

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	▶ ☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	▶ ☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>M.S.S.A. - I.L.A. 1985 MAINTENANCE EMPLOYEES' PENS</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/01/1968</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>10/01/1968</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>10/01/1968</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES - M.S.S.A. -I.L.A LOCAL 1985 MAINTENANCE EMPLOYEEES</u> <u>PO BOX 2001</u> <u>MOBILE, AL 36601-0662</u> <u>PO BOX 662</u> <u>MOBILE, AL 36601-0662</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>63-6074956</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>251-432-5588</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>525100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>63-6074956</u>	2c Plan Sponsor's telephone number <u>251-432-5588</u>	2d Business code (see instructions) <u>525100</u>	
2b Employer Identification Number (EIN) <u>63-6074956</u>					
2c Plan Sponsor's telephone number <u>251-432-5588</u>					
2d Business code (see instructions) <u>525100</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.

SIGN HERE	Filed with authorized/valid electronic signature.		<u>JASON HUDSON</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	113
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year.....		6a(1)	113
a(2) Total number of active participants at the end of the plan year		6a(2)	120
b Retired or separated participants receiving benefits.....		6b	
c Other retired or separated participants entitled to future benefits		6c	
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	120
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	1
f Total. Add lines 6d and 6e		6f	121
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	5
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1F			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☐ R (Retirement Plan Information) (2) ☒ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☐ H (Financial Information) (2) ☒ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☐ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022

▶ **Round off amounts to nearest dollar.**

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

A Name of plan <u>M.S.S.A. - I.L.A. 1985 MAINTENANCE EMPLOYEES' PENS</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BOARD OF TRUSTEES - M.S.S.A. -I.L.A LOCAL 1985 MAINTENANCE EMPLOYEEES</u>	D Employer Identification Number (EIN) <u>63-6074956</u>

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

1a Enter the valuation date: Month 10 Day 01 Year 2021

b Assets

(1) Current value of assets.....	1b(1)	<u>19188658</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>244414</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>225253</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	<u>199169</u>
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability.....	1d(2)(a)	<u>384165</u>
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	<u>22388</u>
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	<u>2647</u>
(3) Expected plan disbursements for the plan year.....	1d(3)	<u>2647</u>

Statement by Enrolled Actuary

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

SIGN HERE	
Signature of actuary <u>PAUL STEPHEN OSBORN, F.S.A.</u>	Date <u>20-03095</u>
Type or print name of actuary <u>OSBORN, CARREIRO AND ASSOCIATES, IN</u>	Most recent enrollment number <u>501-376-8043</u>
Firm name <u>124 WEST CAPITOL AVE SUITE 1690, LITTLE ROCK, AR 72201</u>	Telephone number (including area code)
Address of the firm	

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

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

Schedule MB (Form 5500) 2021
v. 201209

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	19188658
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1	160281
(2) For terminated vested participants	0	0
(3) For active participants:		
(a) Non-vested benefits.....		19451
(b) Vested benefits.....		204433
(c) Total active	120	223884
(4) Total	121	384165
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/31/2022	46530	0			
Totals ▶			3(b)	46530	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	122.7 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here	4f	☐

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....			6a	2.28 %
	Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts.....	☐ Yes ☒ No ☐ N/A		☐ Yes ☒ No ☐ N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	9	9	
(2) Females	6c(2)	9	9	
d Valuation liability interest rate	6d	6.00 %	6.00 %	
e Expense loading	6e	80.9 % ☐ N/A	%	☒ N/A
f Salary scale	6f	% ☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	%		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	%		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-32253	-3133

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	49424
c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	75691 8517
(2) Funding waivers	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	1994
e Total charges. Add lines 9a through 9d.....	9e	59935

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	3214
g Employer contributions. Total from column (b) of line 3.....	9g	46530
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	91638
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	2171
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL)	9j(1)	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	
(3) FFL credit	9j(3)	
k (1) Waived funding deficiency	9k(1)	
(2) Other credits	9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	61623
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	1688
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	

9 o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2021 plan year	9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	
(3) Total as of valuation date	9o(3)	

10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☐ Yes ☒ No
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SCHEDULE I (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information—Small Plan This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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	
A Name of plan M.S.S.A. - I.L.A. 1985 MAINTENANCE EMPLOYEES' PENS	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES - M.S.S.A. -I.L.A LOCAL 1985 MAINTENANCE EMPLOYEEES	D Employer Identification Number (EIN) 63-6074956

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I	Small Plan Financial Information
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Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

1 Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
a Total plan assets	1a	19352700	19325570
b Total plan liabilities.....	1b		
c Net plan assets (subtract line 1b from line 1a).....	1c	19352700	19325570
2 Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
a Contributions received or receivable:			
(1) Employers	2a(1)	2734735	
(2) Participants.....	2a(2)		
(3) Others (including rollovers)	2a(3)		
b Noncash contributions.....	2b		
c Other income	2c	-2700952	
d Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d		33783
e Benefits paid (including direct rollovers)	2e	8089	
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Administrative service providers (salaries, fees, and commissions)	2h	51826	
i Other expenses.....	2i	998	
j Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		60913
k Net income (loss) (subtract line 2j from line 2d)	2k		-27130
l Transfers to (from) the plan (see instructions)	2l		

3 Specific Assets: If the plan held assets at any time during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.		Yes	No	Amount
a Partnership/joint venture interests	3a		X	
b Employer real property	3b		X	
c Real estate (other than employer real property)	3c		X	
d Employer securities.....	3d		X	
e Participant loans	3e		X	
f Loans (other than to participants)	3f		X	
g Tangible personal property	3g		X	

Part II Compliance Questions

4 During the plan year:		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
4a			X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.		X	
4b			X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible?		X	
4c			X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)		X	
4d			X	
e	Was the plan covered by a fidelity bond?	X		500000
4e		X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g			X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h			X	
i	Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?		X	
4i			X	
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4j			X	
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	X		
4k		X		
l	Has the plan failed to provide any benefit when due under the plan?		X	
4l			X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3		X	
4n			X	

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 459660.

**For M.S.S.A. – I.L.A. Maintenance Pension Trust Fund
EIN: 63-6074956 Plan: 001**

**Attachment to 2021 Form 5500
Schedule MB, line 6 – Summary of Plan Provisions**

EFFECTIVE DATE: October 1, 1968. Restated, effective October 1, 1984. Restatement effective October 1, 1989, adopted September 28, 1995. Plan restatement effective October 1, 2001, adopted September 30, 2002. Plan restatement effective October 1, 2009, adopted December 29, 2009. Plan restatement effective October 1, 2014.

COVERED EMPLOYMENT: Employment with an employer who has signed the bargaining agreement with I.L.A. Local 1985.

EMPLOYER CONTRIBUTIONS: \$7.155 per hour effective October 1, 2013, allocated as follows:

Minimum Fund and Expenses	\$ 0.000
Individual Accounts	<u>7.155</u>
Total	\$ 7.155

CREDITED SERVICE: Credited Service is awarded if an employee works at least 850 hours in a Plan Year.

BREAK IN SERVICE: Failure to work at least 500 Hours in a Plan Year. Non-vested employee who terminates may lose prior Service and Credited Service if Break in Service is greater than or equal to the greater of:

- a) his Service prior to the Break, or
- b) Effective October 1, 1985, five years.

RETIREMENT BENEFITS:

Eligibility: Age 62; age 55 and 10 years of Credited Service; or total and permanent disability with 10 years of Credited Service.

Benefit: At the option of the participant:

- a) Lump sum refund of amount held in individual account(s); or
- b) Purchases of an annuity:
 - 1) life annuity,
 - 2) 10-year certain and life annuity
 - 3) Joint and survivor annuity,
 - 4) 10-year certain annuity; or
- c) A combination of (a) and (b).

MINIMUM BENEFIT:

For M.S.S.A. – I.L.A. Maintenance Pension Trust Fund
EIN: 63-6074956 Plan: 001

Eligibility:

- a) Retirement at age 62, with at least 20 years of Credited Service, including one year of Credited Service before October 1, 1968. Total and permanent disability while working in the industry, provided (i) the disability occurred after age 55, (ii) the participant had 20 years of Credited Service prior to October 1, 1969, and (iii) the participant received Credited Service for the Plan Year ended September 30, 1969.
- b) Total and permanent disability while working in the industry on or after October 1, 1968, provided the participant had 15 years of Credited Service, and was disabled before October 1, 2007.

Benefit:

- a) The difference between the \$1,334 per month (effective October 1, 1993) and the fixed dollar life annuity that can be provided by the participant's individual account.
- b) The difference between \$796 per month (effective October 1, 1993) and the fixed dollar life annuity that can be provided by the participant's individual account. The \$796 amount is increased by \$28 per month for each year of Credited Service over 15, up to \$908 per month.

DEATH BENEFIT:

Before Retirement:

- a) If an employee with less than five years of Credited Service dies prior to his retirement date, his individual account is forfeited and transferred to the Minimum Fund.
- b) If an employee with at least five years of Credited Service dies, the total value of his individual account is paid in a lump sum to his beneficiary.
NOTE: Employee or his beneficiary may elect that the individual account be applied to purchase an annuity for the beneficiary if death occurs before age 55.
- c) Upon death of an employee, on or before September 4, 2003, with at least 20 years of

For M.S.S.A. – I.L.A. Maintenance Pension Trust Fund
EIN: 63-6074956 Plan: 001

Credited Service, spouse receives a pension from the Minimum Fund. The amount of the pension is \$534 per month, and it ceases at the earlier of the death or remarriage of the spouse. Employee and spouse must have been married at least one year prior to death.

- d) \$6,000 is payable from the Minimum Fund in a lump sum to the beneficiary, if the Employee had at least 20 years of Credited Service (10 years for death of active employee).

After Retirement:

- a) Beneficiary receives annuity form as elected by the employee at retirement, if applicable.
- b) Spouse of retiree who died on or before September 4, 2003, and who had at least 20 years of Credited Service, and who had been receiving or had received pension benefits, receives a pension from the Minimum Fund. The amount of the pension is \$534 per month, and it ceases at the earlier of the death or remarriage of the spouse. Employee and spouse must have been married at least two years prior to death.
- c) \$12,000 is payable from the Minimum Fund in a lump sum to the beneficiary.

VESTED DEFERRED
PENSION:

Eligibility:

Termination with at least 5 years of Service, (3 years after October 1, 2007).

Benefit:

Lump sum payment of individual account, or annuity, at the participant's election. Annuity benefits deferred to age 55.

Attachment to 2021 Form 5500
Schedule MB, line 8b(2) - Schedule of Active Participant Data

[illegible]

For M.S.S.A. – I.L.A. Maintenance Pension Trust Fund
EIN: 63-6074956 Plan: 001

Attachment to 2021 Form 5500
Schedule MB, lines 9c and 9h – Schedule of Funding Standard Account Bases

<u>Item</u>		<u>Initial</u> <u>Amount</u>	<u>Date</u> <u>Added</u> <u>To Costs</u>	<u>10/1/2021</u> <u>Outstanding</u> <u>Balance for</u> <u>Minimum Funding</u>	<u>Amortization</u> <u>Period</u>	<u>Amortization</u> <u>Amount</u>
1)	Actuarial Gain	\$ - 8,216	10/1/2017	\$ - 6,674	15	\$ - 798
2)	Actuarial Gain	- 36,166	10/1/2018	- 31,219	15	- 3,513
3)	Benefit Change	87,684	10/1/2018	75,691	15	8,517
4)	Actuarial Gain	- 17,858	10/1/2019	- 16,276	15	- 1,735
5)	Actuarial Gain	-5,450	10/1/2020	- 5,216	15	- 529
6)	Actuarial Gain	-32,253	10/1/2021	- 32,253	15	- 4,134
				\$ -15,947		\$ - 1,191

For M.S.S.A. – I.L.A. Maintenance Pension Trust Fund
EIN: 63-6074956 Plan: 001

Attachment to 2021 Form 5500
Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods

COST METHOD: The "entry age normal cost method" (one of the level payment types) has been used in your plan.

PRE-RETIREMENT MORTALITY: None assumed.

POST-RETIREMENT MORTALITY: The Pri 2012 Blue Collar Mortality Table (Healthy Annuitant for Age 62 and over), projected generationally with Scale MP 2020, was used. The life expectancy according to these tables is:

<u>Age</u>	<u>MALE LIFE EXPECTANCY</u>		
	Pri2012BC	Pri2012BC	Pri2012BC
	<u>2025</u>	<u>2030</u>	<u>2035</u>
55	29.26	29.71	30.16
65	19.78	20.18	20.58

<u>Age</u>	<u>FEMALE LIFE EXPECTANCY</u>		
	Pri2012BC	Pri2012BC	Pri2012BC
	<u>2025</u>	<u>2030</u>	<u>2035</u>
55	31.47	31.90	32.32
65	21.79	22.17	22.55

The IRS static mortality tables for 2021 were used for the current liability.

DISABILITY BENEFITS: No disability rates assumed

VOLUNTARY TERMINATIONS: None assumed.

ASSET VALUATION: Market value.

INVESTMENT YIELD: At an annually compounded rate of 6.00%. 2.28% was used for the current liability.

ADMINISTRATIVE EXPENSES: These were assumed to be \$40,000. Investment expenses are appropriately treated as offsets against the gross investment return.

EXPECTED HOURS: 230,000 per year.

RETIREMENT RATES: Retirements are assumed to occur at the age at which eligible for minimum benefits.

For M.S.S.A. – I.L.A. Maintenance Pension Trust Fund
EIN: 63-6074956 Plan: 001

REMARRIAGE:

We assumed 80% of the members were married. Annuities that begin upon death of a spouse and cease upon death or remarriage were taken from “A Technical Note for Construction of Widow’s Annuities” by Richard F. Camus. The rates used in these annuities are in accordance with Social Security experience.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1210 - 0110
1210 - 0089**2021****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2021 or fiscal plan year beginning **10/01/2021** and ending **09/30/2022**

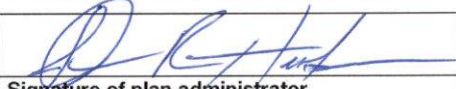
- A** This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.)
- B** This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____
☐ the first return/report ☐ the final return/report
☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here ☒
- D** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐

Part II Basic Plan Information - enter all requested information

1a Name of plan M.S.S.A. - I.L.A. 1985 MAINTENANCE EMPLOYEES' PENS	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 10/01/1968
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES - M.S.S.A. - I.L.A LOCAL 1985 MAIN PO BOX 2001 MOBILE AL 36601-0662	2b Employer Identification Number (EIN) 63-6074956 2c Plan Sponsor's telephone number 251-432-5588 2d Business code (see instructions) 525100

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

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

SIGN HERE		10/16/23	JASON HUDSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

UNDER FEMA DISASTER RELIEF AL-2023-01, AFFECTED TAXPAYERS QUALIFY FOR TAX RELIEF, WHICH POSTPONES RETURN FILING AND PAYMENT OF TAX UNTIL OCTOBER 16, 2023. LATE PAYMENT INTEREST AND PENALTIES HAVE BEEN EXCLUDED FROM TAX RETURN, AS TAX RELIEF APPLIES TO TAXPAYER'S ELIGIBLE COUNTY OF RESIDENCE AND/OR TAX PREPARER'S COUNTY OF OPERATIONS.

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022

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

A Name of plan M.S.S.A. - I.L.A. LOCAL 1985 MAINTENANCE EMPLOYEES' PENSION PLAN AND TRUST	B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES - M.S.S.A. - I.L.A. LOCAL 1985 MAINTENANCE EMPLOYEE	D Employer Identification Number (EIN) 63-6074956

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

1a Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2021</u>	
b Assets	
(1) Current value of assets.....	1b(1) 19,188,658
(2) Actuarial value of assets for funding standard account.....	1b(2) 244,414
c (1) Accrued liability for plan using immediate gain methods.....	1c(1) 225,253
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases.....	1c(2)(a)
(b) Accrued liability under entry age normal method.....	1c(2)(b)
(c) Normal cost under entry age normal method.....	1c(2)(c)
(3) Accrued liability under unit credit cost method.....	1c(3) 199,169
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)
(2) "RPA '94" information:	
(a) Current liability.....	1d(2)(a) 384,165
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b) 22,388
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c) 2,647
(3) Expected plan disbursements for the plan year.....	1d(3) 2,647

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

SIGN HERE	 Signature of actuary PAUL STEPHEN OSBORN, F.S.A. Type or print name of actuary OSBORN, CARREIRO & ASSOCIATES, INC. Firm name 124 W. CAPITOL AVE., SUITE 1690 LITTLE ROCK AR 72201 Address of the firm	<u>07/04/2023</u> Date 2303095 Most recent enrollment number 501-376-8043 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

2 Operational information as of beginning of this plan year:**a** Current value of assets (see instructions)

2a	19,188,658
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b "RPA '94" current liability/participant count breakdown:

(1) Number of participants	(2) Current liability
1	160,281
0	0
	19,451
	204,433
120	223,884
121	384,165

(1) For retired participants and beneficiaries receiving payment

(2) For terminated vested participants

(3) For active participants:

(a) Non-vested benefits

(b) Vested benefits

(c) Total active

(4) Total

c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage

2c	%
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3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/31/2022	46,530	0			
Totals ▶			3(b)	46,530	3(c) 0

(d) Total withdrawal liability amounts included in line 3(b), total

3(d)	0
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4 Information on plan status:**a** Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))

4a	122.7 %
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b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5

4b	N
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c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No**d** If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No**e** If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date

4e	
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f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge.
If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐

4f	
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5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

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

j If box h is checked, enter period of use of shortfall method 5j

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

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

m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method 5m

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability 6a 2.28 %

	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1) 9P	9P
(2) Females	6c(2) 9FP	9FP
d Valuation liability interest rate	6d 6.00 %	6.00 %
e Expense loading	6e 80.9 % ☐ N/A	% ☒ N/A
f Salary scale.....	6f % ☒ N/A	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	11.6 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	11.6 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-32,253	-3,133

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval 8a

b(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule..... ☐ Yes ☒ No

b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the instructions.) If "Yes," attach a schedule..... ☒ Yes ☐ No

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

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

 ☐ Yes ☐ No

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

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

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

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

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

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

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s) 8e

9 Funding standard account statement for this plan year:**Charges to funding standard account:****a** Prior year funding deficiency, if any **9a** 0**b** Employer's normal cost for plan year as of valuation date **9b** 49,424**c** Amortization charges as of valuation date:

Outstanding balance

(1) All bases except funding waivers and certain bases for which the amortization period has been extended **9c(1)** 75,691 8,517**(2)** Funding waivers **9c(2)** 0 0**(3)** Certain bases for which the amortization period has been extended **9c(3)** 0 0**d** Interest as applicable on lines 9a, 9b, and 9c **9d** 1,994**e** Total charges. Add lines 9a through 9d **9e** 59,935**Credits to funding standard account:****f** Prior year credit balance, if any **9f** 3,214**g** Employer contributions. Total from column (b) of line 3 **9g** 46,530

Outstanding balance

h Amortization credits as of valuation date **9h** 91,638 9,708**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h **9i** 2,171**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL) **9j(1)** 0**(2)** "RPA '94" override (90% current liability FFL) **9j(2)** 0**(3)** FFL credit **9j(3)** 0**k (1)** Waived funding deficiency **9k(1)** 0**(2)** Other credits **9k(2)** 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) **9l** 61,623**m** Credit balance: If line 9l is greater than line 9e, enter the difference **9m** 1,688**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference **9n****9o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the 2021 plan year **9o(1)****(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date **9o(2)(a)****(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) **9o(2)(b)** 0**(3)** Total as of valuation date **9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (See instructions.) **10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions. ☐ Yes ☒ No