

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 M.S.S.A.-I.L.A. PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 12/19/1957
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEE M.S.S.A.-I.L.A. PENSION PLAN PO BOX 2332 MOBILE, AL 36652-2332
2b	Employer Identification Number (EIN) 63-0785888
2c	Plan Sponsor's telephone number 251-432-5588
2d	Business code (see instructions) 525920

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.	07/15/2024	MARK BASS
	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 BOARD OF TRUSTEES M.S.S.A.-I.L.A. PENSION PLAN PO BOX 2332 MOBILE, AL 36652-2332		3b Administrator's EIN 63-0685888 3c Administrator's telephone number 251-432-5588
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		5 564
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6a(1) 291 6a(2) 320 6b 235 6c 37 6d 592 6e 6f 592 6g 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 _____

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 M.S.S.A.-I.L.A. PENSION PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEE M.S.S.A.-I.L.A. PENSION PLAN	D Employer Identification Number (EIN) 63-0785888

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) 42953564
(2) Actuarial value of assets for funding standard account	1b(2) 44912757
c (1) Accrued liability for plan using immediate gain methods	1c(1) 41738326
(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) 39470969
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) 66029839
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 2200687
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 2377492
(3) Expected plan disbursements for the plan year	1d(3) 2377492

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

SIGN HERE	Signature of actuary PAUL STEPHEN OSBORN, F.S.A. Type or print name of actuary OSBORN, CARREIRO, & ASSOCIATES, INC Firm name 124 W. CAPITOL AVE., SUITE 1690, LITTLE ROCK, AR 72201 Address of the firm	Date 20-03095 Most recent enrollment number 501-376-8043 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	42953564
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment.....	235	28297404
(2) For terminated vested participants	37	3552206
(3) For active participants:		
(a) Non-vested benefits		2806605
(b) Vested benefits		31373624
(c) Total active	320	34180229
(4) Total	592	66029839
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	65.05 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/31/2023	3287628				
Totals ▶			3(b)	3287628	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	113.8 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ 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)	9
(2) Females	6c(2)	9F
d Valuation liability interest rate	6d	6.50 %
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)	7.50 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.3 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-13.5 %
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)	280000
(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
4	-471801	-47115
1	-692843	-69189

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	
b Employer's normal cost for plan year as of valuation date	9b	1718568

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)	17041184	2854395
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 297243**e** Total charges. Add lines 9a through 9d.....**9e** 4870206**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 9737486**g** Employer contributions. Total from column (b) of line 3.....**9g** 3287628**h** Amortization credits as of valuation date.....

Outstanding balance

9h	10478129	1471687
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i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....**9i** 835444**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)	
9j(2)	

9j(3)**k (1)** Waived funding deficiency.....**9k(1)****(2)** Other credits.....**9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 15332245**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 10462039**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
- (2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:
- (a) Reconciliation outstanding balance as of valuation date.....
- (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))
- (3) Total as of valuation date

9o(1)**9o(2)(a)****9o(2)(b)****9o(3)****10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****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 M.S.S.A.-I.L.A. PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEE M.S.S.A.-I.L.A. PENSION PLAN	D Employer Identification Number (EIN) 63-0785888	

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

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

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

TANIA WILLIAMS-JORDAN

PO BOX 2332
MOBILE, AL 36652

63-0785888

(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?
35	EE OF PLAN	40531	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONSEQUENT CAPITAL MANAGEMENT

3333 PIEDMONT RD., NE SUITE 1250
ATLANTA, GA 30305

81-2920277

(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?
27	NONE	30000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KALIFEH BEDSOLE ADAMS, PC

3224 EXECUTIVE PARK CIRCLE
MOBILE, AL 36606

63-1134001

(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	NONE	17261	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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		
A Name of plan M.S.S.A.-I.L.A. PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEE M.S.S.A.-I.L.A. PENSION PLAN		
D Employer Identification Number (EIN) 63-0785888		

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: RHUMBLINE S&P MID CAP 400 POOLED		
b Name of sponsor of entity listed in (a): RHUMBLINE ADVISORS CORP		
c EIN-PN 04-3345692-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7313104
a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO EQUITY INDEX FUND		
b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY		
c EIN-PN 27-3350609-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11097460
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 M.S.S.A.-I.L.A. PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEE M.S.S.A.-I.L.A. PENSION PLAN	D Employer Identification Number (EIN) 63-0785888	

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	692129467079
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....		1b(1)	4635742025431
(2) Participant contributions.....		1b(2)	
(3) Other.....		1b(3)	10159582599
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	628320613835
(2) U.S. Government securities		1c(2)	35082193547214
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	61466996272863
(B) All other		1c(3)(B)	
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common.....		1c(4)(B)	39042265105697
(5) Partnership/joint venture interests		1c(5)	49085934030381
(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)	1546057518410563
(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)	69290888759369
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	
(15) Other		1c(15)	2092185400

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	15000	15000
f Total assets (add all amounts in lines 1a through 1e)	1f	42967236	49335431

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	6428	6829
i Acquisition indebtedness	1i		
j Other liabilities	1j	1041	810833
k Total liabilities (add all amounts in lines 1g through 1j)	1k	7469	817662

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	42959767	48517769
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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)	3287629	
(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)		3287629
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	265318	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		265318
(2) Dividends: (A) Preferred stock	2b(2)(A)	495197	
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		495197
(3) Rents	2b(3)		12834
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	4627534	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		4627534

		(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)		-7695
c Other income	2c		1167
d Total income. Add all income amounts in column (b) and enter total	2d		8681984
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2673516	
(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)		2673516
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)	82649	
(2) Contract administrator fees	2i(2)	80139	
(3) Investment advisory and management fees	2i(3)	159396	
(4) Other	2i(4)	128282	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		450466
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3123982
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		5558002
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: THE KBA GROUP, PC

(2) EIN: 63-1134001

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
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.)			
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?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n		X	

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 505792.

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 M.S.S.A.-I.L.A. PENSION PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEE M.S.S.A.-I.L.A. PENSION PLAN		D Employer Identification Number (EIN) 63-0785888
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): 63-0785888		
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 **CSA EQUIPMENT CO., LLC**

b EIN **63-1239314**

c Dollar amount contributed by employer **1237908**

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 **09** Day **30** Year **2024**

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

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

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

a Name of contributing employer **APM TERMINALS MOBILE**

b EIN **20-3963463**

c Dollar amount contributed by employer **1936348**

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 **09** Day **30** Year **2024**

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:	14a		
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).....		14b	
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)			14c
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)			
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:	15a		
a The corresponding number for the plan year immediately preceding the current plan year.....		15b	
b The corresponding number for the second preceding plan year.....			
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:	16a		
a Enter the number of employers who withdrew during the preceding plan year		16b	
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.....			
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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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 _____

BOARD OF TRUSTEES M.S.S.A.-INTERNATIONAL LONGSHOREMEN ASSOCIATION PENSION
PLAN

EIN: 63-0785888

PLAN NUMBER: 001

THE ABOVE REFERENCED PLAN'S FISCAL YEAR SEPTEMBER 30, 2023 FORM 5500 FILING
WILL BE AMENDED AT A FUTURE DATE TO INCLUDE THE AUDITOR'S OPINION AND THE
SCHEDULE OF ASSETS HELD AT THE END OF THE YEAR.

Schedule MB (2022 Form 5500), Line 6

MSSA-ILA Pension Plan
EIN: 63-0785888 Plan: 001
Summary of Plan Provisions

EFFECTIVE DATE: October 1, 1956. Restated, effective October 1, 1984. Restatement effective October 1, 1989, adopted September 26, 1995. Restatement effective October 1, 1997, adopted August 27, 2002. Restatement effective October 1, 2009, adopted January 20, 2011. Restatement effective October 1, 2014, adopted January 29, 2015. Amendment Number 1 adopted July 28, 2016. Amendment Number 2 effective April 1, 2018, adopted November 2, 2017. Amendment Number 3 effective October 1, 2017, adopted February 2019.

COVERED EMPLOYMENT: Before 10/1/56, longshore employment or employment as a union representative in the port of Mobile. After 10/1/56, employment with the employers in categories of work for which contributions are made to the Plan. Effective 10/1/74, office employees of MSSA-ILA Pension Trust Fund are included in the Plan.

EMPLOYER CONTRIBUTIONS: \$5.405 per hour effective October 1, 2006 (\$4.405 for cruise ships, \$1.15 for new work). \$5.905 per hour effective October 1, 2007. \$6.155 per hour effective October 1, 2008. \$7.155 per hour on automated hours, effective June 1, 2014.

UNION CONTRIBUTIONS: \$6.155 per hour for each hour worked on the basis of a 35 hour week, effective October 1, 2008.

CREDITED SERVICE: Prior to 10/1/76, continuous years of employment in the industry based on an average of not less than 700 hours/year. On and after 10/1/76, one year of Credited Service is awarded if an employee works at least 700 hours in a Plan Year. No credit awarded for less than 700 hours worked.

BREAK IN SERVICE: Failure to work at least 400 hours in a Plan Year. Non-vested employee who terminates may lose prior Service and Credited Service if Break in Service is greater than or equal to the greater of:
(a) his Service prior to the Break, or
(b) effective October 1, 1985, five years.

Schedule MB (2022 Form 5500), Line 6

MSSA-ILA Pension Plan
EIN: 63-0785888 Plan: 001
Summary of Plan Provisions

YEAR OF SERVICE:

Before 10/1/76: Continuous years of employment in the industry based on an average of not less than 700 hours worked per year.

After 10/1/76: At least 700 hours worked in each Plan Year.

NORMAL RETIREMENT:

Eligibility:

The earlier of:

(a) The date when combined years of service and age total 85, provided the total was reached prior to September 30, 1991; or

(b) Later of 65 or 5 years of Plan participation.

(c) Unreduced Early Retirement at age 62 with 5 years of Service, effective October 1, 1999.

(d) Unreduced Early Retirement at age 55 with 20 years of Service, effective October 1, 2000.

Schedule MB (2022 Form 5500), Line 6

MSSA-ILA Pension Plan
EIN: 63-0785888 Plan: 001
Summary of Plan Provisions

Benefit:

Effective October 1, 1998 according to the following schedules:

(a) "Basic Monthly Pension: for employees with at least 20 years of Credited Service:

Average Number of Hours in Credited Service	20-24	25-29	30-34	35-39	40+
700 - 999	916.00	959.00	1000.00	1042.00	1086.00
1,000- 1,499	997.00	1042.00	1089.00	1135.00	1180.00
1,500 or more	1106.00	1155.00	1207.00	1258.00	1310.00

(b) For employees with less than 20 years of Credited Service, the above amounts are reduced by ratio of actual years of Credited Service to 20.

(c) In addition, an employee receives \$35.00 per month for each year of Credited Service earned after September 30, 1993.

(d) \$5,000 lump sum also payable, if retired on normal or early pension (not disability or vested rights) on or after October 1, 2000. Retiree can take an optional lump sum and have his benefit reduced by \$50.

Form:

Life Annuity for monthly amounts. "Pop-Up" effective October 1, 1999, for retirees with the Joint and 50% Survivor Option.

Note: Effective October 1, 1998, 5% increase for pensioners. Exception – vested rights pensioners.

EARLY RETIREMENT:

Eligibility:

Earlier of:

Schedule MB (2022 Form 5500), Line 6

MSSA-ILA Pension Plan
EIN: 63-0785888 Plan: 001
Summary of Plan Provisions

- (a) Age 62 and 5 years of Credited Service (20 years if retired before October 1, 1999).
- (b) Age 55 and 20 years of Credited Service (25 years if retired before October 1, 2000).

Benefit:

Benefit to early retirement date, with no reduction. 6% per year reduction prior to October 1, 1996.

DISABILITY PENSION:

Eligibility:

Not less than 15 consecutive years of employment (on the basis of an average of not less than 700 hours worked per year), and permanent and total disability before reaching normal or early retirement dates. Effective May 21, 1987 an applicant for disability benefits must qualify for Social Security disability benefits.

Benefit:

Effective October 1, 1998 according to the following schedule:

- (a) For those with 25 or more years of Credited Service, same as Normal Retirement Benefit.
- (b) For those with less than 25 years of Credited Service, \$579 plus \$20.00 for each year of Credited Service in excess of 15 years, in which an average of 700 hours is worked, up to a maximum of four years.

For those who apply for disability benefits on or after May 21, 1987, the benefits are offset by any monthly workmen's compensation payments.

Special "terminal illness" disability benefit provided for up to 24 months.

DEATH BENEFIT:

Before Retirement:

Widow of any active employee who dies before May 21, 1987 and after completing 20 or more years of Credited Service but who is not yet retired receives \$175.00 per month. Such pension is to cease at the earlier of:

- (a) remarriage of said spouse, or
- (b) death of said spouse.

Effective 10/1/85, a vested employee is covered by the "pre-retirement Survivor Annuity". The widow of an active employee who dies on or after May 21, 1987 but

Schedule MB (2022 Form 5500), Line 6

MSSA-ILA Pension Plan
EIN: 63-0785888 Plan: 001
Summary of Plan Provisions

before October 1, 1998, and after completing 20 or more years of Credited Service, receives \$184.00 per month. Such benefit ceases at the earlier of:

- (a) remarriage of said Spouse, or
- (b) death of said Spouse, or
- (c) the date the "Pre-retirement Survivor Annuity" begins, or would have begun in the case of an employee who waived the benefit.

The widow of an active employee who dies on or after October 1, 1998, and after completing 5 or more years of Credited Service, receives 50% of the employee's Accrued benefit. The benefit begins immediately after death and is paid for the lifetime of the spouse.

After Retirement:

Widow of a normal, early or disability pensioner who retired prior to May 21, 1987, is eligible for a pension in the amount of \$184.00 per month following the death of such pension until the remarriage or death of spouse.
Note: The amount of the survivor's pension would be reduced, if death payments were more than incidental as required by the Internal Revenue Service code.

\$3,500 lump sum death benefit is also payable.

VESTED DEFERRED PENSION:

Eligibility:

Termination with at least 5 years of Service (7 years of Service required for those who terminated before October 1, 1996, and 10 years of Service required for those who terminated before October 1, 1993).

Deferred Benefit:

Accrued Benefit to date of termination, based on the amount of normal pension employee would have been entitled to if he had attained normal retirement age on date of separation (based on his Credited Service at his date of separation, or 20 years if greater), multiplied by the ratio of his years of Credited Service at separation date to the Credited Service he would have had at his Normal Retirement Date (or 20 years if greater).

Reduced benefit is available before Normal Retirement Age.

BOARD OF TRUSTEES M.S.S.A.-INTERNATIONAL LONGSHOREMEN ASSOCIATION PENSION
PLAN

EIN: 63-0785888

PLAN NUMBER: 001

THE ABOVE REFERENCED PLAN'S FISCAL YEAR SEPTEMBER 30, 2023 FORM 5500 FILING
WILL BE AMENDED AT A FUTURE DATE TO INCLUDE THE AUDITOR'S OPINION AND THE
SCHEDULE OF ASSETS HELD AT THE END OF THE YEAR.

Schedule MB (2022 Form 5500), line 8b(2)

**MSSA-ILA Pension Plan
EIN: 63-0785888 Plan: 001**

Schedule of Active Participant Data

Age		Years of Service									
		Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & up
Under 25	Count	0	8	0	0	0	0	0	0	0	0
25-29	Count	2	14	6	0	0	0	0	0	0	0
30-34	Count	0	20	8	1	1	0	0	0	0	0
35-39	Count	1	17	11	8	5	0	0	0	0	0
40-44	Count	1	15	13	6	3	0	0	0	0	0
45-49	Count	3	9	13	3	4	0	0	0	0	0
50-54	Count	3	13	13	4	2	1	1	2	0	0
55-59	Count	1	12	5	5	5	1	2	1	0	0
60-64	Count	3	11	10	7	6	3	1	2	2	2
65-69	Count	0	3	5	3	5	0	0	1	2	4
70 & up	Count	1	1	0	1	0	2	1	1	0	0

Schedule MB (2022 Form 5500), Lines 9c and 9h

MSSA-ILA Pension Plan
EIN: 63-0785888 Plan: 001
Schedule of Funding Standard Account Bases

<u>Item</u>		<u>Initial</u>	<u>Date</u>	<u>10/1/2022</u>	<u>Amort</u>	<u>Amort</u>
		<u>Amount</u>	<u>To Costs</u>	<u>Outstanding</u>	<u>Period</u>	<u>Amount</u>
				<u>Balance</u>		
1)	Benefit Increase	\$ 3,034,436	10/1/93	\$ 224,373	30	224,373
2)	Benefit Increase	2,889,578	10/1/95	603,029	30	215,220
3)	Benefit Increase	3,620,392	10/1/97	1,186,148	30	270,919
4)	Benefit Increase	4,642,770	10/1/98	1,772,323	30	348,202
5)	Benefit Increase	2,616,191	10/1/99	1,131,688	30	196,635
6)	Assumption Change	- 696,819	10/1/99	-301,441	30	- 52,373
7)	Benefit Increase	1,683,430	10/1/00	807,698	30	126,660
8)	Assumption Change	- 327,580	10/1/01	-171,690	30	- 24,671
9)	Benefit Increase	1,002,903	10/1/01	525,588	30	75,533
10)	Non-Inv Gain	- 2,026,430	10/1/07	-207,462	15	- 207,462
11)	Invest Loss	2,920,708	10/1/08	2,163,245	29	222,325
12)	Experience Loss	438,072	10/1/09	86,772	15	44,951
13)	Invest Loss	1,804,791	10/1/09	1,386,513	29	137,381
14)	Experience Loss	2,190,305	10/1/10	629,743	15	224,751
15)	Experience Loss	982,288	10/1/11	364,544	15	100,794
16)	Experience Loss	49,661	10/1/12	22,309	15	5,096
17)	Experience Gain	- 751,458	10/1/13	-392,483	15	- 77,108
18)	Experience Gain	- 1,959,668	10/1/14	-1,157,293	15	- 201,085
19)	Experience Loss	354,236	10/1/15	231,797	15	36,349
20)	Experience Gain	- 438,127	10/1/16	-312,825	15	- 44,957
21)	Experience Gain	-214,736	10/1/17	-165,295	15	- 22,034
22)	Assumption Change	855,237	10/1/17	658,323	15	87,757
23)	Experience Gain	- 1,470,957	10/1/18	-1,208,921	15	- 150,938
24)	Benefit Increase	265,542	10/1/18	218,238	15	27,248
25)	Assumption Change	332,372	10/1/18	273,165	15	34,105
26)	Experience gain	-1,511,241	10/1/19	-1,315,637	15	- 155,071
27)	Assumption Change	972,106	10/1/19	846,282	15	99,750
28)	Experience gain	-1,744,125	10/1/20	-1,597,781	15	- 178,968
29)	Assumption Change	728,226	10/1/20	667,122	15	74,725
30)	Experience Gain	- 2,589,750	10/1/21	-2,482,657	15	-258,617
31)	Benefit Increase	1,578,317	10/1/21	1,513,049	15	157,614
32)	Assumption Change	1,803,829	10/1/21	1,729,235	15	180,134
33)	Experience gain	-692,843	10/1/22	-692,843	15	-69,189
34)	Assumption Change	-471,801	10/1/22	-471,801	15	-47,115
				<u>\$6,563,055</u>		<u>\$1,382,708</u>

Schedule MB (2022 Form 5500), Line 11

MSSA-ILA Pension Plan

EIN: 63-0785888 Plan: 001

Justification for Change in Actuarial Assumptions

TURNOVER

The turnover assumption was developed using actual plan experience from October 2010 through September 2022.

	<u>2010 through 2022</u>
Turnover per developed assumption	88
Actual turnover	87

DISABILITY

The current disablement assumption was developed using actual plan experience from October 1998 through September 2022.

	<u>1998 through 2022</u>
Disablements per developed assumption	33
Actual disablements	15

RETIREMENT

The retirement assumption was developed from the plan's actual experience from October 1998 through September 2022. Looking at those eligible for retirement we have:

	<u>1998 through 2022</u>
Retirements per developed assumption	302
Actual retirements	123

Schedule MB (2022 Form 5500), Line 6

**MSSA-ILA Pension Plan
EIN: 63-0785888 Plan: 001
Statement of Actuarial Assumptions/Methods**

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

MORTALITY: Deaths have been projected with Pri 2012 Blue Collar Mortality Table with generational projection using Scale MP 2021 (the RP 2000 Blue Collar Mortality Table projected to 2015 with Scale BB was used for those who retired by October 1, 2000). The IRS static mortality tables for 2022 were used for the "current liability". Mortality rates from the Pri 2012 Blue Collar table at a few sample ages are:

MALE MORTALITY RATE PER 1,000

<u>Age</u>	Healthy <u>2025</u>	Healthy <u>2035</u>	Healthy <u>2045</u>
25	0.770	0.698	0.610
30	0.893	0.808	0.705
35	1.101	1.006	0.879
40	1.239	1.155	1.009
45	1.344	1.271	1.110
50	1.709	1.610	1.406
55	2.639	2.423	2.116
60	4.411	3.945	3.445

The life expectancy according to the projected Pri 2012 Blue Collar table is as follows:

	<u>AGE</u>	<u>MALES</u>	<u>FEMALES</u>
Healthy 2025	55	29.32 years	31.58 years
	65	19.85 years	21.89 years
	75	12.20 years	13.83 years
Healthy 2035	55	30.22 years	32.43 years
	65	20.64 years	22.66 years
	75	12.74 years	14.38 years
Healthy 2045	55	31.09 years	33.26 years
	65	21.42 years	23.41 years
	75	13.31 years	14.94 years

INVESTMENT EARNINGS: At an annually compounded rate of 6.5%. The Current Liability was calculated at 2.38%.

Schedule MB (2022 Form 5500), Line 6

MSSA-ILA Pension Plan
EIN: 63-0785888 Plan: 001
Statement of Actuarial Assumptions/Methods

INVESTMENT
EARNINGS:

At an annually compounded rate of 6.5%. The Current Liability was calculated at 2.38%.

VOLUNTARY
TERMINATIONS:

We have developed an assumption based on the experience of the Fund from 2010 through 2022:

<u>Year of Service</u>	<u>Termination Rate per 1,000</u>
1 st	150
2 nd	60
3 rd	40
4 th	30
5 th through 15 th	20
After 15 years	10

EXPECTED HOURS:

325,000 per year.

ADMINISTRATIVE
EXPENSES:

These were assumed to be \$280,000. Investment expenses are appropriately treated as offsets against the gross investment return.

ASSET VALUATION:

Market value was adjusted for a 3-year amortization of unrealized gains or losses. The actuarial value must be within 15% of market value. Market value was used for unfunded vested liability calculations.

EXPECTED RETIREMENT
PATTERN:

As the Plan has early retirement benefits greater than the actuarial equivalent, an assumption that will have a cost impact is what percentage of people who are eligible for retirement will actually retire. Rates of retirement were developed using the experience of the Fund from October 1998 through September 2022. The following retirement rates were assumed:

<u>Age</u>	<u>Retirement Rate</u>
55	0.10
56 – 59	0.05
60	0.15
61	0.15
62	0.35
63	0.15
64	0.15
65	0.50
66	0.50
67 and over	1.00

Schedule MB (2022 Form 5500), Line 6

**MSSA-ILA Pension Plan
EIN: 63-0785888 Plan: 001**

Statement of Actuarial Assumptions/Methods

DISABILITY BENEFITS: Rates of disablement were developed using the experience of the Fund from October 1998 through September 2022. Annual rates at a few sample ages are:

<u>Age</u>	<u>Disability Rate per 1,000</u>
20	1.0
25	1.0
30	2.0
35	3.0
40	4.0
45	5.0
50	7.0
55	10.0
60	20.0

SPOUSES BENEFITS: We assumed 80% of the members were married.

ACTIVE PARTICIPANTS: A person was considered an Active Participant and included in this valuation if they either (a) had an average of 400 or more hours over the past three years, or (b) had 700 or more hours in the most recent year. Actives were assumed to earn hours in future years at a rate equal to their average hours over the past three years.

CONSIDERATION OF FUTURE MORTALITY IMPROVEMENTS: The maximum contribution requirement is determined using mortality assumptions that do include anticipated mortality improvements up to 2022, but not beyond. Other measures do include anticipated mortality improvements.

LOW-DEFAULT-RISK OBLIGATION MEASURE: Actuarial Standard of Practice No. 4 requires the calculation and disclosure of a "low-default-risk obligation measure" of the benefits earned to the valuation date (often called the "LD ROM"). In our opinion, this measure is not helpful in evaluating the funded status of your plan. However, we are required to disclose it. Using the current liability discount rate shown above, the LD ROM is \$66,029,839.

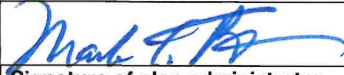
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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 instr.)
B	This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐

Part II	Basic Plan Information - enter all requested information
1a Name of plan M.S.S.A.-I.L.A. PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 12/19/1957
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEE M.S.S.A.-I.L.A. PENSION PLAN PO BOX 2332 MOBILE AL 36652-2332	2b Employer Identification Number (EIN) 63-0785888 2c Plan Sponsor's telephone number 251-432-5588 2d Business code (see instructions) 525920

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	MARK F. BASS
	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

**SCHEDULE MB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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.**

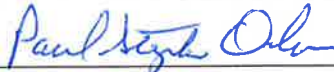
OMB No. 1210-0110

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 M.S.S.A. - I.L.A. PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Board Of Trustees M.S.S.A. - I.L.A. Pension Plan		D Employer Identification Number (EIN) 63-0785888
E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)		
1a Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2022</u>		
b Assets		
(1) Current value of assets	1b(1)	42,953,564
(2) Actuarial value of assets for funding standard account.....	1b(2)	44,912,757
c (1) Accrued liability for plan using immediate gain methods		
(2) Information for plans using spread gain methods:	1c(1)	41,738,326
(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)	39,470,969
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)	66,029,839
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	2,200,687
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	2,377,492
(3) Expected plan disbursements for the plan year	1d(3)	2,377,492

Statement by Enrolled Actuary

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

**SIGN
HERE**

Signature of actuary

PAUL STEPHEN OSBORN, F.S.A.

Type or print name of actuary

OSBORN, CARREIRO & ASSOCIATES, INC.

Firm name

124 W. CAPITOL AVE., SUITE 1690

LITTLE ROCK AR 72201

Address of the firm

07/08/2024

Date

2303095

Most recent enrollment number

501-376-8043

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 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	42,953,564
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	235	28,297,404
(2) For terminated vested participants	37	3,552,206
(3) For active participants:		
(a) Non-vested benefits		2,806,605
(b) Vested benefits		31,373,624
(c) Total active	320	34,180,229
(4) Total	592	66,029,839
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	65.05 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/31/2023	3,287,628	0			
Totals ▶			3(b)	3,287,628	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	113.7 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	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: • 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."	4f	

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

a ☐ Attained age normal	b ☒ Entry age normal	c ☐ Accrued benefit (unit credit)	d ☐ Aggregate
e ☐ Frozen initial liability	f ☐ Individual level premium	g ☐ Individual aggregate	h ☐ Shortfall
i ☐ Other (specify):			
j If box h is checked, enter period of use of shortfall method			5j

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

6 Checklist of certain actuarial assumptions:

- a** Interest rate for "RPA '94" current liability **6a** 2.38 %
- | | Pre-retirement | | | Post-retirement | | |
|---|------------------------------|---|---|--------------------------------|--|------------------------------|
| | ☐ Yes | ☒ No | ☐ N/A | ☐ Yes | ☒ No | ☐ N/A |
| b Rates specified in insurance or annuity contracts | | | | | | |
| c Mortality table code for valuation purposes: | | | | | | |
| (1) Males | 6c(1) | 9P | | | 9P | |
| (2) Females | 6c(2) | 9FP | | | 9FP | |
| d Valuation liability interest rate | 6d | 6.50 % | | | 6.50 % | |
| 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) | 7.50 % | | | | |
| g Estimated investment return on actuarial value of assets for year ending on the valuation date | 6g | 6.3 % | | | | |
| h Estimated investment return on current value of assets for year ending on the valuation date | 6h | -13.5 % | | | | |
| 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) | 280,000 | | | | |
| (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	-692,843	-69,189
4	-471,801	-47,115

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****b** Employer's normal cost for plan year as of valuation date**9b**

1,718,568

c Amortization charges as of valuation date:**(1)** All bases except funding waivers and certain bases for which the amortization period has been extended**9c(1)**

17,041,184

2,854,395

(2) Funding waivers**9c(2)**

0

0

(3) Certain bases for which the amortization period has been extended**9c(3)**

0

0

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

297,243

e Total charges. Add lines 9a through 9d**9e**

4,870,206

Credits to funding standard account:**f** Prior year credit balance, if any**9f**

9,737,486

g Employer contributions. Total from column (b) of line 3**9g**

3,287,628

h Amortization credits as of valuation date**9h**

10,478,129

1,471,687

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

835,444

j Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL)**9j(1)**

0

(2) "RPA '94" override (90% current liability FFL)**9j(2)**

0

(3) FFL credit**9j(3)**

0

k (1) Waived funding deficiency**9k(1)**

0

(2) Other credits**9k(2)**

0

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

15,332,245

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

10,462,039

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