

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                     |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                     |
| For calendar plan year 2021 or fiscal plan year beginning <u>10/01/2021</u> and ending <u>09/30/2022</u> |                                                                                                                                                                                                                                                                     |
| <b>A</b>                                                                                                 | This return/report is for: <input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) |
|                                                                                                          | <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____                                                                                                                                                                      |
| <b>B</b>                                                                                                 | This return/report is: <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report                                                                                                                                            |
|                                                                                                          | <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                                                    |
| <b>C</b>                                                                                                 | If the plan is a collectively-bargained plan, check here. . . . . ▶ <input checked="" type="checkbox"/>                                                                                                                                                             |
| <b>D</b>                                                                                                 | Check box if filing under: <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program                                                                                                     |
|                                                                                                          | <input type="checkbox"/> special extension (enter description) _____                                                                                                                                                                                                |
| <b>E</b>                                                                                                 | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ <input type="checkbox"/>                                                                                                                                         |

|                |                                                                                                                                                                                                                                                                                                                                                                                             |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                                                               |
| <b>1a</b>      | Name of plan<br><u>INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL-CIO SOUTH EAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN</u>                                                                                                                                                                                                                                                                 |
| <b>1b</b>      | Three-digit plan number (PN) ▶ <u>002</u>                                                                                                                                                                                                                                                                                                                                                   |
| <b>1c</b>      | Effective date of plan<br><u>10/01/1993</u>                                                                                                                                                                                                                                                                                                                                                 |
| <b>2a</b>      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>INTERNATIONAL LONGSHOREMEN'S ASSOCIATION</u><br><br><u>14900 SW 30TH STREET</u><br><u>UNIT 278292</u><br><u>MIRAMAR, FL 33027</u> |
| <b>2b</b>      | Employer Identification Number (EIN)<br><u>65-0501004</u>                                                                                                                                                                                                                                                                                                                                   |
| <b>2c</b>      | Plan Sponsor's telephone number<br><u>305-377-3777</u>                                                                                                                                                                                                                                                                                                                                      |
| <b>2d</b>      | Business code (see instructions)<br><u>488300</u>                                                                                                                                                                                                                                                                                                                                           |

**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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 07/13/2023 | ANTHONY ARRUFAT, TRUSTEE                                     |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2021)  
v. 210624

|                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                        |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                          |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                         |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1786 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                                                                                                                                                                                                                          |  | <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1707 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                               |  | <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1639 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                                                                                                                                                                                                              |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1    |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                              |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 69   |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                     |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1709 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                      |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 0    |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                         |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1709 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                 |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1709 |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                      |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                             |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 12   |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2T 2J                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                        |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                         |      |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |      |
| <b>a Pension Schedules</b><br>(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |      |

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2021</div> <div>This Form is Open to Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                                                           |                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022                                                |                                                                         |
| <div>A Name of plan</div> <div>INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL-CIO SOUTH EAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN</div> | <div>B Three-digit plan number (PN)</div> <div>002</div>                |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>INTERNATIONAL LONGSHOREMEN'S ASSOCIATION</div>                     | <div>D Employer Identification Number (EIN)</div> <div>65-0501004</div> |

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

1 Coverage Information:

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

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 06-1050034 | 93629         | 075643                                |                                                                             | 10/01/2021              | 09/30/2022 |

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

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

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

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

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

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

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

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

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| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> 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.

|          |                                                                                                                                                                                                                                 |              |        |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------|
| <b>4</b> | Current value of plan's interest under this contract in the general account at year end .....                                                                                                                                   | <b>4</b>     |        |
| <b>5</b> | Current value of plan's interest under this contract in separate accounts at year end.....                                                                                                                                      | <b>5</b>     |        |
| <b>6</b> | Contracts With Allocated Funds:                                                                                                                                                                                                 |              |        |
| <b>a</b> | State the basis of premium rates ▶                                                                                                                                                                                              |              |        |
| <b>b</b> | Premiums paid to carrier .....                                                                                                                                                                                                  | <b>6b</b>    |        |
| <b>c</b> | Premiums due but unpaid at the end of the year .....                                                                                                                                                                            | <b>6c</b>    |        |
| <b>d</b> | 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. ....<br>Specify nature of costs ▶                           | <b>6d</b>    |        |
| <b>e</b> | Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity<br>(3) <input type="checkbox"/> other (specify) ▶                                                        |              |        |
| <b>f</b> | If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>                                                                                               |              |        |
| <b>7</b> | Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)                                                                                                                   |              |        |
| <b>a</b> | Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee<br>(3) <input type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶ |              |        |
| <b>b</b> | Balance at the end of the previous year .....                                                                                                                                                                                   | <b>7b</b>    | 669637 |
| <b>c</b> | Additions: (1) Contributions deposited during the year .....                                                                                                                                                                    | <b>7c(1)</b> | 25860  |
|          | (2) Dividends and credits.....                                                                                                                                                                                                  | <b>7c(2)</b> |        |
|          | (3) Interest credited during the year.....                                                                                                                                                                                      | <b>7c(3)</b> | 5454   |
|          | (4) Transferred from separate account.....                                                                                                                                                                                      | <b>7c(4)</b> | 71612  |
|          | (5) Other (specify below) .....                                                                                                                                                                                                 | <b>7c(5)</b> | 193976 |
|          | ▶ MISCELLANEOUS IN                                                                                                                                                                                                              |              |        |
|          | (6) Total additions .....                                                                                                                                                                                                       | <b>7c(6)</b> | 296902 |
| <b>d</b> | Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                                                                                                                                                    | <b>7d</b>    | 966539 |
| <b>e</b> | Deductions:                                                                                                                                                                                                                     |              |        |
|          | (1) Disbursed from fund to pay benefits or purchase annuities during year .....                                                                                                                                                 | <b>7e(1)</b> | 560971 |
|          | (2) Administration charge made by carrier.....                                                                                                                                                                                  | <b>7e(2)</b> |        |
|          | (3) Transferred to separate account.....                                                                                                                                                                                        | <b>7e(3)</b> |        |
|          | (4) Other (specify below) .....                                                                                                                                                                                                 | <b>7e(4)</b> | 405568 |
|          | ▶ MISCELLANEOUS OUT                                                                                                                                                                                                             |              |        |
|          | (5) Total deductions .....                                                                                                                                                                                                      | <b>7e(5)</b> | 966539 |
| <b>f</b> | Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....                                                                                                                                  | <b>7f</b>    | 0      |

**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:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                                             |            |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                                                       | <b>10a</b> |  |
| <b>b</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. ....<br>Specify nature of costs. | <b>10b</b> |  |

**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. ▶

|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                             |                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C<br/>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                             | 2021                                    |
|                                                                                                                                                                                                                                       |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022

|                                                                                                                                           |                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <div>A Name of plan</div> <div>INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL-CIO SOUTH EAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN</div> | <div>B Three-digit plan number (PN)</div> <div>002</div>                |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>INTERNATIONAL LONGSHOREMEN'S ASSOCIATION</div>                     | <div>D Employer Identification Number (EIN)</div> <div>65-0501004</div> |

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

PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

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

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

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

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

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

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

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

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

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

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

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

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

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

ARTY COHN & FEUER LC

59-0718930

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | SERVICE PROVIDER                                                                                  | 46152                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

PRUDENTIAL RETIREMENT INSURANCE AND

06-1050034

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 99                     | SERVICE PROVIDER                                                                                  | 76034                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

SUGARMAN & SUSSKIND PA

59-2539792

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29                     | SERVICE PROVIDER                                                                                  | 26110                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

JOHN HANCOCK LIFE INSURANCE COMPANY

01-0233346

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 99                     | SERVICE PROVIDER                                                                                  | 54309                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(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<br>(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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><hr/> <b>2021</b><br><br><hr/> <b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022

|                                                                                                                                      |                                                                            |            |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL-CIO SOUTH EAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN</u> | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>002</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>INTERNATIONAL LONGSHOREMEN'S ASSOCIATION</u>              | <b>D</b> Employer Identification Number (EIN)<br><u>65-0501004</u>         |            |

|               |                                                                                                                                                                                  |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM STABLE VALUE FUND

**b** Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY LLC

|                                       |                               |                                                                                                                    |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <u>04-3159710-202</u> | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1433180</u> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|

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

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

**Part II Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

**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  
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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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2021</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022

|                                                                                                                                      |                                                                                                                                                                                                                                                                             |                                         |            |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------|--|--|
| <b>A</b> Name of plan<br><u>INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL-CIO SOUTH EAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN</u> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>B</b> Three-digit plan number (PN) ►</td> <td style="width:20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table> | <b>B</b> Three-digit plan number (PN) ► | <u>002</u> |  |  |
| <b>B</b> Three-digit plan number (PN) ►                                                                                              | <u>002</u>                                                                                                                                                                                                                                                                  |                                         |            |  |  |
|                                                                                                                                      |                                                                                                                                                                                                                                                                             |                                         |            |  |  |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>INTERNATIONAL LONGSHOREMEN'S ASSOCIATION</u>                     | <b>D</b> Employer Identification Number (EIN)<br><u>65-0501004</u>                                                                                                                                                                                                          |                                         |            |  |  |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash.....                                                      | <b>1a</b>       | 1088728               | 371200          |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 552416                | 781580          |
| <b>(2)</b> Participant contributions.....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                            | <b>1b(3)</b>    | 254935                | 337399          |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 284676                | 818197          |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                        | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       | 1433180         |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   | 25924491              |                 |
| <b>(11)</b> Value of interest in master trust investment accounts.....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>   | 953184                | 25412159        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   | 669637                |                 |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   |                       |                 |

|                    |                                                                  | (a) Beginning of Year | (b) End of Year   |
|--------------------|------------------------------------------------------------------|-----------------------|-------------------|
| <b>1d</b>          | Employer-related investments:                                    |                       |                   |
| (1)                | Employer securities.....                                         | <b>1d(1)</b>          |                   |
| (2)                | Employer real property.....                                      | <b>1d(2)</b>          |                   |
| <b>e</b>           | Buildings and other property used in plan operation .....        | <b>1e</b>             |                   |
| <b>f</b>           | Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>             | 29728067 29153715 |
| <b>Liabilities</b> |                                                                  |                       |                   |
| <b>g</b>           | Benefit claims payable .....                                     | <b>1g</b>             |                   |
| <b>h</b>           | Operating payables .....                                         | <b>1h</b>             | 16166 16166       |
| <b>i</b>           | Acquisition indebtedness.....                                    | <b>1i</b>             |                   |
| <b>j</b>           | Other liabilities.....                                           | <b>1j</b>             | 1878733 748304    |
| <b>k</b>           | Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>             | 1894899 764470    |
| <b>Net Assets</b>  |                                                                  |                       |                   |
| <b>l</b>           | Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>             | 27833168 28389245 |

**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.

|               |                                                                                                        | (a) Amount      | (b) Total |
|---------------|--------------------------------------------------------------------------------------------------------|-----------------|-----------|
| <b>Income</b> |                                                                                                        |                 |           |
| <b>a</b>      | <b>Contributions:</b>                                                                                  |                 |           |
| (1)           | Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 5330760   |
|               | <b>(B)</b> Participants .....                                                                          | <b>2a(1)(B)</b> | 2091263   |
|               | <b>(C)</b> Others (including rollovers).....                                                           | <b>2a(1)(C)</b> |           |
| (2)           | Noncash contributions.....                                                                             | <b>2a(2)</b>    |           |
| (3)           | Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    | 7422023   |
| <b>b</b>      | <b>Earnings on investments:</b>                                                                        |                 |           |
| (1)           | Interest:                                                                                              |                 |           |
|               | <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....    | <b>2b(1)(A)</b> | 1443      |
|               | <b>(B)</b> U.S. Government securities .....                                                            | <b>2b(1)(B)</b> |           |
|               | <b>(C)</b> Corporate debt instruments .....                                                            | <b>2b(1)(C)</b> |           |
|               | <b>(D)</b> Loans (other than to participants) .....                                                    | <b>2b(1)(D)</b> |           |
|               | <b>(E)</b> Participant loans.....                                                                      | <b>2b(1)(E)</b> |           |
|               | <b>(F)</b> Other .....                                                                                 | <b>2b(1)(F)</b> | 34036     |
|               | <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                          | <b>2b(1)(G)</b> | 35479     |
| (2)           | Dividends: <b>(A)</b> Preferred stock.....                                                             | <b>2b(2)(A)</b> |           |
|               | <b>(B)</b> Common stock .....                                                                          | <b>2b(2)(B)</b> |           |
|               | <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                               | <b>2b(2)(C)</b> | 473927    |
|               | <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....              | <b>2b(2)(D)</b> | 473927    |
| (3)           | Rents .....                                                                                            | <b>2b(3)</b>    |           |
| (4)           | Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |           |
|               | <b>(B)</b> Aggregate carrying amount (see instructions).....                                           | <b>2b(4)(B)</b> |           |
|               | <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....              | <b>2b(4)(C)</b> |           |
| (5)           | Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |           |
|               | <b>(B)</b> Other .....                                                                                 | <b>2b(5)(B)</b> |           |
|               | <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....     | <b>2b(5)(C)</b> |           |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts.....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts.....                              | 2b(7)  |            | -463150   |
| (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) |            | -4656913  |
| c Other income.....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 2811366   |
| <b>Expenses</b>                                                                                |        |            |           |
| e Benefit payment and payments to provide benefits:                                            |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers.....                 | 2e(1)  | 1895031    |           |
| (2) To insurance carriers for the provision of benefits.....                                   | 2e(2)  |            |           |
| (3) Other.....                                                                                 | 2e(3)  |            |           |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                                   | 2e(4)  |            | 1895031   |
| f Corrective distributions (see instructions).....                                             | 2f     |            |           |
| g Certain deemed distributions of participant loans (see instructions).....                    | 2g     |            |           |
| h Interest expense.....                                                                        | 2h     |            |           |
| i Administrative expenses: (1) Professional fees.....                                          | 2i(1)  | 72262      |           |
| (2) Contract administrator fees.....                                                           | 2i(2)  |            |           |
| (3) Investment advisory and management fees.....                                               | 2i(3)  | 136120     |           |
| (4) Other.....                                                                                 | 2i(4)  | 151876     |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                            | 2i(5)  |            | 360258    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....            | 2j     |            | 2255289   |
| <b>Net Income and Reconciliation</b>                                                           |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d.....                                        | 2k     |            | 556077    |
| 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: ARTY COHN & FEUER LC

(2) EIN: 65-0718930

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.).....

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |

|                                                                                                                                                                                                                                                                                                                  | Yes | No | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) ..... |     |    |         |
| <b>4b</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                             |     |    |         |
| <b>4c</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                  |     |    |         |
| <b>4d</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | X   |    | 1500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                       |     | X  |         |
| <b>4g</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                             |     | X  |         |
| <b>4h</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                                                                                                        | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                     |     | X  |         |
| <b>4j</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |     | X  |         |
| <b>4k</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |     | X  |         |
| <b>4l</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |     | X  |         |
| <b>4m</b>                                                                                                                                                                                                                                                                                                        |     | X  |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                         |     |    |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                        |     |    |         |

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

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO)  
SOUTHEAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN

FINANCIAL STATEMENTS

SEPTEMBER 30, 2022 AND 2021

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO)  
SOUTHEAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN  
FINANCIAL STATEMENTS  
SEPTEMBER 30, 2022 AND 2021

TABLE OF CONTENTS

|                                                            | <u>PAGE NUMBER</u> |
|------------------------------------------------------------|--------------------|
| INDEPENDENT AUDITORS' REPORT                               | 1-3                |
| FINANCIAL STATEMENTS:                                      |                    |
| STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS            | 4                  |
| STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS | 5                  |
| NOTES TO FINANCIAL STATEMENTS                              | 6 - 11             |
| SUPPLEMENTARY INFORMATION:                                 |                    |
| INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION  | 12                 |
| EMPLOYERS' CONTRIBUTIONS                                   | 13                 |
| ADMINISTRATIVE EXPENSES                                    | 14                 |
| SUPPLEMENTAL SCHEDULE TO FORM 5500                         | 15                 |

DANIEL ARTY, C.P.A.  
JOEL L. MOSKOWITS, C.P.A.

JULIA ALEMANY, C.P.A.  
LESTER FEUER, C.P.A.  
JACQUELINE D. GREENBERG, C.P.A.

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of  
International Longshoremen's Association (AFL-CIO)  
Southeast Florida Ports Defined Contribution Plan  
Miami, Florida

**Opinion**

We have audited the accompanying financial statements of INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO) SOUTHEAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of September 30, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO) SOUTHEAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN as of September 30, 2022 and 2021, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

**Basis for Opinion**

We conducted our audits 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 INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO) SOUTHEAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO) SOUTHEAST FLORIDA PORTS DEFINED CONTRIBUTION 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**

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 INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO) SOUTHEAST FLORIDA PORTS DEFINED CONTRIBUTION 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 INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO) SOUTHEAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN's ability to continue as a going concern for a reasonable period of time.

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

## **Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of September 30, 2022 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 has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

A handwritten signature in blue ink, appearing to read "Duffy, John, M.", is written in a cursive style.

Miami, Florida

July 14, 2023

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO)  
SOUTHEAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
SEPTEMBER 30, 2022 AND 2021

|                                          | <u>2 0 2 2</u>       | <u>2 0 2 1</u>       |
|------------------------------------------|----------------------|----------------------|
| <u>ASSETS</u>                            |                      |                      |
| Investments, at Fair Value               | \$ 26,845,339        | \$ 27,547,312        |
| Cash                                     | 1,189,397            | 1,373,404            |
| Employers' Contributions Receivable      | 781,580              | 552,416              |
| Participants' Contributions Receivable   | <u>337,399</u>       | <u>254,935</u>       |
| TOTAL ASSETS                             | 29,153,715           | 29,728,067           |
| <u>LIABILITIES</u>                       |                      |                      |
| Interfund and Accounts Payable           | <u>764,470</u>       | <u>1,894,899</u>     |
| <u>NET ASSETS AVAILABLE FOR BENEFITS</u> | \$ <u>28,389,245</u> | \$ <u>27,833,168</u> |

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS.

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO)  
SOUTHEAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
YEARS ENDED SEPTEMBER 30, 2022 AND 2021

|                                               | <u>2 0 2 2</u>       | <u>2 0 2 1</u>       |
|-----------------------------------------------|----------------------|----------------------|
| Additions:                                    |                      |                      |
| Employers' Contributions                      | \$ 5,330,760         | \$ 3,338,749         |
| Employees' Contributions                      | <u>2,091,263</u>     | <u>1,456,890</u>     |
| TOTAL CONTRIBUTIONS                           | <u>7,422,023</u>     | <u>4,795,639</u>     |
| Investment Income:                            |                      |                      |
| Net Appreciation in Fair Value of Investments | -                    | 3,815,586            |
| Dividends                                     | 473,927              | 8,544                |
| Interest                                      | <u>35,479</u>        | <u>10,292</u>        |
| TOTAL INVESTMENT INCOME                       | <u>509,406</u>       | <u>3,834,422</u>     |
| TOTAL ADDITIONS                               | <u>7,931,429</u>     | <u>8,630,061</u>     |
| Deductions:                                   |                      |                      |
| Net Depreciation in Fair Value of Investments | 5,120,063            | -                    |
| Benefits Paid to Participants                 | 1,895,031            | 3,317,602            |
| Administrative Expenses                       | <u>360,258</u>       | <u>371,207</u>       |
| TOTAL DEDUCTIONS                              | <u>7,375,352</u>     | <u>3,688,809</u>     |
| Net Increase                                  | 556,077              | 4,941,252            |
| Net Assets Available for Benefits:            |                      |                      |
| Beginning of Year                             | <u>27,833,168</u>    | <u>22,891,916</u>    |
| End of Year                                   | <u>\$ 28,389,245</u> | <u>\$ 27,833,168</u> |

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS.

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO)  
SOUTHEAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN  
NOTES TO FINANCIAL STATEMENTS

NOTE A     DESCRIPTION OF THE PLAN

The following description of the International Longshoremen's Association (AFL-CIO) Southeast Florida Ports Defined Contribution Plan provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

**General** – The Plan is a defined contribution plan covering all eligible participants of the International Longshoremen's Association (AFL-CIO) Employers Fringe Benefit Funds, Southeast Florida Ports, under the terms of Collective Bargaining Agreements. The Board of Trustees is responsible for oversight of the Plan.

Participants are eligible to participate in the Plan when they have accumulated a minimum of 700 hours of service in the year following initial employment in the industry.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Effective March 15, 2022, the Plan changed Custodians from Prudential Retirement Insurance and Annuity Company to John Hancock Trust Company, LLC. As a result of this change, assets were transferred in-kind from Prudential to John Hancock. Also, the Plan engages John Hancock Retirement Plan Services, to provide recordkeeping and administrative services.

**Participant Accounts** – Each participant's account is credited with participating employers' contributions, employees' contributions, allocations of Plan earnings, and forfeitures of terminated participants' nonvested accounts and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Vesting** – Participants are vested immediately in the contributions plus actual earnings thereon.

**Contributions** – Participating employer contributions are determined by a Negotiating Committee composed of union and management.

Employers make contributions to the Plan based on the number of hours worked by participants. Effective August 1, 2018, the Plan allowed participants to make voluntary deferral contributions to their accounts. Participants may elect to contribute between 1% to 25% of their compensation. Employers' hourly contribution rates were \$2 in 2022 and 2021. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds and a collective investment fund as investment options for participants. Contributions are subject to certain IRS limitations.

**Payment of Benefits** – On termination of service due to death, disability, or retirement, or a year after termination of employment, a participant or a participant's beneficiary may elect to receive either a lump-sum amount equal to the value of the participant's account or an annuity contract in the form of a qualified joint and survivor annuity.

**Forfeited Accounts** – At September 30, 2022 and 2021 there were no significant forfeited non-vested accounts.

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO)  
SOUTHEAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN  
NOTES TO FINANCIAL STATEMENTS

NOTE A     DESCRIPTION OF THE PLAN (CONTINUED)

**Common Administration** – The Plan shares administration costs with other related fringe benefit plans. These administration costs are accounted for in another plan and are allocated to each of the Plans according to ratios based on a percentage of administrative time incurred-which were calculated to be 10% for both, 2022 and 2021. After elimination of interfund transactions, administrative expenses were consolidated into the Defined Contribution Plan. Certain identifiable expenses were directly allocated.

**Termination of the Plan** – Although it has not expressed any intention to do so, the Board of Trustees has the right under the Plan to discontinue contributions at any time, and to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants would become fully vested in their employer contributions.

NOTE B     SUMMARY OF ACCOUNTING POLICIES

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

**Basis of Accounting** – The accompanying financial statements have been prepared using the accrual basis of accounting.

**Investment Valuation and Income Recognition** – Investments are reported at fair value (except for the fully benefit-responsive investment contract, which was 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. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by the custodian. See Note C for discussion of fair value measurements.

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

**Cash** – The Plan maintains its cash balances in financial institutions, which from time to time exceed amounts covered by insurance provided by governmental agencies. As of September 30, 2022, there were approximately \$939,000 of deposits in excess of insured amounts.

**Employers' Contributions Receivable** – The amount of contributions receivable was determined by a review of subsequent collections. Therefore, an allowance for doubtful accounts was not considered necessary.

**Interfund Payable** – The amount due to other related Fringe Benefit Funds results from transactions in the normal course of operations.

**Tax Status** – The Internal Revenue Service has determined and informed the Board of Trustees by a letter dated May 18, 2012, that the Plan and related Trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan Board of Trustees believes the Plan is currently designed and operated in compliance with the applicable requirements of the Code and continues to qualify and to operate as designed.

Tax positions are required to be more likely than not to be sustained upon examination by taxing authorities before related financial statement benefits are recognized. The Plan does not believe it has taken any uncertain tax positions.

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO)  
SOUTHEAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN  
NOTES TO FINANCIAL STATEMENTS

NOTE B     SUMMARY OF ACCOUNTING POLICIES (CONTINUED)

**Tax Status (continued)** – Although none are in process, the Plan's tax filings for 2021 through 2019 are still subject to examination.

**Use of Estimates** – The preparation of financial statements in accordance 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, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**Subsequent Events** – Management has evaluated subsequent events for the Plan through July 14, 2023, the date the financial statements were available to be issued.

NOTE C     INVESTMENTS AND FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy 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; and inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant 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 September 30, 2022 and 2021:

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

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO)  
SOUTHEAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN  
NOTES TO FINANCIAL STATEMENTS

NOTE C     INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

**Collective Trust Fund** – The stable value fund is valued at the NAV of the units of participation in the collective trust. The NAV, as provided by the Custodian, is used as a practical expedient to estimate fair value. The stable value fund generally permits redemptions daily. If the fund experiences periods of insufficient liquidity, then the stable value fund may defer honoring any payment request until liquidity is sufficient. The Plan is permitted to redeem investment units at NAV on the measurement date.

**Pooled Separate Accounts** – Valued at units of account with a value per unit that is the result of the accumulated values of the underlying investments as follows:

U.S. Stock Funds are primarily invested in domestic equities. Securities in these funds are priced using the closing price from the applicable stock exchange.

International Stock Funds are composed primarily of international equities. Securities are priced using the closing price from the appropriate local stock exchange.

U.S. Bond Funds are composed primarily of domestic fixed-income securities. Securities are priced by industry standard vendors, using inputs such as benchmark yields, reported trades, broker or dealer quotes, and issuer spreads.

Balanced Funds represent a fund with more than one asset class. The valuation methodology for funds that are part of a balanced strategy follow the methodologies described for other funds based on their respective asset classes.

The following table presents by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2022 and 2021:

|                                                      | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>        |
|------------------------------------------------------|----------------|----------------|----------------|---------------------|
| <u>Assets at Fair Value as of</u>                    |                |                |                |                     |
| <u>September 30, 2022:</u>                           |                |                |                |                     |
| Mutual Funds                                         | \$ 25,412,159  | \$ -           | \$ -           | \$ 25,412,159       |
| Investments Measured at NAV as a Practical Expedient |                |                |                | <u>1,433,180</u>    |
| Total Assets at Fair Value                           |                |                |                | <u>\$26,845,339</u> |
| <br>                                                 |                |                |                |                     |
|                                                      | <u>Level 1</u> | <u>Level 2</u> | <u>Level 3</u> | <u>Total</u>        |
| <u>Assets at Fair Value as of</u>                    |                |                |                |                     |
| <u>September 30, 2021:</u>                           |                |                |                |                     |
| Mutual Funds                                         | \$ 953,184     | \$ -           | \$ -           | \$ 953,184          |
| Investments Measured at NAV as a Practical Expedient |                |                |                | <u>25,924,491</u>   |
| Total Assets at Fair Value                           |                |                |                | <u>\$26,877,675</u> |

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO)  
SOUTHEAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN  
NOTES TO FINANCIAL STATEMENTS

NOTE C    INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

**Fair Value of Investments that Calculate Net Asset Value**

The following tables summarize investments measured at fair value based on net asset value (NAVs) per share practical expedient as of September 30, 2022 and 2021:

|                                                                  | <u>Fair Value</u>   | <u>Unfunded<br/>Commitments</u> | <u>Redemption<br/>Frequency (if<br/>currently eligible)</u> | <u>Redemption<br/>Notice Period</u> |
|------------------------------------------------------------------|---------------------|---------------------------------|-------------------------------------------------------------|-------------------------------------|
| <u>September 30, 2022:</u>                                       |                     |                                 |                                                             |                                     |
| Putnam Stable Value 20 BPS (a)                                   | <u>\$ 1,433,180</u> | \$ -                            | Daily                                                       | None                                |
| Total Investments Measured Using<br>NAV as a Practical Expedient | <u>\$ 1,433,180</u> |                                 |                                                             |                                     |

|                                                                  | <u>Fair Value</u>   | <u>Unfunded<br/>Commitments</u> | <u>Redemption<br/>Frequency (if<br/>currently eligible)</u> | <u>Redemption<br/>Notice Period</u> |
|------------------------------------------------------------------|---------------------|---------------------------------|-------------------------------------------------------------|-------------------------------------|
| <u>September 30, 2021:</u>                                       |                     |                                 |                                                             |                                     |
| Pru Day One 2030 Fund (b)                                        | \$ 4,850,580        | \$ -                            | Daily                                                       | None                                |
| Pru Day One 2020 Fund (b)                                        | 4,669,369           | -                               | Daily                                                       | None                                |
| Pru Day One Income Fund (b)                                      | 4,200,549           | -                               | Daily                                                       | None                                |
| Pru Day One 2025 Fund (b)                                        | 4,090,049           | -                               | Daily                                                       | None                                |
| Pru Day One 2035 Fund (b)                                        | 3,569,945           | -                               | Daily                                                       | None                                |
| Pru Day One 2040 Fund (b)                                        | 1,894,398           | -                               | Daily                                                       | None                                |
| Pru Day One 2045 Fund (b)                                        | 1,321,432           | -                               | Daily                                                       | None                                |
| Pru Day One 2050 Fund (b)                                        | 779,283             | -                               | Daily                                                       | None                                |
| Pru Day One 2055 Fund (b)                                        | 416,255             | -                               | Daily                                                       | None                                |
| Pru Day One 2060 Fund (b)                                        | 122,769             | -                               | Daily                                                       | None                                |
| Core BD Enhanced IDX/PGIM (c)                                    | <u>9,862</u>        | -                               | Daily                                                       | None                                |
| Total Investments Measured Using<br>NAV as a Practical Expedient | <u>\$25,924,491</u> |                                 |                                                             |                                     |

- (a) Putnam Stable Value 20 BPS – is a collective investment trust that invests primarily in guaranteed and security-backed investment contracts with life insurance companies, banks, and other financial institutions. The collective trust fund provide for daily redemptions by the Plan at reported net asset values per share, with no advance notice requirement. There are no unfunded commitments with respect to these investment.
- (b) Pru Day One Funds – are a suite of funds each designed for participants planning to retire in or near the target year. Each fund is its own investment portfolio containing a mix of stocks, bonds and other investments appropriate for the target retirement date.
- (c) Core Bond Enhanced Index/PGIM – seeks outperform the Bloomberg Barclays US Aggregate Bond Index and comparable actively managed funds over full market cycles.

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO)  
SOUTHEAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN  
NOTES TO FINANCIAL STATEMENTS

NOTE D      GUARANTEED INCOME FUND

During the first five and a half months of the plan year, the Plan offered a guaranteed income fund, which was an insurance company issued evergreen group annuity contract with Prudential Retirement Insurance and Annuity Company. Prudential maintained the contributions in a general account. This contract was considered to be benefit responsive because participants could direct permitted withdrawal or transfers of all or a portion of their account balance at contract value within reasonable time frames; the contract was effected directly between the Plan's Board of Trustees and the issuer; and the repayment of principal and interest credited to participants was a financial obligation of the issuer.

The concept of a value other than contract value did not apply to this insurance company issued general account backed evergreen (no maturity date) group annuity spread product even upon a discontinuance of the contract, in which case contract value would be paid no later than 90 days from the date notice is provided to discontinue, therefore, a fair value adjustment did not apply upon a discontinuance. There was no specific securities in the general account that backed the liabilities of this annuity contract, nor did the market value of the securities within the insurer's general account reflected a fair value for this contract. The Plan owned a promise to pay interest at crediting rates, which were announced in advance and guaranteed for a specified period of time as was outlined in the group annuity contract. This contract was not a traditional GIC, and therefore, there was not known cash flows that could be discounted.

Contract value represented deposits made to the contract, plus earnings at guaranteed crediting rates, less withdrawals and fees.

There were no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the insurance contract at September 30, 2022 and 2021 was \$0 and \$669,637 respectively. Interest was credited on contract balances using a single portfolio rate approach, under which, a single interest crediting rate was applied to all contributions made to the contract regardless of the timing of those contributions. Interest crediting rates were reviewed on a semi-annual basis for resetting. The minimum crediting rate under the contract was 1.50%. On March 15, 2022, the Plan changed Custodians and do not longer offer a guaranteed income fund as an investment option.

NOTE E      CONCENTRATIONS

The Plan received contributions, of approximately \$4,719,000 (88%) and \$2,927,000 (87%) in 2022 and 2021, respectively, from participating employers, which individually represent 10% or more of employers' contributions. The contributions receivable from these participating employers were approximately \$721,000 and \$430,000, in 2022 and 2021, respectively.

NOTE F      RISKS AND UNCERTAINTIES

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

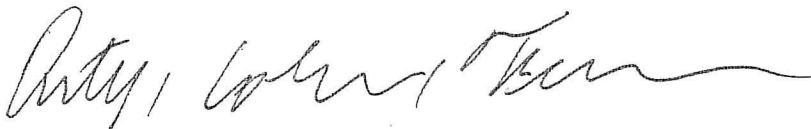
DANIEL ARTY, C.P.A.  
JOEL L. MOSKOWITS, C.P.A.

JULIA ALEMANY, C.P.A.  
LESTER FEUER, C.P.A.  
JACQUELINE D. GREENBERG, C.P.A.

INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION

To the Board of Trustees of  
International Longshoremen's Association (AFL-CIO)  
Southeast Florida Ports Defined Contribution Plan  
Miami, Florida

We have audited the financial statements of INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO) SOUTHEAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN as of and for the years ended September 30, 2022 and 2021, and our report thereon dated July 14, 2023, which expressed an unmodified opinion on those financial statements, appears on page one. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of employers' contributions and administrative expenses, for the years ended September 30, 2022 and 2021, are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental schedule to Form 5500 is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



July 14, 2023

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO)  
SOUTHEAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN  
EMPLOYERS' CONTRIBUTIONS  
YEARS ENDED SEPTEMBER 30, 2022 AND 2021

|                                             | <u>2 0 2 2</u>      |                       | <u>2 0 2 1</u>      |                       | <u>INCREASE<br/>(DECREASE)</u> |
|---------------------------------------------|---------------------|-----------------------|---------------------|-----------------------|--------------------------------|
|                                             | <u>AMOUNT</u>       | <u>% OF<br/>TOTAL</u> | <u>AMOUNT</u>       | <u>% OF<br/>TOTAL</u> |                                |
| Eller-ITO Stevedoring Company LLC           | \$ 1,898,054        | 36                    | \$ 1,131,578        | 34                    | \$ 766,476                     |
| Florida Stevedoring, Inc                    | 836,493             | 15                    | 363,249             | 11                    | 473,244                        |
| Florida International Terminal LLC          | 727,049             | 13                    | 579,677             | 17                    | 147,372                        |
| Ceres Terminals Inc                         | 628,902             | 12                    | 56,395              | 2                     | 572,507                        |
| South Florida Container Terminal LLC        | 628,864             | 12                    | 852,368             | 25                    | (223,504)                      |
| Ceres Marine Terminals, Inc.                | 257,761             | 5                     | 42,532              | 1                     | 215,229                        |
| Port of Miami Terminal Operating Company LC | 210,863             | 4                     | 185,951             | 5                     | 24,912                         |
| Logistec USA                                | 59,660              | 1                     | 51,146              | 2                     | 8,514                          |
| Quality Container Terminal                  | 42,128              | 1                     | 39,784              | 1                     | 2,344                          |
| Other Employers                             | 40,986              | 1                     | 25,149              | 1                     | 15,837                         |
| United Stevedoring of America Inc           | -                   | -                     | 10,920              | 1                     | (10,920)                       |
|                                             | <u>\$ 5,330,760</u> | <u>100</u>            | <u>\$ 3,338,749</u> | <u>100</u>            | <u>\$1,992,011</u>             |

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO)  
SOUTHEAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN  
ADMINISTRATIVE EXPENSES  
YEARS ENDED SEPTEMBER 30, 2022 AND 2021

|                                    | <u>2 0 2 2</u>    | <u>2 0 2 1</u>    |
|------------------------------------|-------------------|-------------------|
| Investment and Administration Fees | \$ 130,467        | \$ 113,618        |
| Salaries                           | 70,603            | 84,481            |
| Computer Services and Supplies     | 30,076            | 29,761            |
| Audit Fees                         | 30,000            | 30,000            |
| Legal Fees                         | 26,110            | 16,286            |
| Tax and Other Consulting Services  | 13,814            | 4,400             |
| Insurance                          | 11,268            | 11,292            |
| Payroll Taxes                      | 8,627             | 10,706            |
| Other                              | 8,217             | 8,408             |
| Conferences                        | 6,890             | 284               |
| Investment Performance Services    | 5,653             | 40,000            |
| Telephone and Utilities            | 5,028             | 5,264             |
| Bank Charges                       | 4,400             | 4,165             |
| Repair and Maintenance             | 4,316             | 4,881             |
| Stationary, Postage and Printing   | 2,451             | 4,660             |
| Payroll Auditing                   | 2,338             | 3,001             |
|                                    | <u>\$ 360,258</u> | <u>\$ 371,207</u> |

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO)  
SOUTHEAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN  
SUPPLEMENTAL SCHEDULE TO FORM 5500  
SEPTEMBER 30, 2022

Plan Name: International Longshoremen's Association AFL-CIO Southeast Florida Ports Defined Contribution Plan  
Employer Identification Number: 65-0501004  
Plan Number: 002

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

| Identity of Issuer,<br>Borrower, Lessor or<br>(a) (b) Similar Party |               | Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>(c) Par, or Maturity Value | (d) Cost   | (e) Current<br>Value |
|---------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------|------------|----------------------|
| <b>Interest Bearing Cash</b>                                        |               |                                                                                                                      |            |                      |
| Wells Fargo                                                         |               | Checking account, 0.76%                                                                                              | \$ 818,197 | \$ 818,197           |
| <b>Collective Trust Fund</b>                                        |               |                                                                                                                      |            |                      |
| Putnam                                                              |               | Putnam Stable Value 20 BPS                                                                                           | 1,433,180  | 1,433,180            |
| <b>Mutual Funds</b>                                                 |               |                                                                                                                      |            |                      |
| American Century                                                    |               | American Century Inf Adj Bd R6                                                                                       | 90,877     | 87,071               |
| BlackRock                                                           |               | BlackRock LP Index 2025 K                                                                                            | 8,659,062  | 7,421,831            |
| BlackRock                                                           |               | BlackRock LP Index 2030 K                                                                                            | 5,864,403  | 4,979,425            |
| BlackRock                                                           |               | BlackRock LP Index 2035 K                                                                                            | 4,267,767  | 3,593,240            |
| BlackRock                                                           |               | BlackRock LP Index 2040 K                                                                                            | 2,477,077  | 2,071,253            |
| BlackRock                                                           |               | BlackRock LP Index 2045 K                                                                                            | 1,558,875  | 1,298,118            |
| BlackRock                                                           |               | BlackRock LP Index 2050 K                                                                                            | 1,006,437  | 835,122              |
| BlackRock                                                           |               | BlackRock LP Index 2055 K                                                                                            | 453,923    | 377,526              |
| BlackRock                                                           |               | BlackRock LP Index 2060 K                                                                                            | 194,566    | 162,993              |
| BlackRock                                                           |               | BlackRock LP Index 2065 K                                                                                            | 1,885      | 1,670                |
| BlackRock                                                           |               | BlackRock LP Index Ret K                                                                                             | 3,817,811  | 3,290,688            |
| BNY Mellon                                                          |               | BNY Mellon Research Growth Y                                                                                         | 23,678     | 16,104               |
| Carillon Scout                                                      |               | Carillon Scout Mid Cap R6                                                                                            | 1,022      | 910                  |
| Delaware Investments                                                |               | Delaware Small Cap Core Fd R6                                                                                        | 34,698     | 29,879               |
| Fidelity                                                            |               | Fidelity 500 Index Fd                                                                                                | 846,903    | 713,295              |
| Fidelity                                                            |               | Fidelity Mid Cap Index Fund                                                                                          | 309,785    | 262,788              |
| Fidelity                                                            |               | Fidelity Sm Cap Index Fund                                                                                           | 78,916     | 67,217               |
| Fidelity                                                            |               | Fidelity Total Intl Index                                                                                            | 73,562     | 60,590               |
| Fidelity                                                            |               | Fidelity US Bond Index Fd                                                                                            | 39,114     | 35,956               |
| Hartford                                                            |               | Hartford Core Equity R6                                                                                              | 32,035     | 28,251               |
| Hartford                                                            |               | Hartford Schr Intl Stock SDR                                                                                         | 14,035     | 10,656               |
| *                                                                   | John Hancock  | John Hancock Disciplined Val R                                                                                       | 55,882     | 47,477               |
|                                                                     | Western Asset | Western Asset Core Bond Fd IS                                                                                        | 21,649     | 20,099               |

\* Represents party in interest.

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210 - 0110<br>1210 - 0089<br><br><div style="font-size: 24pt; font-weight: bold; text-align: center;">2021</div><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I Annual Report Identification Information</b>                                                   |                                                                                                                                                                                                                                                                                                                                            |
| For calendar plan year 2021 or fiscal plan year beginning <u>10/01/2021</u> and ending <u>09/30/2022</u> |                                                                                                                                                                                                                                                                                                                                            |
| A This return/report is for:                                                                             | <input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| B This return/report is:                                                                                 | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                      |
| C If the plan is a collectively-bargained plan, check here                                               | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                        |
| D Check box if filing under:                                                                             | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description) _____                                                                                                                               |
| E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   |

|                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                   |
| <b>1a Name of plan</b><br>INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL-CIO<br>SOUTH EAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN                                                                                                                                                                                                                                          | <b>1b Three-digit plan number (PN) ▶</b> 002<br><b>1c Effective date of plan</b><br>10/01/1993                                                                                    |
| <b>2a Plan sponsor's name (employer, if for a single-employer plan)</b><br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>INTERNATIONAL LONGSHOREMEN'S ASSOCIATION<br><br>14900 SW 30TH STREET<br>UNIT # 278292<br>MIRAMAR FL 33027 | <b>2b Employer Identification Number (EIN)</b><br>65-0501004<br><b>2c Plan Sponsor's telephone number</b><br>305-377-3777<br><b>2d Business code (see instructions)</b><br>488300 |

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

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

|              |                                    |            |                                                              |
|--------------|------------------------------------|------------|--------------------------------------------------------------|
| SIGN<br>HERE |                                    | 07/14/2023 | ANTHONY ARRUFAT, TRUSTEE                                     |
|              | Signature of plan administrator    | Date       | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE |                                    |            |                                                              |
|              | Signature of employer/plan sponsor | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE |                                    |            |                                                              |
|              | Signature of DFE                   | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2021)

|                                                                                                                                                                                                                                                                                        |                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                               | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number                                                                         |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                       |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                | <b>5</b> 1786                                                                                                                                           |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).                                                                                                                               | <b>6a(1)</b> 1707<br><b>6a(2)</b> 1639<br><b>6b</b> 1<br><b>6c</b> 69<br><b>6d</b> 1709<br><b>6e</b> 0<br><b>6f</b> 1709<br><b>6g</b> 1709<br><b>6h</b> |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)                                                                                                                                                         | <b>7</b> 12                                                                                                                                             |

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

2E 2F 2G 2T 2J

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

|                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)                                                                                                                                                                                                                                                                                                                          | <b>9b</b> Plan benefit arrangement (check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                       |
| (1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                        | (1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>a Pension Schedules</b><br>(1) <input type="checkbox"/> R (Retirement Plan Information)<br>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> H (Financial Information)<br>(2) <input type="checkbox"/> I (Financial Information - Small Plan)<br>(3) <input checked="" type="checkbox"/> 1 A (Insurance Information)<br>(4) <input checked="" type="checkbox"/> C (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> G (Financial Transaction Schedules) |

INTERNATIONAL LONGSHOREMEN'S

65-0501004

Form 5500 (2021)

Page 3

**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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 \_\_\_\_\_

Plan Name: International Longshoremen's Association AFL-CIO Southeast Florida Ports Defined Contribution Plan  
Employer Identification Number: 65-0501004  
Plan Number: 002

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

| Identity of Issuer,<br>Borrower, Lessor or |                              | Description of Investment<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Rate of Interest, Collateral, | Current    |            |
|--------------------------------------------|------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------|------------|
| (a)                                        | (b) Similar Party            | (c) Par, or Maturity Value                                                                                              | (d) Cost   | (e) Value  |
|                                            | <b>Interest Bearing Cash</b> |                                                                                                                         |            |            |
|                                            | Wells Fargo                  | Checking account, 0.76%                                                                                                 | \$ 818,197 | \$ 818,197 |
|                                            | <b>Collective Trust Fund</b> |                                                                                                                         |            |            |
|                                            | Putnam                       | Putnam Stable Value 20 BPS                                                                                              | 1,433,180  | 1,433,180  |
|                                            | <b>Mutual Funds</b>          |                                                                                                                         |            |            |
|                                            | American Century             | American Century Inf Adj Bd R6                                                                                          | 90,877     | 87,071     |
|                                            | BlackRock                    | BlackRock LP Index 2025 K                                                                                               | 8,659,062  | 7,421,831  |
|                                            | BlackRock                    | BlackRock LP Index 2030 K                                                                                               | 5,864,403  | 4,979,425  |
|                                            | BlackRock                    | BlackRock LP Index 2035 K                                                                                               | 4,267,767  | 3,593,240  |
|                                            | BlackRock                    | BlackRock LP Index 2040 K                                                                                               | 2,477,077  | 2,071,253  |
|                                            | BlackRock                    | BlackRock LP Index 2045 K                                                                                               | 1,558,875  | 1,298,118  |
|                                            | BlackRock                    | BlackRock LP Index 2050 K                                                                                               | 1,006,437  | 835,122    |
|                                            | BlackRock                    | BlackRock LP Index 2055 K                                                                                               | 453,923    | 377,526    |
|                                            | BlackRock                    | BlackRock LP Index 2060 K                                                                                               | 194,566    | 162,993    |
|                                            | BlackRock                    | BlackRock LP Index 2065 K                                                                                               | 1,885      | 1,670      |
|                                            | BlackRock                    | BlackRock LP Index Ret K                                                                                                | 3,817,811  | 3,290,688  |
|                                            | BNY Mellon                   | BNY Mellon Research Growth Y                                                                                            | 23,678     | 16,104     |
|                                            | Carillon Scout               | Carillon Scout Mid Cap R6                                                                                               | 1,022      | 910        |
|                                            | Delaware Investments         | Delaware Small Cap Core Fd R6                                                                                           | 34,698     | 29,879     |
|                                            | Fidelity                     | Fidelity 500 Index Fd                                                                                                   | 846,903    | 713,295    |
|                                            | Fidelity                     | Fidelity Mid Cap Index Fund                                                                                             | 309,785    | 262,788    |
|                                            | Fidelity                     | Fidelity Sm Cap Index Fund                                                                                              | 78,916     | 67,217     |
|                                            | Fidelity                     | Fidelity Total Intl Index                                                                                               | 73,562     | 60,590     |
|                                            | Fidelity                     | Fidelity US Bond Index Fd                                                                                               | 39,114     | 35,956     |
|                                            | Hartford                     | Hartford Core Equity R6                                                                                                 | 32,035     | 28,251     |
|                                            | Hartford                     | Hartford Schr Intl Stock SDR                                                                                            | 14,035     | 10,656     |
| *                                          | John Hancock                 | John Hancock Disciplined Val R                                                                                          | 55,882     | 47,477     |
|                                            | Western Asset                | Western Asset Core Bond Fd IS                                                                                           | 21,649     | 20,099     |

\* Represents party in interest.