV") of shares held by the plan at year end.

The preceding methods described may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NYSA-ILA MEDICAL AND CLINICAL SERVICES FUND RETIREMENT TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025

Note 8 – FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables prioritize the inputs used to measure and report the fair value of the Plan's investments as of December 31, 2025 and 2024, respectively.

2025			
		Net Asset	
	Level 1	Value (a)	Total
Pooled Separate Accounts: (b)			
Equities	\$ -	\$ 5,491,308	\$ 5,491,308
International Equities	-	473,497	473,497
Fixed Income Bonds	-	210,533	210,533
Blended-Target Date	-	1,923,289	1,923,289
Total Investments at Fair Value	<u>\$ -</u>	<u>\$ 8,098,627</u>	<u>\$ 8,098,627</u>
2024			
		Net Asset	
	Level 1	Value (a)	Total
Pooled Separate Accounts: (b)			
Equities	\$ -	\$ 3,743,888	\$ 3,743,888
International Equities	-	296,011	296,011
Fixed Income Bonds	-	184,688	184,688
Blended-Target Date	-	1,551,166	1,551,166
Total Investments at Fair Value	<u>\$ -</u>	<u>\$ 5,775,753</u>	<u>\$ 5,775,753</u>

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

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

NYSA-ILA MEDICAL AND CLINICAL SERVICES FUND RETIREMENT TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025

Note 8 – FAIR VALUE MEASUREMENTS (CONTINUED)

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

2025						
Type	Strategy	NAV in Funds	# of Funds	Remaining Life	\$ Amount of Unfunded Commitments	Redemption Terms
Pooled Separate Accounts	Seeks maximum total return by investing in securities that track the performance of domestic and international equity and fixed income indices	\$ 8,098,627	13	Subject to the determination of the respective fund manager	\$ -	Funds have daily redemption upon immediate notice
		<u>\$ 8,098,627</u>				

2024						
Type	Strategy	NAV in Funds	# of Funds	Remaining Life	\$ Amount of Unfunded Commitments	Redemption Terms
Pooled Separate Accounts	Seeks maximum total return by investing in securities that track the performance of domestic and international equity and fixed income indices	\$ 5,775,753	14	Subject to the determination of the respective fund manager	\$ -	Funds have daily redemption upon immediate notice
		<u>\$ 5,775,753</u>				

NYSA-ILA MEDICAL AND CLINICAL SERVICES FUND RETIREMENT TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025

Note 9 – INFORMATION CERTIFIED BY THE CUSTODIAN

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA. Accordingly, as permitted under such election, the Plan Administrator instructed the Plan's Independent Auditor not to perform any auditing procedures with respect to the Guaranteed Interest Account investments for the years ended December 31, 2025 and 2024, and the Pooled Separate Accounts and Mutual Fund investments for the years ended December 31, 2025 and 2024, except for comparing such information certified by the custodian to information including the Plan's financial statements and supplemental schedule. The following information, presented in the Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024 and the Statements of Changes in Net Assets Available for Benefits, for the years ended December 31, 2025 and 2024, and in the Schedules of Assets Held at December 31, 2025 and 2024, has been certified by the Plan's custodian (Empower) as complete and accurate and is therefore not audited:

	December 31,	
	2025	2024
Investments in assets held by Empower:		
Guaranteed Interest Account	<u>\$ 19,311,399</u>	<u>\$ 19,982,805</u>
Pooled Separate Accounts	<u>\$ 8,098,627</u>	<u>\$ 5,775,753</u>
Interest and net appreciation/(depreciation) in fair value of investments	<u>\$ 1,747,713</u>	<u>\$ 1,466,270</u>

Note 10 – ADMINISTRATIVE EXPENSES

Certain administrative expenses incurred with the Plan are paid directly by the NYSA-ILA Fringe Benefits Escrow Fund and are not deducted from Plan assets. Additionally, participants are assessed certain distribution processing fees, which are paid directly from the accounts of the applicable Plan participants. See Note 11 for additional details.

Note 11 – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Empower is the record-keeper for the Plan, and in accordance with the service agreement between the plan sponsor and Empower, provides administrative and advisory services to the Plan, thereby qualifying as a party-in-interest as defined in Section 406 of ERISA. Empower receives revenues from registered investment companies—mutual funds services providers and Empower's pooled separate accounts and Guaranteed Investment Contract for services Empower provides to the funds. This revenue is used to offset the certain amounts owed to Empower for its administrative services to the Plan.

NYSA-ILA MEDICAL AND CLINICAL SERVICES FUND RETIREMENT TRUST
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2025

Note 11 – RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS (CONTINUED)

During 2025 and 2024, estimated indirect record-keeping fees paid to Empower from Plan assets (from revenue offsets described above) were \$31,032 and \$50,772, respectively, and estimated direct compensation paid to Empower was \$38,977 and \$50,370 respectively.

Note 12 – OTHER

Certain NYSA-ILA Funds trustees, in their capacities as officers of the International Longshoremens's Association, AFL-CIO ("ILA"), are defendants in a civil lawsuit (05 Civ. 3212) (ILG) (VVP) filed by the United States Department of Justice in the United States District Court for the Eastern District of New York on July 6, 2005 and brought under the Racketeer Influenced and Corrupt Organizations Act ("RICO"), which names the ILA and other jointly trustee Taft-Hartley funds as nominal defendants, which funds are other than the NYSA-ILA Funds and which funds were established and are maintained under other collective bargaining agreements and not under the NYSA-ILA collective bargaining agreement.

It is the opinion of co-counsel and the trustees of the NYSA-ILA Funds that this matter will not have any adverse impact on the NYSA-ILA Funds should some or all of the relief sought by the U.S. Department of Justice, including the removal of certain ILA officers, some of whom are trustees of the NYSA-ILA Funds, be awarded in the civil RICO action.

Note 13 – SUBSEQUENT EVENTS

The Fund evaluated its December 31, 2025 financial statements for subsequent events through September 20, 2026, the date the financial statements were available to be issued. The Plan is not aware of any subsequent events which would require recognition or disclosure in the accompanying financial statements.

NYSA-ILA MEDICAL AND CLINICAL SERVICES FUND RETIREMENT TRUST
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT YEAR END)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity	(d) Cost**	(e) Current Value
*	Empower Annuity Insurance Company	Guaranteed Interest Account		19,311,399
*	Empower Annuity Insurance Company	Putnam Retirement ADV 2030 SA		644,764
*	Empower Annuity Insurance Company	Putnam Retirement ADV 2040 SA		533,871
*	Empower Annuity Insurance Company	Putnam Retirement ADV 2050 SA		161,353
*	Empower Annuity Insurance Company	Putnam Retirement ADV 2060 SA		49,584
*	Empower Annuity Insurance Company	Putnam Retirement ADV Maturity SA		533,717
*	Empower Annuity Insurance Company	Mid Cap Growth/Westfield		660,359
*	Empower Annuity Insurance Company	International Blend/AQR		473,497
*	Empower Annuity Insurance Company	Large Cap Value/LSV Asset Mgmt		991,091
*	Empower Annuity Insurance Company	Dryden S&P 500 Index Fund		1,041,500
*	Empower Annuity Insurance Company	Large Cap Growth/Jennsion Fund		2,470,939
*	Empower Annuity Insurance Company	Core Plus Bond/PGIM Fund		210,533
*	Empower Annuity Insurance Company	Mid Cap Value/Integrity		324,508
*	Empower Annuity Insurance Company	Small Cap Value/Victory Fund		2,911
				<u>\$ 27,410,026</u>

* Represents party-in-interest.

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

The above data for these assets is based on information that has been certified as complete and accurate by Empower, in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA.

NYSA-ILA MEDICAL AND CLINICAL SERVICES FUND RETIREMENT TRUST
 SCHEDULE H, PART IV, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
 FOR THE YEAR ENDED DECEMBER 31, 2025

(a) Identity of party involved	(b) Description of asset	Type/Number of Transactions	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current Value of Asset on transaction date	(i) Net gain or (loss)
Category (III): Series of securities transactions in excess of 5% of plan assets							
* Empower Annuity Insurance Company	Large Cap Growth/Jennison Fund	579 Purchases	\$ 3,478,543	\$ 3,478,543			
* Empower Annuity Insurance Company	Large Cap Growth/Jennison Fund	136 Sales		\$2,495,345	\$ 1,574,534	\$ 2,495,345	\$ 920,811
* Empower Annuity Insurance Company	Guaranteed Interest Account	646 Sales		\$1,811,784	\$ 1,025,127	\$ 1,811,784	\$ 786,657

NYSA-ILA MEDICAL AND CLINICAL SERVICES FUND RETIREMENT TRUST
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT YEAR END)
AS OF DECEMBER 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity	(d) Cost**	(e) Current Value
*	Empower Annuity Insurance Company	Guaranteed Interest Account		19,311,399
*	Empower Annuity Insurance Company	Putnam Retirement ADV 2030 SA		644,764
*	Empower Annuity Insurance Company	Putnam Retirement ADV 2040 SA		533,871
*	Empower Annuity Insurance Company	Putnam Retirement ADV 2050 SA		161,353
*	Empower Annuity Insurance Company	Putnam Retirement ADV 2060 SA		49,584
*	Empower Annuity Insurance Company	Putnam Retirement ADV Maturity SA		533,717
*	Empower Annuity Insurance Company	Mid Cap Growth/Westfield		660,359
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*	Empower Annuity Insurance Company	Mid Cap Value/Integrity		324,508
*	Empower Annuity Insurance Company	Small Cap Value/Victory Fund		2,911
			\$	27,410,026

* Represents party-in-interest.

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

The above data for these assets is based on information that has been certified as complete and accurate by Empower, in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosures under ERISA.

NYSA-ILA MEDICAL AND CLINICAL SERVICES FUND RETIREMENT TRUST
SCHEDULE H, PART IV, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2025

(a) Identity of party involved	(b) Description of asset	Type/Number of Transactions	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current Value of Asset on transaction date	(i) Net gain or (loss)
<u>Category (III): Series of securities transactions in excess of 5% of plan assets</u>							
* Empower Annuity Insurance Company	Large Cap Growth/Jennison Fund	579 Purchases	\$ 3,478,543			\$ 3,478,543	
* Empower Annuity Insurance Company	Large Cap Growth/Jennison Fund	136 Sales		\$2,495,345	\$ 1,574,534	\$ 2,495,345	\$ 920,811
* Empower Annuity Insurance Company	Guaranteed Interest Account	646 Sales		\$1,811,784	\$ 1,025,127	\$ 1,811,784	\$ 786,657