

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 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023	
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 LOCAL 1964 ILA RETIREMENT FUND	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 11/07/1972
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) LOCAL 1964 ILA RETIREMENT FUND 11 TEANECK ROAD RIDGEFIELD PARK, NJ 07660-2327	2b Employer Identification Number (EIN) 22-6244648
		2c Plan Sponsor's telephone number 201-440-6599
		2d Business code (see instructions) 488990

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.	07/10/2024	ADAM HARRIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN
		3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN
5 Total number of participants at the beginning of the plan year		5 1987
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) 358
a(2) Total number of active participants at the end of the plan year		6a(2) 368
b Retired or separated participants receiving benefits		6b 511
c Other retired or separated participants entitled to future benefits.....		6c 1054
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d 1933
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e 89
f Total. Add lines 6d and 6e		6f 2022
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 6
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	(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		b General 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		(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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023

► 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 LOCAL 1964 ILA RETIREMENT FUND	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF LOCAL 1964 ILA RETIREMENT FUND	D Employer Identification Number (EIN) 22-6244648

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

1a Enter the valuation date: Month 10 Day 01 Year 2022	
b Assets	
(1) Current value of assets	1b(1) 38041330
(2) Actuarial value of assets for funding standard account	1b(2) 41845463
c (1) Accrued liability for plan using immediate gain methods	1c(1) 49888460
(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) 49888460
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) 102545713
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 1459167
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 4302430
(3) Expected plan disbursements for the plan year	1d(3) 4271321

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		07/02/2024
Signature of actuary		Date
ALAN T NAHOUM		23-02343
Type or print name of actuary		Most recent enrollment number
BACK NINE CONSULTING LLC		561-701-0729
Firm name		Telephone number (including area code)
41 DUNBAR ROAD, PALM BEACH GARDENS, FL 33418		
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 ☐

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	38041330
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment.....	615	51203709
(2) For terminated vested participants	1098	25520875
(3) For active participants:		
(a) Non-vested benefits		10804375
(b) Vested benefits		15016754
(c) Total active	378	25821129
(4) Total	2091	102545713
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	37.10 %

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
04/01/2023	1446910		02/15/2024	34672	
10/15/2023	146935				
11/15/2023	116533				
12/15/2023	123315				
01/15/2024	137373				
Totals ▶ 3(b)				2005738	3(c)

(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	83.9 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ 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 plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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	2.38 %
	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)	8
(2) Females	6c(2)	8
d Valuation liability interest rate	6d	7.50 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	-5.7 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-16.3 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	512740
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	8094514	853028

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☐ Yes ☒ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	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	1039012

c Amortization charges as of valuation date:**(1)** All bases except funding waivers and certain bases for which the amortization period has been extended**(2)** Funding waivers.....**(3)** Certain bases for which the amortization period has been extended

	Outstanding balance	
9c(1)	16429953	2559837
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 269914**e** Total charges. Add lines 9a through 9d.....**9e** 3868763**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 209317**g** Employer contributions. Total from column (b) of line 3.....**9g** 2005738**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	8177639	1474168

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....**9i** 179540**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL).....**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit.....

9j(1)	14077618
9j(2)	51831357

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** 3868763**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m****n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the 2022 plan year**9o(1)** 0**(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)** 0**(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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023		
A Name of plan LOCAL 1964 ILA RETIREMENT FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL 1964 ILA RETIREMENT FUND	D Employer Identification Number (EIN) 22-6244648	

Part I	Service Provider Information (see instructions)
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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
LOOMIS SAYLES & CO
04-3200030

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
MASSACHUSETTS FINANCIAL SERVICES CO
04-2747644

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
WISDOMTREE ASSET MANAGEMENT INC
13-3487784

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BLACKROCK ADVISORS LLC
23-2784752

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

DOUBLELINE CAPITAL LP

30-0596331

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

BOSTON MANAGEMENT AND RESEARCH INC

40 BEACH ST, STE 200
MANCHESTER BY THE SE, MA 01944

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

ARTISAN PARTNERS LIMITED PARTNERSHI

30-0551775

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

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

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

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

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

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

NUCLEUS ADVISORS

512 W 22ND ST, 7TH FLR
NEW YORK, NY 10011

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	185983	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

ADAM HARRIS

22-6244648

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	90797	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DAVID HARRIS

22-6244648

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	86813	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

RICHARD GALLO

22-6244648

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	78097	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NOVAK FRANCELLA LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	31611	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ERIC M HARRIS, ESQ. P.C.

485 UNDERHILL BLVD. STE 203
SYOSSET, NY 11791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	24000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

ALAN T. NAHOUM, INC.

41 DUNBAR ROAD
PALM BEACH GARDENS, FL 33418

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	18800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RELiance TRUST CO

58-1428634

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 51	NONE	16269	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OPTIMUM TECHNOLOGIES, INC.

20-1460608

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 99 50	NONE	9600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

UNITED LABOR SYSTEMS

2540 CALIFORNIA ST. 21
MOUNTAIN VIEW, CA 94040

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	6950	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection				
For calendar plan year 2022 or fiscal plan year beginning <u>10/01/2022</u> and ending <u>09/30/2023</u>						
A Name of plan <u>LOCAL 1964 ILA RETIREMENT FUND</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">B Three-digit plan number (PN) ►</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>		B Three-digit plan number (PN) ►	<u>001</u>		
B Three-digit plan number (PN) ►	<u>001</u>					
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LOCAL 1964 ILA RETIREMENT FUND</u>	D Employer Identification Number (EIN) <u>22-6244648</u>					

Part I	Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
Assets		(a) Beginning of Year	(b) End of Year	
a Total noninterest-bearing cash.....		1a	22948	61695
b Receivables (less allowance for doubtful accounts):				
(1) Employer contributions.....		1b(1)	142486	147461
(2) Participant contributions.....		1b(2)		
(3) Other.....		1b(3)	180316	79491
c General investments:				
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	1044691	1052309
(2) U.S. Government securities		1c(2)	3863366	5563353
(3) Corporate debt instruments (other than employer securities):				
(A) Preferred		1c(3)(A)	1927135	
(B) All other		1c(3)(B)		2235110
(4) Corporate stocks (other than employer securities):				
(A) Preferred		1c(4)(A)	1462764	
(B) Common.....		1c(4)(B)	7982408	7717884
(5) Partnership/joint venture interests		1c(5)		
(6) Real estate (other than employer real property)		1c(6)		
(7) Loans (other than to participants).....		1c(7)		
(8) Participant loans.....		1c(8)		
(9) Value of interest in common/collective trusts.....		1c(9)		
(10) Value of interest in pooled separate accounts		1c(10)		
(11) Value of interest in master trust investment accounts.....		1c(11)		
(12) Value of interest in 103-12 investment entities		1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....		1c(13)	21591879	23405620
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)		
(15) Other		1c(15)	3449	44951

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	38221442	40307874

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	13494	13576
i Acquisition indebtedness	1i		
j Other liabilities	1j	166618	73120
k Total liabilities (add all amounts in lines 1g through 1j)	1k	180112	86696

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	38041330	40221178
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1451884	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1451884
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	54	
(B) U.S. Government securities	2b(1)(B)	30276	
(C) Corporate debt instruments	2b(1)(C)	74946	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	578	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		105854
(2) Dividends: (A) Preferred stock	2b(2)(A)	35553	
(B) Common stock	2b(2)(B)	192095	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	922540	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1150188
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	19481298	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	19357049	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		124249
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	242886	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		242886

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2856329
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		5931390
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2939143	
(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)		2939143
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)	90461	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	205252	
(4) Other	2i(4)	516686	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		812399
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3751542
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		2179848
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: **NOVAK FRANCELLA, LLC**

(2) EIN: **61-1436956**

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 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.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
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?			
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?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
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.)			
4m			
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.			
4n			

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 504480.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023		
A Name of plan LOCAL 1964 ILA RETIREMENT FUND		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL 1964 ILA RETIREMENT FUND		D Employer Identification Number (EIN) 22-6244648
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 22-6244648		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 0
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **KEYSTONE FREIGHT/NRT (WALSH)**

b EIN **23-2248967**

c Dollar amount contributed by employer **13336822**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **15** Year **2026**

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

(1) Contribution rate (in dollars and cents) **2.60**

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

a Name of contributing employer **A&J CIANCIULLI**

b EIN **13-1701462**

c Dollar amount contributed by employer **15980**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **01** Day **31** Year **2025**

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

(1) Contribution rate (in dollars and cents) **3.00**

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

a Name of contributing employer **KINGS HARBOR CARE CENTER**

b EIN **13-3772916**

c Dollar amount contributed by employer **7464**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **07** Day **11** Year **2025**

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

(1) Contribution rate (in dollars and cents) **0.75**

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

a Name of contributing employer **KINGS HARBOR DIALYSIS CENTER**

b EIN **13-4138854**

c Dollar amount contributed by employer **5964**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **10** Day **31** Year **2026**

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

(1) Contribution rate (in dollars and cents) **0.75**

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

a Name of contributing employer **COMPREHENSIVE CLEANING**

b EIN **22-2376088**

c Dollar amount contributed by employer **26286**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **10** Day **31** Year **2026**

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

(1) Contribution rate (in dollars and cents) **1.50**

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

a Name of contributing employer **SANS SOUCI REHAB & NURSING CENTER**

b EIN **26-2661137**

c Dollar amount contributed by employer **54406**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **10** Day **31** Year **2026**

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

(1) Contribution rate (in dollars and cents) **1.50**

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

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a	The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	
b	The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c	The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a	The corresponding number for the plan year immediately preceding the current plan year.....	15a	1.02
b	The corresponding number for the second preceding plan year.....	15b	1.05
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a	Enter the number of employers who withdrew during the preceding plan year	16a	
b	If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐		

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: 63.5 % Investment-Grade Debt: 33.8 % High-Yield Debt: 0.0 % Real Estate: 0.0 % Other: 2.7 %

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

LOCAL 1964 I.L.A. RETIREMENT FUND

FINANCIAL STATEMENTS

SEPTEMBER 30, 2023

LOCAL 1964 I.L.A. RETIREMENT FUND

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

SEPTEMBER 30, 2023 AND 2022

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Local 1964 I.L.A. Retirement Fund

Opinion

We have audited the financial statements of the Local 1964 I.L.A. Retirement Fund (the 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, 2023 and 2022, 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 accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of September 30, 2023 and 2022, 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 (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Local 1964 I.L.A. Retirement Fund 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 the Local 1964 I.L.A. Retirement Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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.

Report on Supplemental Information

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, Schedule of Reportable Transactions, and Schedules of Administrative Expenses, together referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions are supplemental information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. 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 GAAS.

In forming our opinion on the supplemental information, we evaluated whether the supplemental information, including their form and content, are presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

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

Novak Francella LLC

New York, New York
July 9, 2024

LOCAL 1964 I.L.A. RETIREMENT FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

SEPTEMBER 30, 2023 AND 2022

ASSETS	<u>2023</u>	<u>2022</u>
INVESTMENTS - at fair value		
United States Government and Government		
Agency obligations	\$ 5,563,353	\$ 3,863,366
Corporate obligations	2,235,110	1,927,135
Common stock	7,717,884	7,982,408
Preferred stock	-	1,462,764
Mutual funds and exchange traded funds	23,405,620	21,591,879
Short-term investments	<u>1,052,309</u>	<u>1,044,691</u>
Total investments	<u>39,974,276</u>	<u>37,872,243</u>
RECEIVABLES		
Employer contributions	147,461	142,486
Due from related entities	44,951	3,449
Securities sold and not settled	-	131,368
Accrued interest and dividends	58,406	48,063
Other	<u>20,200</u>	<u>-</u>
Total receivables	<u>271,018</u>	<u>325,366</u>
OTHER ASSETS		
Cash	61,695	22,948
Security deposits	<u>885</u>	<u>885</u>
Total other assets	<u>62,580</u>	<u>23,833</u>
Total assets	<u>40,307,874</u>	<u>38,221,442</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accrued expenses	13,576	13,494
Securities purchased and not settled	<u>73,120</u>	<u>166,618</u>
Total liabilities	<u>86,696</u>	<u>180,112</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 40,221,178</u>	<u>\$ 38,041,330</u>

See accompanying notes to financial statements.

LOCAL 1964 I.L.A. RETIREMENT FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED SEPTEMBER 30, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
ADDITIONS		
Investment income		
Net appreciation (depreciation) in fair value of investments	\$ 3,223,463	\$ (8,819,866)
Interest and dividends	<u>1,256,043</u>	<u>1,436,228</u>
	4,479,506	(7,383,638)
Less investment expenses	<u>(205,252)</u>	<u>(236,939)</u>
Investment income (loss) - net	4,274,254	(7,620,577)
Contribution income		
Employer contributions	<u>1,451,884</u>	<u>1,530,980</u>
Total additions	<u>5,726,138</u>	<u>(6,089,597)</u>
DEDUCTIONS		
Pension benefits	2,939,143	2,801,334
Administrative expenses	<u>607,147</u>	<u>630,893</u>
Total deductions	<u>3,546,290</u>	<u>3,432,227</u>
NET INCREASE (DECREASE)	2,179,848	(9,521,824)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>38,041,330</u>	<u>47,563,154</u>
End of year	<u><u>\$ 40,221,178</u></u>	<u><u>\$ 38,041,330</u></u>

See accompanying notes to financial statements.

LOCAL 1964 I.L.A. RETIREMENT FUND

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2023 AND 2022

NOTE 1. DESCRIPTION OF PLAN

The following brief description of the Local 1964 I.L.A. Retirement Fund (the Plan) provides only general information. Participants should refer to the summary plan description for a more complete description of the Plan's provisions.

General - The Plan was established during 1972 as a result of collective bargaining agreements between the Local 1964 I.L.A. (the Local) union and various employers to provide retirement, death and disability benefits for eligible participants. The Plan is financed by employer contributions as specified in the collective bargaining agreements. The Plan is a multi-employer defined benefit pension plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan was amended, effective July 15, 2020 to be in compliance with the qualification requirements under the Internal Revenue Service.

Pension Benefits - Under current provisions of the Plan, an employee is eligible for a normal retirement pension upon attaining age 65 with 5 years of credit service. Members are eligible for early retirement benefits, at a reduced rate, upon attaining age 55 and 15 years of credit service. Members are eligible for disability pension benefits at age 55 with 10 or 15 years of service depending on whether the member became disabled during employment or was given a social security award. Effective October 1, 2019 the Plan was amended to the monthly benefit payable at the participant's normal retirement date which reduces the percentage of all employer contributions required to be made of a participant's account on or after October 1, 2019.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The financial statements are prepared using the accrual basis of accounting.

Investments and Income Recognition - Investments are carried at fair value. The valuations for U.S. Treasuries, preferred and common stock, mutual funds and exchange traded funds are generally based on quoted market prices or the net asset value of the funds as of the last business day of the fiscal year as provided by the custodian. Government agencies and corporate obligations are valued using pricing models that maximize the use of observable inputs for similar securities, including yields, credit ratings and broker quotes, if available. The short-term investment is valued at cost, which approximates fair value.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Purchases and sales are recorded on the trade date basis. Interest and dividends are recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Employer Contributions - Employer contributions due but not paid at year end are recorded as contributions receivable. Allowance for uncollectible accounts is considered unnecessary and is not provided. Contributions are accounted for as exchange transactions.

Securities Purchased or Sold and Not Settled - This represents the amount due to or from the custodial bank for the purchase or sale of securities with trade dates prior to year end and settlement dates after year end.

Benefit Payments - Benefit payments to participants are recorded upon distribution.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service which employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

NOTE 3. FUNDING POLICY

The participating employers contribute such amounts as are specified in the collective bargaining agreements. For the year ended September 30, 2023, employer contributions ranged from \$0.75 to \$3.00 per hour. For the year ended September 30, 2022, employer contributions ranged from \$0.75 to \$2.90 per hour.

The Plan's actuary has advised that the minimum funding requirements of ERISA have been met as of October 1, 2022.

NOTE 4. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at the time and the priority of those benefits.

NOTE 4. PRIORITIES UPON TERMINATION (continued)

In addition, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided for while other benefits may not be provided at all.

NOTE 5. TAX STATUS

The Plan obtained its latest determination letter on March 23, 2016 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) and was, therefore, exempt from Federal income taxes under the provisions of Section 501(a). The Plan's Trustees and Counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the U.S. Federal, state, or local taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, plan tax years will remain open for three years; however, this may differ depending upon the circumstances of the Plan.

NOTE 6. 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:

Basis of Fair Value Measurement:

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

Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

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.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

For the years ended September 30, 2023 and 2022, there were no transfers in or out of levels 1, 2, or 3.

The following tables set fourth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2023 and 2022:

Fair Value Measurements at September 30, 2023				
	Total	Level 1	Level 2	Level 3
United States Government and Government Agency obligations	\$ 5,563,353	\$ 3,230,671	\$ 2,332,682	\$ -
Corporate obligations	2,235,110	-	2,235,110	-
Common stock	7,717,884	7,717,884	-	-
Mutual funds and exchange traded funds **	23,405,620	23,405,620	-	-
Short-term investments	1,052,309	1,052,309	-	-
	<u>\$ 39,974,276</u>	<u>\$ 35,406,484</u>	<u>\$ 4,567,792</u>	<u>\$ -</u>

** One fund accounts for 19.5% of net assets available for benefit as of September 30, 2023.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

Fair Value Measurements at September 30, 2022				
	Total	Level 1	Level 2	Level 3
United States Government and				
Government Agency obligations	\$ 3,863,366	\$ 2,438,573	\$ 1,424,793	\$ -
Corporate obligations	1,927,135	-	1,927,135	-
Common stock	7,982,408	7,982,408	-	-
Preferred stock	1,462,764	1,462,764	-	-
Mutual funds and exchange				
traded funds	21,591,879	21,591,879	-	-
Short-term investments	1,044,691	1,044,691	-	-
	<u>\$ 37,872,243</u>	<u>\$ 34,520,315</u>	<u>\$ 3,351,928</u>	<u>\$ -</u>

NOTE 7. RELATED PARTIES

The Plan has three related organizations, Local 1964 I.L.A. (Local), Local 1964 I.L.A. Health & Insurance Fund (Health Fund) and Local 1964 I.L.A. Staff Plan and Trust (Staff Plan). The Plan shares facilities, equipment and staff with these related organizations.

The Plan sub-leases office space and equipment from the Health Fund on a year to year basis. Office and equipment rent are based upon allocated occupancy as approved by the Trustees. Office rent paid to the Health Fund totaled \$10,410 and \$10,292 for years ended September 30, 2023 and 2022, respectively. Furniture and equipment rental allocated from the Health Fund totaled \$1,200 and \$2,301 for the years ended September 30, 2023 and 2022, respectively. As of September 30, 2023 and 2022, the Plan owed \$1,200 and \$11,920 to the Health Fund, respectively, for the Plan's portion of furniture and equipment rental.

The Health Fund pays personnel and certain administration expenses on behalf of the Plan. These expenses are reimbursed monthly by the Plan based on an allocation approved by the Trustees. As of September 30, 2023 and 2022, the Plan was due \$46,151 and \$15,369, respectively from the Health Fund for payroll related expenses. The Plan was allocated \$371,145 and \$360,781 from the Health Fund for payroll related expenses for the years ended September 30, 2023 and 2022, respectively.

Certain Plan investments are short-term investments managed by Fidelity through Reliance Trust, a Fidelity Information Service, LLC company. Reliance Trust is the custodian, as defined by the Plan, therefore these transactions qualify as party-in-interest transactions. These transactions have been denoted as such on the supplemental schedules of assets held at end of year and reportable transactions.

The transactions above qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA.

NOTE 8. BENEFIT PLANS

Substantially all of the Plan's full-time employees who have completed one year of service are covered by a single-employer defined contribution pension plan (Local 1964 I.L.A. Staff Plan and Trust, a related party).

The Plan contributes 10% of an eligible employee's annual salary. The vesting periods are the following:

First year	20%
Second year	40%
Third year	60%
Fourth year	80%
Fifth year	100%

During the years ended September 30, 2023 and 2022, the Plan contributed \$27,230 and \$25,597, respectively, to the Staff Plan.

The Plan's full-time employees are covered by a multiemployer defined benefit health plan (Management - I.L.A. Managed Care Trust Fund). The total of health and welfare contributions for the year ended September 30, 2023 was \$53,170 and \$49,525 for 2022.

NOTE 9. ACTUARIAL INFORMATION

Actuarial valuations of the Plan were made by the consulting actuary, as of October 1, 2022. Information shown in the reports included the following:

Actuarial present value of accumulated plan benefits	
Vested benefits:	
Participants currently receiving benefits	\$ 23,960,454
Other vested benefits	21,919,486
	45,879,940
Non-vested benefits	4,008,520
Total actuarial present value of accumulated plan benefits	<u><u>\$ 49,888,460</u></u>

NOTE 9. ACTUARIAL INFORMATION (continued)

As reported by the actuary, the changes in the present value of accumulated plan benefits during the year ended September 30, 2022 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 46,764,515</u>
Increase (decrease) during the year attributable to:	
Benefits accumulated, actuarial gains or losses, and changes in valuation method	2,521,091
Interest	3,404,188
Benefits paid	<u>(2,801,334)</u>
Net increase	<u>3,123,945</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 49,888,460</u></u>

The actuarial cost method used was the Accrued Benefit Cost Method (Unit Credit). Some of the more significant actuarial assumptions used in the valuation as of September 30, 2022 were:

Mortality rates: Valuation rates - 1994 Uninsured Pensioner, unprojected
Disabled rates - 1964 OASDI Table
RPA rates - IRS 2022 Static Table

Normal retirement age: 67

Net investment return: 7.5%

The above actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. Pension benefits in excess of the net assets of the Plan are dependent upon contributions received under collective bargaining agreements with employers and income from investments.

Since information on the actuarial present value of accumulated plan benefits as of September 30, 2023 and the changes therein for the year then ended are not included, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of September 30, 2023 and the changes in its financial status for the year then ended, but a presentation of the net assets available for benefits and the changes therein as of and for the year ended September 30, 2023. The complete financial status is presented as of September 30, 2022

As of October 1, 2023, the actuary reported that the Plan is expected to be in endangered or critical status as identified under the Pension Protection Act of 2006.

NOTE 10. RISKS AND UNCERTAINTIES

The Plan invests in various investments. Investments are exposed to various risks such as interest rate, market, sectors and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and participant demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 11. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through July 9, 2024, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

LOCAL 1964 I.L.A. RETIREMENT FUND

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED SEPTEMBER 30, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
Salaries and payroll taxes	\$ 308,746	\$ 303,659
Employee benefits	88,400	82,530
Pension Benefit Guaranty Corporation	64,448	61,349
Audit and accounting fees	31,611	44,831
Legal fees	24,000	27,727
Office and printing expenses	19,811	33,545
Insurance expense	19,712	18,700
Actuarial and consulting fees	18,800	18,800
Other professional fees	16,050	23,900
Office rent, storage, utilities and maintenance	<u>15,569</u>	<u>15,852</u>
Total	<u>\$ 607,147</u>	<u>\$ 630,893</u>

LOCAL 1964 I.L.A. RETIREMENT FUND

SCHEDULE OF ASSETS HELD AT END OF YEAR

SEPTEMBER 30, 2023

E.I.N. 22-6244648

Plan No. 001

(a)	(b)	(c)				(d)	(e)
<u>Form 5500, Schedule H, Item 4i</u>		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
Identity of Issuer, Borrower, Lessor or Similar Party		Type	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	Cost	Current Value
<u>1c(1) - Short-term investments:</u>							
	Chase Interest Bearing Account	IBA	Demand	Var %	537,305	\$ 537,305	\$ 537,305
*	Fidelity Cash	IBA	Demand	Var	36,830	36,830	36,830
*	Fidelity Interest Bearing Account	IBA	Demand	Var	13,437	13,437	13,437
*	Fidelity Cash Management Funds Treasury	STIF	Demand	Var	464,737	464,737	464,737
	Total short-term investments					<u>1,052,309</u>	<u>1,052,309</u>
<u>1c(2) - United States Government & Agency obligations:</u>							
	Federal Home Loan Mortgage	Pool	04/01/33	3.000	17,751	17,589	16,282
	Federal Home Loan Mortgage	Pool	06/01/34	3.500	5,246	5,324	4,929
	Federal Home Loan Mortgage	Pool	09/01/37	3.500	19,294	18,528	17,847
	Federal Home Loan Mortgage	Pool	11/01/40	4.000	1,224	1,211	1,123
	Federal Home Loan Mortgage	Pool	12/01/40	4.000	2,853	2,861	2,616
	Federal Home Loan Mortgage	Pool	01/01/41	4.000	4,635	4,604	4,250
	Federal Home Loan Mortgage	Pool	07/01/44	4.500	33,597	27,140	31,573
	Federal Home Loan Mortgage	Pool	02/01/45	4.000	12,327	13,370	11,287
	Federal Home Loan Mortgage	Pool	12/01/45	3.000	14,331	14,646	12,133
	Federal Home Loan Mortgage	Pool	12/01/45	3.500	19,555	20,399	17,181
	Federal Home Loan Mortgage	Pool	02/01/46	4.000	30,859	32,990	27,805
	Federal Home Loan Mortgage	Pool	03/01/46	3.000	5,280	5,393	4,470
	Federal Home Loan Mortgage	Pool	09/01/46	3.000	28,664	27,773	24,263
	Federal Home Loan Mortgage	Pool	09/01/46	3.500	37,521	39,865	33,002
	Federal Home Loan Mortgage	Pool	01/01/47	3.000	9,924	10,069	8,390
	Federal Home Loan Mortgage	Pool	10/01/48	4.000	15,770	15,807	14,276
	Federal Home Loan Mortgage	Pool	07/01/49	3.500	347	354	302
	Federal Home Loan Mortgage	Pool	08/01/49	4.000	22,124	22,964	19,972
	Federal Home Loan Mortgage	Pool	02/01/50	3.000	29,222	29,806	24,399
	Federal Home Loan Mortgage	Pool	02/01/50	2.500	40,522	40,506	32,675
	Federal Home Loan Mortgage	Pool	09/01/50	2.000	57,950	59,702	44,373
	Federal Home Loan Mortgage	Pool	11/01/51	2.500	118,533	121,247	94,294
	Federal Home Loan Mortgage	Pool	03/01/52	2.500	363,762	313,859	288,929
	Federal Home Loan Mortgage	Pool	04/01/52	3.000	112,512	101,053	93,139
	Federal Home Loan Mortgage	Pool	05/01/52	3.500	184,381	170,581	158,632
	Federal Home Loan Mortgage	Pool	07/01/52	3.500	95,169	87,808	81,931
	Federal Home Loan Mortgage	Pool	10/01/52	4.500	23,493	22,924	21,579
	Federal Home Loan Mortgage	Pool	07/01/53	5.000	88,300	86,507	83,341
	Federal Home Loan Mortgage	Pool	07/01/53	4.500	88,368	84,895	81,165
	Federal National Mortgage Association	Pool	04/01/24	3.500	2,908	3,946	2,847
	Federal National Mortgage Association	Pool	01/01/26	3.500	1,789	1,899	1,748
	Federal National Mortgage Association	Pool	10/01/27	3.500	1,139	1,210	1,112
	Federal National Mortgage Association	Note	11/15/30	6.625	56,000	79,727	61,989
	Federal National Mortgage Association	Pool	06/01/33	3.000	9,292	9,528	8,349
	Federal National Mortgage Association	Pool	07/01/33	3.000	5,188	5,221	4,662
	Federal National Mortgage Association	Pool	09/01/33	3.000	8,530	8,800	7,669
	Federal National Mortgage Association	Pool	07/01/36	3.000	17,680	16,934	16,045
	Federal National Mortgage Association	Pool	09/01/36	2.000	107,557	110,901	92,587
	Federal National Mortgage Association	Pool	01/01/37	2.000	34,697	31,406	29,766

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	Cost	Current Value
1c(2) - United States Government & Agency obligations (continued):							
	Federal National Mortgage Association	Pool	02/01/41	4.000 %	10,687	\$ 11,310	\$ 9,786
	Federal National Mortgage Association	Pool	05/01/41	4.500	18,924	20,740	17,852
	Federal National Mortgage Association	Pool	08/01/41	4.500	2,537	2,724	2,396
	Federal National Mortgage Association	Pool	05/01/42	3.500	16,851	15,897	14,951
	Federal National Mortgage Association	Pool	09/01/42	4.500	4,033	4,372	3,810
	Federal National Mortgage Association	Pool	08/01/43	3.500	12,201	12,048	10,811
	Federal National Mortgage Association	Pool	10/01/46	3.000	56,898	58,941	48,105
	Federal National Mortgage Association	Pool	02/01/47	3.500	19,980	20,621	17,501
	Federal National Mortgage Association	Pool	08/01/47	4.000	10,692	10,959	9,702
	Federal National Mortgage Association	Pool	07/01/48	4.500	1,955	2,067	1,829
	Federal National Mortgage Association	Pool	11/01/49	3.500	30,423	31,355	26,547
	Federal National Mortgage Association	Pool	09/01/50	2.500	47,029	49,404	37,742
	Federal National Mortgage Association	Pool	07/01/51	2.000	272,792	275,222	208,413
	Federal National Mortgage Association	Pool	07/01/51	2.500	278,287	287,799	221,945
	Federal National Mortgage Association	Pool	06/01/52	4.000	138,437	132,380	123,369
	Federal National Mortgage Association	Pool	12/01/52	5.500	98,200	99,090	94,991
	United States Treasury	Bond	07/31/24	3.000	503,000	494,700	492,764
	United States Treasury	Note	11/30/24	1.500	292,000	290,489	279,374
	United States Treasury	Bond	05/15/25	0.000	195,000	164,243	179,550
	United States Treasury	Bond	05/31/26	0.750	369,000	360,478	331,395
	United States Treasury	Bond	11/30/26	1.250	391,000	381,942	350,833
	United States Treasury	Bond	05/31/27	2.625	509,000	498,160	473,172
	United States Treasury	Note	05/15/28	2.875	98,000	99,602	90,819
	United States Treasury	Bond	01/31/29	1.750	126,000	121,351	108,902
	United States Treasury	Bond	05/15/32	2.875	244,000	227,728	214,176
	United States Treasury	Bond	02/15/33	3.500	111,000	108,377	101,843
	United States Treasury	Bond	02/15/41	1.875	293,000	240,639	189,008
	United States Treasury	Bond	02/15/42	2.375	98,000	85,856	67,739
	United States Treasury	Bond	11/15/42	4.000	98,000	100,915	86,983
	United States Treasury	Bond	05/15/46	2.500	237,000	232,619	158,745
	United States Treasury	Bond	02/15/51	1.875	188,000	146,378	105,368
	Total United States Government and Agency obligations					6,257,753	5,563,353
1c(3) - Corporate obligations:							
	AbbVie Inc	Note	11/21/49	4.250	77,000	89,126	60,958
	Amazon Com	Bond	06/03/30	1.500	126,000	125,246	99,750
	Amgen Inc	Bond	02/21/30	2.450	112,000	111,843	92,735
	Anheuser Busch Inbev Fin Inc	Note	02/01/46	4.900	63,000	65,501	54,907
	Apple Inc	Bond	09/11/49	2.950	91,000	83,957	60,064
	Bank of America Corp	Note	07/22/27	1.734	140,000	137,488	124,063
	Capital One Financial Corp	Note	02/01/34	5.817	91,000	88,301	82,009
	CitiGroup Inc	Note	06/03/31	2.572	126,000	127,857	100,474
	Comcast Corp	Bond	02/01/50	3.450	105,000	101,673	70,994
	Crown Castle Intl Corp	Note	04/01/41	2.900	98,000	91,159	62,910
	CVS Health Corporation	Note	08/21/40	2.700	98,000	89,744	61,783
	Enterprise Products Operating LLC	Bond	02/15/43	4.450	56,000	51,086	45,826
	Fifth Third Bancorp	Bond	01/25/24	3.650	119,000	118,929	117,856
	Fiserv Inc	Bond	07/01/29	3.500	105,000	104,823	93,676
	Home Depot	Bond	04/15/30	2.700	119,000	122,511	101,622
	JPMorgan Chase & Co	Note	05/01/28	3.540	77,000	76,435	70,802
	JPMorgan Chase & Co	Note	11/19/31	1.764	119,000	112,060	89,507
	Kinder Morgan Inc	Note	03/26/30	4.300	77,000	78,225	75,028
	Lowe's Companies Inc	Note	06/01/50	1.700	105,000	100,838	80,515
	Mastercard	Bond	01/22/47	3.350	84,000	93,354	75,097
	Microsoft Inc	Note	01/15/25	2.525	63,000	58,751	38,360

(a)	(b)	(c)				(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	Cost	Current Value
<u>1c(3) - Corporate obligations (continued):</u>							
	Morgan Stanley	Note	04/01/30	4.375 %	63,000	\$ 61,827	\$ 49,831
	Northrop Grumman Corp	Note	07/15/33	2.930	84,000	83,583	81,001
	OracleCorp	Note	04/01/30	2.950	133,000	137,656	111,918
	T Mobile USA	Note	07/15/33	5.050	105,000	102,339	97,420
	UnionPacificCorp	Bond	09/10/28	3.950	112,000	112,484	105,664
	United Health Group	Bond	05/15/30	2.000	91,000	90,775	73,686
	Verizon Communications Inc	Note	11/20/50	2.875	98,000	93,418	56,654
	Total corporate obligations					<u>2,710,989</u>	<u>2,235,110</u>
<u>1c(4)(B) - Common stock:</u>							
	Abbott Laboratories				1,575	122,572	152,539
	Abbvie Inc				1,254	133,494	186,921
	Accenture Plc				394	109,321	121,001
	ACI World Wide Inc				471	12,107	10,626
	American Tower Corp				580	111,379	95,381
	Amgen Inc				557	149,817	149,699
	Amicus Therapeutics Inc				2,352	30,253	28,600
	Analog Devices Inc				958	174,458	167,736
	AO Smith Corp				416	21,918	27,510
	Apellis Pharmaceuticals Inc				454	24,648	17,270
	Ares Management Corp				291	22,183	29,935
	Argenx Se				81	17,113	39,822
	Arista Networks Inc				236	17,086	43,408
	Astrazeneca plc				2,878	167,195	194,898
	Atricure Inc				346	15,298	15,155
	Automatic Data Processing Inc				424	68,307	102,006
	Avient Corporation				347	16,188	12,256
	Biomarin Pharmaceutical Inc				239	21,869	21,147
	Blackrock Inc				217	167,116	140,288
	Broadcom Inc				224	77,437	186,050
	BWX Technologies Inc				484	30,943	36,290
	Championx Corporation				707	13,074	25,183
	Chevron Corp				1,434	161,350	241,801
	Coca-Cola				2,759	116,176	154,449
	Cognex Corp				462	24,360	19,607
	Curtiss-Wright Corp				93	17,606	18,194
	Deckers Outdoor Corp				32	10,930	16,451
	Dolby Laboratories Inc				296	16,207	23,461
	Eastman Chemical				1,311	136,803	100,580
	Eaton Corp				1,018	122,697	217,119
	Emcor Group Inc				134	8,441	28,192
	Entegris Inc				420	20,001	39,442
	EQT Corporation				442	17,578	17,936
	Equinix Inc				109	85,729	79,162
	Etsy Inc				265	24,633	17,114
	Fedex Corp				643	150,528	170,344
	Genuine Parts				783	129,084	113,050
	Gitlab Inc				620	30,186	28,036
	Godaddy Inc				466	34,828	34,708
	Goldman Sachs Group Inc				349	113,780	112,926
	Graco Inc				258	11,799	18,803
	Guardant Health Inc				478	22,133	14,168
	Home Depot Inc				454	76,591	137,181
	Honeywell International Inc				878	93,102	162,202
	Hubbell Inc				79	26,466	24,759

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
	Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	Cost	Current Value
	<u>1c(4)(B) - Common stock (continued):</u>						
	Hubspot Inc com				84	\$ 33,161	\$ 41,370
	Hyatt Hotels				295	18,124	31,294
	Immunocore Holdings				340	19,407	17,646
	Inari Med Inc				308	19,642	20,143
	Insperity Inc				221	20,645	21,570
	Irhythm Technologies Inc				190	16,201	17,909
	Jacobs Solutions Inc				192	25,301	26,208
	JFrog Ltd				856	18,325	21,708
	JP Morgan Chase & Co				1,487	209,559	215,645
	Karuna Therapeutics Inc				124	21,640	20,967
	Lantheus Hldgs Inc				247	22,202	17,162
	Lattice Semiconductor Corp				399	22,890	34,286
	Lincoln Electric Holdings Inc				107	22,239	19,452
	Lithia Motors Inc				92	24,029	27,170
	McDonald's Corp				790	113,563	208,118
	Medtronic				2,528	222,789	198,094
	Merck & Co Inc				2,259	138,720	232,564
	Microsoft Corp				927	31,010	292,700
	Mirati Therapeutics Inc				558	34,684	24,307
	Molina Healthcare Inc				104	15,300	34,101
	Mondelez Intl Inc				1,831	110,860	127,071
	Mongoddb Inc				120	36,955	41,503
	Motorola Solutions Inc				609	127,786	165,794
	Neurocrine Biosciences Inc				214	23,371	24,075
	New York Times				606	22,053	24,967
	Nexstar Media Group				82	14,044	11,756
	Nextera Energy Inc				2,660	168,996	152,391
	Nordsoncorpcom				117	10,301	26,111
	Nvent Electric				325	17,992	17,222
	Option Care Health Inc				343	11,975	11,096
	Outset Med Inc				334	16,068	3,634
	Paycom Software Inc				72	24,398	18,667
	Pepsico Inc				788	58,907	133,519
	PNC Financial Services Group				1,456	144,645	178,753
	Power Integrations Inc				272	10,504	20,756
	PPG Industries Inc				536	74,795	69,573
	Procter & Gamble				1,096	105,688	159,863
	Prologis Inc Com				1,416	81,836	158,889
	Pulte Group Inc				370	20,699	27,398
	Raymond James Financial Inc				215	20,121	21,593
	Rb Global Inc				156	10,088	9,750
	Regal Beloit Corp				160	23,852	22,861
	Royal Caribbean Cruises Ltd				265	21,339	24,417
	Sarepta Therapeutics Inc				154	19,996	18,668
	Shockwave Med Inc				122	11,971	24,290
	Springworks Therapeutics Inc				352	27,035	8,138
	Stifel Financial Corp				245	16,081	15,053
	Target Corp				821	119,098	90,778
	TE Connectivity Ltd				1,433	167,542	177,018
	Texas Instruments Inc				1,205	148,509	191,607
	Topbuild Corp				110	16,920	27,676
	Tyler Technologies Inc				93	32,379	35,911
	Union Pacific Corp				633	104,466	128,898
	Unitedhealth Group Inc				309	118,225	155,795
	Veracyte Inc Com				326	9,097	7,280

(a)	(b)	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				(d)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party		Type	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	Cost	Current Value
<u>1c(4)(B) - Common stock (continued):</u>							
WEC Energy Group Inc					1,598	\$ 141,988	\$ 128,719
Williams Cos Inc					3,152	103,442	106,191
Wingstop Inc					138	23,718	24,818
Xenon Pharmaceuticals Inc					280	11,974	9,565
Total common stock						<u>6,253,929</u>	<u>7,717,884</u>
<u>1c(13) - Mutual funds and exchange traded funds:</u>							
Artisan International					78,295	3,691,596	3,358,060
Doubleline Total Return Bond					518,552	5,488,204	4,361,025
Loomis Sayles Investment Grade Bond					183,716	2,206,784	1,719,584
Lord Abbett Shot Duration					419,334	1,710,000	1,593,469
MFS International Value					58,941	2,067,551	2,401,842
Vanguard Russell 1000 Growth Index					114,698	6,291,116	7,849,931
Wisdomtree US Dividend Growth					33,418	1,784,968	2,121,709
Total mutual funds and exchange traded funds						<u>23,240,219</u>	<u>23,405,620</u>
Total investments						<u>\$39,515,199</u>	<u>\$ 39,974,276</u>

* A party-in-interest as defined by ERISA.

LOCAL 1964 I.L.A. RETIREMENT FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED SEPTEMBER 30, 2023

Form 5500, Schedule H, Item 4j

E.I.N. 22-6244648
Plan No. 001

(a)	(b)	(c)	(d)	(g)	(h)	(i)
	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net Gain or (Loss)
* Fidelity Cash Management Funds Treasury		\$ 10,914,391 N/A	N/A \$ 11,043,730	\$ 10,914,391 11,043,730	\$ 10,914,391 11,043,730	N/A \$ -
Vanguard Russell 1000 Growth Index		7,301,552 N/A	N/A 1,273,928	7,301,552 1,010,436	7,301,552 1,273,928	N/A 263,492

* A party-in-interest as defined by ERISA.

Attachment to Schedule MB Line 6
Summary of Plan Provisions
Local 1964 ILA Retirement Plan
EIN/PN: 22-6244648/001

1. Effective Date: November 1, 1972
2. Eligibility Requirements: Each employee of an Employer who contributes to the Fund in a classification covered by a Collective Bargaining Agreement is eligible to participate in the fund on the first day of the month following the Employer's obligation to contribute.
2. Year of Pension Eligibility: An Employee will receive 1 year of Pension credit for each Plan Year in Covered Employment that he/she works 800 hours.
3. Year of Vesting Credit: An Employee will receive 1 year of Pension credit for each Plan Year in Covered Employment that he/she works 800 hours [1/2 year for each 400 hours].
4. Normal Retirement Date: The later of the attainment of age 65 and the completion 5 Years of Participation.
5. Regular Pension: The monthly benefit payable at Normal Retirement Date in the form of a life annuity is equal to the sum of:
 - a) 7.75% multiplied by the participant's pre-9/30/88 contributions;
 - b) 3.50% multiplied by the participant's post 9/30/88 contributions prior to 10/1/09; and
 - c) 1.00% multiplied by the participant's 10/1/09 thru 9/30/14 contributions
 - d) 2.00% multiplied by the participant's post 9/30/14 contributions
 - e) 1.00% multiplied by the participants contributions after 9/30/18
6. Early Retirement Pension: A Participant who has not attained age 65, but is at least age 55 and has completed 5 years of service may receive an Early Retirement Benefit under the Plan. The amount of the Early Service Retirement Pension is the Normal Service Retirement Pension actuarially reduced by 6% for each year the Early Retirement Date precedes age 65.
7. Disability Benefit #1: A participant who becomes disabled during Covered Employment and who has attained age 55 with 5 years of pension credits will be eligible to receive a Disability Benefit equal to the accrued Normal Retirement Pension as of the date of disability actuarially reduced in the same manner as Early Retirement.
8. Disability Benefit #2: A participant who becomes disabled during Covered Employment, who is eligible for Social Security Disability benefits, and who has attained age 55 with 10 years of pension credits will be eligible to receive a Disability Benefit equal to the accrued Normal Retirement Pension as of the date of disability without actuarial reduction.
9. Deferred Pension: A participant who terminates Covered Employment with at least 5 years of vesting credits will be eligible to receive a vested pension beginning on or after his Early Retirement Age.

The Deferred Pension Benefit payable is the accrued Normal (or Early) Service Pension payable calculated as of the date the participant terminates Covered employment.

10. Pre-Retirement Survivor Benefit: In the event an active participant dies after becoming eligible for Normal or Early Retirement Age under the plan, the Participant's Surviving Spouse would receive the same benefit that would be payable if the participant had:

- a. separated service on the date of death;
- b. retired with an immediate Joint and 50% Survivor annuity at the Earliest Retirement Age;
- c. died on the next day.

11. Post-Retirement Death Benefit: All retirement benefits are payable in the form of a 50% Joint and Survivor Annuity unless this form is rejected by the Participant.

Normal Retirement benefits are actuarially reduced to reflect the Joint and Survivor coverage. If the Participant rejects the Joint and Survivor coverage, benefits will be payable for the remainder of the participant's lifetime without reduction.

12. Contributions: All contributions are made by the participating Employers. No participant contributions are required under the Plan.

THE FINANCIAL STATEMENTS WILL BE PLACED IN THE
ATTACHMENT FOR THE ACCOUNTANT'S OPINION

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

**LOCAL 1964, INTERNATIONAL LONGSHOREMEN'S
ASSOCIATION RETIREMENT PLAN**

EIN/PN 22-6244648/001

Attachment to Form 5500 Schedule MB, Line 6

SCHEDULE OF ACTIVE MEMBERSHIP OF THE FUND

Age	0-4	5-9	10-14	15-19	20-24	25-29	30 +	Total
20-24	4	0	0	0	0	0	0	4
25-29	9	1	0	0	0	0	0	10
30-34	11	6	0	1	0	0	0	18
35-39	17	4	1	1	0	0	0	23
40-44	19	4	0	1	0	0	0	24
45-49	15	9	3	3	5	1	0	36
50-54	33	6	6	2	8	1	2	58
55-59	42	15	5	3	10	3	0	78
60-64	27	14	6	9	7	1	3	67
65-69	22	6	1	2	5	2	0	38
70 +	7	1	5	1	3	3	2	22
Totals	206	66	27	23	38	11	7	378

LOCAL 1964, INTERNATIONAL
LONGSHOREMEN'S ASSOCIATION RETIREMENT
PLAN

EIN/PN: 22-6244648/001

Attachment to Form 5500 Schedule MB, Lines 9(c)
and 9(h)

SUMMARY OF AMORTIZATION BASES
CHARGE BASES

Type of Base	Years Remaining	Minimum Annual Payment	10/1/22 Beginning of Year Balance
<i>Amendment</i>	7	5,318	30,276
<i>Assumption</i>	1	27,030	27,031
<i>Amendment</i>	2	17,537	33,851
<i>Assumption</i>	3	7,746	21,658
<i>Assumption</i>	5	22,344	97,178
<i>Assumption</i>	6	5,353	27,006
<i>Loss</i>	10	7,730	57,037
<i>Loss</i>	1	366,944	366,944
<i>Loss</i>	3	49,244	137,669
<i>Loss</i>	4	203,799	733,781
<i>Loss</i>	6	281,106	1,418,426
<i>Loss</i>	8	296,225	1,865,217
<i>Loss</i>	10	29,886	220,527
<i>Loss</i>	11	90,933	715,102
<i>Loss</i>	12	92,649	770,414
<i>Loss</i>	13	99,640	870,389
<i>Loss</i>	14	103,325	942,932
<i>Loss</i>	15	853,028	8,094,514
Total Charge Bases		2,559,837	16,429,952

LOCAL 1964, INTERNATIONAL LONGSHOREMEN'S
ASSOCIATION RETIREMENT PLAN

SUMMARY OF AMORTIZATION BASES
CREDIT BASES

Type of Base	Date Began	Minimum Annual Payment	10/1/22 Beginning of Year Balance
<i>Assumption</i>	4	65,786	236,859
<i>Assumption</i>	7	6,258	35,627
<i>Gain</i>	2	192,945	372,428
<i>Gain</i>	5	469,910	2,043,795
<i>Gain</i>	7	211,800	1,205,953
<i>Gain</i>	9	88,374	606,010
<i>Assumption</i>	10	188,985	1,394,505
<i>Assumption</i>	14	250,110	2,282,462
Total Credit Bases		1,474,168	8,177,639

**LOCAL 1964, INTERNATIONAL LONGSHOREMEN'S
ASSOCIATION RETIREMENT PLAN**

EIN/PN: 22-6244648/001

**Attachment to Form 5500 Schedule MB, Line 11
Justification for Change in Actuarial Assumptions**

Actuarial assumption as to Current Liability Interest was changed so that rate remained in statutory range.

Attachment to Schedule MB Line 6
Actuarial Assumptions and Methods
Local 1964 ILA Retirement Plan
EIN/PN: 22-6244648/001

The cost estimates are based on the Accrued Benefit (Unit Credit) Cost Method (an immediate gain cost method) which is described in Part IIIC of the Bureau Bulletin on Section 23(p)(1)(A) and (B) of the 1939 Internal Revenue Code.

Initial Valuation

A normal cost estimate is determined by calculating the present value of the benefit earned by each employee's during the year and summing the results.

The initial accrued liability is the actuarial present value of all benefits accrued as of the initial valuation date.

Subsequent Valuations

After the initial valuation, the normal cost is recalculated each year to take into account the benefits accrued by all employees during the year. Thereby, the normal cost is not affected by any actuarial gains and/or losses which arise from the previous years' experience. Such actuarial gains and/or losses are determined as a dollar amount each year, by comparing the expected unfunded accrued liability with the actual unfunded accrued liability and are amortized over 15 years for minimum funding purposes. Hence any contributions made in excess of the normal cost estimate are designated as contributions to reduce the unfunded accrued liability and/or contributions to amortize actuarial losses (the plan's funding standard account will receive credits for amortized actuarial gains, if any).

Stability and Flexibility of Cost Method

This cost method splits the total liability of the plan benefits into three components - a normal cost estimate, an unfunded accrued liability amount and a net total of actuarial gains and losses.

The normal cost estimate will remain relatively level, except for changes due to new entrants, terminations, retirements, deaths, etc. to the active participant life count.

The amount of accrued liability contribution in any given plan year may vary within a relatively broad band sufficient to amortize this liability over 15 years. This flexibility in accrued liability contribution provides the ability to stabilize the total level of contributions.

The actuarial gains and/or losses that arise due to the experience under the plan are required to be amortized over 15 years. It is anticipated that the net actuarial gains and/or losses based on the actuarial assumptions as stated on page 5 will be negligible so that this element will not affect the stability of the cost method.

Unlike other methods, this method provides for splitting future plan changes between the accrued liability and the normal cost estimate thereby dampening the fluctuation in the annual contributions.

ACTUARIAL ASSUMPTIONS

1. Valuation Date: October 1, 2022
2. Actuarial Cost Method: Accrued Benefit
3. Assumed Normal Retirement Age: Age 67
4. Future Increases in Compensation: N/A
5. Withdrawals: Illustrative rates are as follows:

<u>Age</u>	<u>1 Year</u>
25	0.2760
30	0.2558
35	0.2352
40	0.2139
45	0.1913
50	0.1669
55	0.1455

6. Mortality:

Valuation Rates	1994 Uninsured Pensioner - unprojected
Disabled Rates	1964 OASDI Table
RPA Rates	IRS 2022 Static Table

7. Valuation Interest: 7.5% per year
8. RPA Current Liability Interest: 2.38% per year
9. RPA Maximum Interest Rate: 2.38% per year
10. Marriage Rate: 100%
11. Asset Valuation Method: 5 Year Smoothed Method with phase-in, described as Method 16 in IRS Revenue Procedure 2000-40. Under this method, a gain or loss is calculated each year equal to the difference between the expected

assets and the actual market value of assets. The expected assets are calculated by taking the prior year market value, adjusted by cash flow (contributions less benefit payments and investment expenses), and increased by the expected rate of return.

Under the five year phase-in method, the actuarial asset value is equal to the market value of the assets in the first year the method is used. In subsequent years, gains are subtracted (or losses added) to the adjusted assets in accordance with the following schedule:

- | | |
|-------------|---|
| Year Two: | 80% of the prior year gain is subtracted from the adjusted assets |
| Year Three: | 80% of the prior year gain plus 60% of the second prior year gain is subtracted |
| Year Four: | 80% of the prior year gain plus 60% of the second prior year gain plus 40% of the third prior year gain is subtracted |
| Year Five | 80% of the prior year gain plus 60% of the second prior year gain plus 40% of the third prior year gain plus 20% of the fourth prior year gain is subtracted. |

The actuarial value of assets is then adjusted to fit within an 80% to 120% corridor of Market Value.

Attachment to Schedule MB - Line 8(b)(1)

Projected Benefit Payments
Local 1964 ILA Retirement Plan
EIN/PN: 22-6244648/001

<u>Plan Year</u> <u>Beginning</u>	<u>Projected</u> <u>Payments</u>
2022	4,323,918
2023	4,259,078
2024	4,130,777
2025	4,005,635
2026	3,914,451
2027	3,817,556
2028	3,729,460
2029	3,663,385
2030	3,563,229
2031	3,469,067

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**2022****This Form Is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2022 or fiscal plan year beginning **10/01/2022** and ending **09/30/2023**

- 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 LOCAL 1964 ILA RETIREMENT FUND	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 11/07/1972
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) LOCAL 1964 ILA RETIREMENT FUND 11 TEANECK ROAD RIDGEFIELD PARK NJ 07660-2327	2b Employer Identification Number (EIN) 22-6244648 2c Plan Sponsor's telephone number 201-440-6599 2d Business code (see instructions) 488990

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 ☒		7/15/2024	ADAM HARRIS
	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 (2022)
v. 220413

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:**4b** EIN**a** Sponsor's name**c** Plan Name**4d** PN**5** Total number of participants at the beginning of the plan year**5** 1987**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)** 358**a(2)** Total number of active participants at the end of the plan year **6a(2)** 368**b** Retired or separated participants receiving benefits **6b** 511**c** Other retired or separated participants entitled to future benefits **6c** 1054**d** Subtotal. Add lines 6a(2), 6b, and 6c **6d** 1933**e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits **6e** 89**f** Total. Add lines 6d and 6e **6f** 2022**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** 6**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:**1B****b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:**9a** Plan funding arrangement (check all that apply)

- (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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 _____

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

**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

2022**This Form is Open to Public
Inspection**

For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023

► **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>Local 1964 ILA Retirement Fund</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>Trustees of Local 1964 ILA Retirement Fund</u>	D Employer Identification Number (EIN) <u>22-6244648</u>
E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)	

1a Enter the valuation date: Month 10 Day 01 Year 2022

b Assets:

(1) Current value of assets **1b(1)** 38,041,330

(2) Actuarial value of assets for funding standard account **1b(2)** 41,845,463

c (1) Accrued liability for plan using immediate gain methods **1c(1)** 49,888,460

(2) Information for plans using spread gain methods:

(a) Unfunded liability for methods with bases **1c(2)(a)** 0

(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)** 49,888,460

d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions) **1d(1)** 0

(2) "RPA '94" information:

(a) Current liability **1d(2)(a)** 102,545,713

(b) Expected increase in current liability due to benefits accruing during the plan year **1d(2)(b)** 1,459,167

(c) Expected release from "RPA '94" current liability for the plan year **1d(2)(c)** 4,302,430

(3) Expected plan disbursements for the plan year **1d(3)** 4,271,321

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

Alan T Nahoum

Type or print name of actuary

Back Nine Consulting, LLC

Firm name

41 Dunbar RoadUS Palm Beach Gardens FL 33418

Address of the firm

07/02/2024

Date

23-02343

Most recent enrollment number

(561) 701-0729

Telephone number (including area code)

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 Form 5500-SF.

Schedule MB (Form 5500) 2022
v. 220413

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	38,041,330
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	615	51,203,709
(2) For terminated vested participants	1,098	25,520,875
(3) For active participants:		
(a) Non-vested benefits		10,804,375
(b) Vested benefits		15,016,754
(c) Total active	378	25,821,129
(4) Total	2,091	102,545,713
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	37.10 %

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
04/01/2023	1,446,910				
10/15/2023	146,935				
11/15/2023	116,533				
12/15/2023	123,315				
01/15/2024	137,373				
02/15/2024	34,672				
Totals ▶			3(b)	2,005,738	3(c)
					0

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

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	83.9 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ 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 plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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	2.38	%
b Rates specified in insurance or annuity contracts	Pre-retirement		Post-retirement	
	☐ Yes ☒ No ☐ N/A		☐ Yes ☒ No ☐ N/A	
c Mortality table code for validation purposes:				
(1) Males	6c(1)	8	8	
(2) Females	6c(2)	8	8	
d Valuation liability interest rate	6d	7.50	%	7.50 %
e Salary scale	6e	%	☒ N/A	
f Withdrawal liability interest rate:				
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☐ Other ☒ N/A		
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)			
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	-5.7	%	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-16.3	%	
i Expense load included in normal cost reported in line 9b	6i	☐ N/A		
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%		
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	512,740		
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	8,094,514	853,028

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes	☐ No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes	☐ No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☐ Yes	☒ No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes	☒ No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	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 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	1,039,012

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)	16,429,953	2,559,837
(2) Funding waivers	9c(2)		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		269,914
e Total changes. Add lines 9a through 9d	9e		3,868,763
Credits to funding standard account:			
f Prior year credit balance, if any	9f		209,317
g Employer contributions. Total from column (b) of line 3	9g		2,005,738
h Amortization credits as of valuation date		Outstanding balance	
	9h	8,177,639	1,474,168
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		179,540
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	9j(1)	14,077,618	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	51,831,357	
(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		3,868,763
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		
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 2022 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