

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form 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 ☐ special extension (enter description) _____ ☐ the DFVC program
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.	10/21/2024	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
	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	1997
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)	415
a(2) Total number of active participants at the end of the plan year		6a(2)	358
b Retired or separated participants receiving benefits.....		6b	506
c Other retired or separated participants entitled to future benefits		6c	1042
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	1906
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	81
f Total. Add lines 6d and 6e		6f	1987
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	4
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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

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

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

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

A Name of plan <u>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>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 2021

b Assets

(1) Current value of assets.....	1b(1)	<u>47742554</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>46502800</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>46764515</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	<u>46764515</u>
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability.....	1d(2)(a)	<u>98992759</u>
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	<u>1381010</u>
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	<u>3837941</u>
(3) Expected plan disbursements for the plan year.....	1d(3)	<u>3811499</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>03/27/2024</u>
Signature of actuary	Date
<u>ALAN T NAHOUM</u>	<u>23-02343</u>
Type or print name of actuary	Most recent enrollment number
<u>ALAN T NAHOUM, INC.</u>	<u>561-701-0729</u>
Firm name	Telephone number (including area code)
<u>41 DUNBAR ROAD, PALM BEACH GARDENS, FL 33418</u>	
Address of the firm	

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

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

Schedule MB (Form 5500) 2021
v. 201209

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	47742554
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	565	46306961
(2) For terminated vested participants	1045	25303119
(3) For active participants:		
(a) Non-vested benefits.....		11535801
(b) Vested benefits.....		15846787
(c) Total active	404	27382588
(4) Total	2014	98992668
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	48.23 %

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
04/01/2022	1351580				
			Totals ▶	3(b)	1351580
				3(c)	
				3(d)	0

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

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	99.4 %
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 rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here	4f	

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....			6a	2.28 %
	Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts.....	☐ Yes ☒ No ☐ N/A		☐ Yes ☒ No ☐ N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	8	8	
(2) Females	6c(2)	8	8	
d Valuation liability interest rate	6d	7.50 %	7.50 %	
e Expense loading	6e	48.6 % ☐ N/A	%	☒ N/A
f Salary scale	6f	% ☒ N/A		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	8.9 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	13.9 %		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	980471	103325
4	-2376684	-250463

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	991793
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)	9467051
(2) Funding waivers	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	202871
e Total charges. Add lines 9a through 9d.....	9e	2907818

Credits to funding standard account:

f	Prior year credit balance, if any.....	9f	441
g	Employer contributions. Total from column (b) of line 3.....	9g	1351580
		Outstanding balance	
h	Amortization credits as of valuation date.....	9h	9204895
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	170326
j	Full funding limitation (FFL) and credits:		
(1)	ERISA FFL (accrued liability FFL).....	9j(1)	1347995
(2)	"RPA '94" override (90% current liability FFL)	9j(2)	43336083
(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	3117135
m	Credit balance: If line 9l is greater than line 9e, enter the difference	9m	209317
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	

9o Current year's accumulated reconciliation account:

(1)	Due to waived funding deficiency accumulated prior to the 2021 plan year	9o(1)	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
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022		
A Name of plan 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)
---------------	--

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

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

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

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

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	214753	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	93815	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	92833	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	75735	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	44831	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	17186	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	14300	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)

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 ☐

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

PROXY VOTING PLUS

20-0509976

(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 50	NONE	5000	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 2021 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022		
A Name of plan 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	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	26106	22948
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	129031	142486
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	198881	180316
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1311146	1044691
(2) U.S. Government securities	1c(2)	4080501	3863366
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	2890060	1927135
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	1568249	1462764
(B) Common	1c(4)(B)	9472209	7982408
(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)	28118756	21591879
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	3018	3449

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(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	47797957 38221442
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	33251 13494
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	201552 166618
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	234803 180112
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	47563154 38041330

Part II Income and Expense Statement

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

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1530980
	(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)	1530980
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	3246
	(B) U.S. Government securities	2b(1)(B)	78167
	(C) Corporate debt instruments	2b(1)(C)	75321
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	3338
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	160072
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	80032
	(B) Common stock	2b(2)(B)	202541
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	993583
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1276156
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	8703689
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	8998304
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	-294615
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	-2486341
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	-2486341

		(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)		-6038910
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		-5852658
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2801334	
(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)		2801334
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)	115258	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	236939	
(4) Other.....	2i(4)	515635	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		867832
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3669166
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-9521824
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 <u>464193</u> .			

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 2021 This Form is Open to Public Inspection.
---	--	---

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

A Name of plan 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) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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 1366783

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 2023

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) 2.40

(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):

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:

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

1.03

b The corresponding number for the second preceding plan year

15b

1.07

- 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: 64.8 % Investment-Grade Debt: 32.4 % High-Yield Debt: 0.0 % Real Estate: 0.0 % Other: 2.8 %

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, 2022

LOCAL 1964 I.L.A. RETIREMENT FUND

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

SEPTEMBER 30, 2022 AND 2021

CONTENTS

	PAGE
Independent Auditor's Report	1
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6
Supplemental Information	
Schedules of Administrative Expenses	14
Schedule of Assets Held at End of Year	15
Schedule of Reportable Transactions	21

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, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of September 30, 2022 and 2021, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (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
June 21, 2023

LOCAL 1964 I.L.A. RETIREMENT FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

SEPTEMBER 30, 2022 AND 2021

ASSETS	2022	2021
INVESTMENTS - at fair value		
United States Government and Government		
Agency obligations	\$ 3,863,366	\$ 4,080,501
Corporate obligations	1,927,135	2,890,060
Common stock	7,982,408	9,472,209
Preferred stock	1,462,764	1,568,249
Mutual funds and exchange traded funds	21,591,879	28,118,756
Short-term investments	1,044,691	1,311,146
Total investments	<u>37,872,243</u>	<u>47,440,921</u>
RECEIVABLES		
Employer contributions	142,486	129,031
Due from related entities	3,449	3,018
Securities sold and not settled	131,368	151,420
Accrued interest and dividends	48,063	46,576
Total receivables	<u>325,366</u>	<u>330,045</u>
OTHER ASSETS		
Cash	22,948	26,106
Security deposits	885	885
Total other assets	<u>23,833</u>	<u>26,991</u>
Total assets	<u>38,221,442</u>	<u>47,797,957</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accrued expenses	13,494	33,251
Securities purchased and not settled	166,618	201,552
Total liabilities	<u>180,112</u>	<u>234,803</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 38,041,330</u>	<u>\$ 47,563,154</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, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ADDITIONS		
Investment income		
Net (depreciation) appreciation in fair value of investments	\$ (8,819,866)	\$ 4,977,185
Interest and dividends	<u>1,436,228</u>	<u>1,194,356</u>
	(7,383,638)	6,171,541
Less investment expenses	<u>(236,939)</u>	<u>(229,265)</u>
Investment (loss) income - net	(7,620,577)	5,942,276
Contribution income		
Employer contributions	<u>1,530,980</u>	<u>1,315,861</u>
Total additions	<u>(6,089,597)</u>	<u>7,258,137</u>
DEDUCTIONS		
Pension benefits	2,801,334	2,622,503
Administrative expenses	<u>630,893</u>	<u>616,593</u>
Total deductions	<u>3,432,227</u>	<u>3,239,096</u>
NET (DECREASE) INCREASE	(9,521,824)	4,019,041
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>47,563,154</u>	<u>43,544,113</u>
End of year	<u><u>\$ 38,041,330</u></u>	<u><u>\$ 47,563,154</u></u>

See accompanying notes to financial statements.

LOCAL 1964 I.L.A. RETIREMENT FUND

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2022 AND 2021

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, 2021 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, 2022, employer contributions ranged from \$0.75 to \$2.90 per hour. For the year ended September 30, 2021, employer contributions ranged from \$0.65 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, 2021.

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, 2022 and 2021, 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, 2022 and 2021:

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>

** One fund accounts for 22.3% of net assets available for benefit as of September 30, 2022.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

Fair Value Measurements at September 30, 2021				
	Total	Level 1	Level 2	Level 3
United States Government and				
Government Agency obligations	\$ 4,080,501	\$ 2,295,269	\$ 1,785,232	\$ -
Corporate obligations	2,890,060	-	2,890,060	-
Common stock	9,472,209	9,472,209	-	-
Preferred stock	1,568,249	1,568,249	-	-
Mutual funds and exchange				
traded funds	28,118,756	28,118,756	-	-
Short-term investments	1,311,146	1,311,146	-	-
	<u>\$ 47,440,921</u>	<u>\$ 42,765,629</u>	<u>\$ 4,675,292</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 \$10,292 and \$10,208 for years ended September 30, 2022 and 2021, respectively. Furniture and equipment rental allocated from the Health Fund totaled \$2,301 and \$2,997 for the years ended September 30, 2022 and 2021, respectively. As of September 30, 2022 and 2021, the Plan owed \$11,920 and \$9,618 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, 2022 and 2021, the Plan was due \$15,369 and \$12,636, respectively from the Health Fund for payroll related expenses. The Plan was allocated \$360,781 and \$284,185 from the Health Fund for payroll related expenses for the years ended September 30, 2022 and 2021, 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, 2022 and 2021, the Plan contributed \$25,597 and \$27,701, 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, 2022 was \$49,525 and \$48,665 for 2021.

NOTE 9. ACTUARIAL INFORMATION

Actuarial valuations of the Plan were made by the consulting actuary, as of October 1, 2021. Information shown in the reports included the following:

Actuarial present value of accumulated plan benefits	
Vested benefits:	
Participants currently receiving benefits	\$ 21,771,432
Other vested benefits	24,955,195
	46,726,627
Non-vested benefits	
	1,158,418
Total actuarial present value of accumulated plan benefits	
	\$ 47,885,045

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, 2021 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 46,455,294</u>
Increase (decrease) during the year attributable to:	
Benefits accumulated, actuarial gains or losses, and changes in valuation method	1,920,849
Interest	3,387,580
Benefits paid	(2,622,523)
Change in actuarial assumptions	<u>(1,256,155)</u>
Net increase	<u>1,429,751</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 47,885,045</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, 2021 were:

Mortality rates: Valuation rates - 1994 Uninsured Pensioner, unprojected
Disabled rates - 1964 OASDI Table
RPA rates - IRS 2021 Static Table

Normal retirement age: 67

Net investment return: 7.5%

The actuarial assumption for age at which terminated vested participants apply for benefits was changed from age 65 to age 67, resulting in an actuarial gain of \$1,256,155.

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, 2022 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, 2022 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, 2022. The complete financial status is presented as of September 30, 2021.

As of October 1, 2022, the actuary reported that the Plan is neither endangered nor is in 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 June 21, 2023, 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, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
Salaries and payroll taxes	\$ 303,659	\$ 311,719
Employee benefits	82,530	79,116
Pension Benefit Guaranty Corporation	61,349	58,791
Audit and accounting fees	44,831	42,624
Office and printing expenses	33,545	27,435
Legal fees	27,727	24,000
Other professional fees	23,900	16,250
Actuarial and consulting fees	18,800	18,800
Insurance expense	18,700	19,528
Office rent, storage, utilities and maintenance	<u>15,852</u>	<u>18,330</u>
Total	<u>\$ 630,893</u>	<u>\$ 616,593</u>

LOCAL 1964 I.L.A. RETIREMENT FUND

SCHEDULE OF ASSETS HELD AT END OF YEAR

SEPTEMBER 30, 2022

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

(a)	(b)	(c)				(d)	(e)
Form 5500, Schedule H, Item 4i		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 %	356,268	\$ 356,268	\$ 356,268
*	Fidelity Cash	IBA	Demand	Var	53,537	53,537	53,537
*	Fidelity Invt Money Market Treasury Only Portfolio Instl	MMA	Demand	Var	40,810	40,810	40,810
*	Fidelity Cash Management Funds Treasury	STIF	Demand	Var	594,076	594,076	594,076
	Total short-term investments					<u>1,044,691</u>	<u>1,044,691</u>
	<u>1c(2) - United States Government & Agency obligations:</u>						
	Federal Home Loan Mortgage	Note	11/15/30	6.625	44,000	65,522	51,366
	Federal Home Loan Mortgage	Pool	04/01/33	3.000	21,354	21,158	19,948
	Federal Home Loan Mortgage	Pool	06/01/34	3.500	6,178	6,269	5,867
	Federal Home Loan Mortgage	Pool	12/01/40	4.000	3,178	3,187	3,034
	Federal Home Loan Mortgage	Pool	11/01/40	4.000	1,356	1,341	1,294
	Federal Home Loan Mortgage	Pool	01/01/41	4.000	5,182	5,147	4,946
	Federal Home Loan Mortgage	Pool	02/01/44	3.500	3,512	3,538	3,229
	Federal Home Loan Mortgage	Pool	07/01/44	4.500	35,512	28,685	34,839
	Federal Home Loan Mortgage	Pool	08/01/44	3.500	5,593	5,753	5,143
	Federal Home Loan Mortgage	Pool	02/01/45	4.000	13,899	15,076	13,223
	Federal Home Loan Mortgage	Pool	12/01/45	3.000	15,755	16,101	14,055
	Federal Home Loan Mortgage	Pool	12/01/45	3.500	21,702	22,638	19,957
	Federal Home Loan Mortgage	Bond	03/01/46	3.000	5,793	5,917	5,156
	Federal Home Loan Mortgage	Pool	02/01/46	4.000	34,592	36,980	32,859
	Federal Home Loan Mortgage	Pool	09/01/46	3.000	31,517	30,537	28,082
	Federal Home Loan Mortgage	Pool	09/01/46	3.500	42,419	45,069	39,009
	Federal Home Loan Mortgage	Pool	10/01/48	4.000	17,839	17,880	16,850
	Federal Home Loan Mortgage	Pool	01/01/47	3.000	10,856	11,013	9,653
	Federal Home Loan Mortgage	Pool	07/01/49	3.500	11,092	11,328	10,091
	Federal Home Loan Mortgage	Pool	08/01/49	4.000	25,224	26,181	23,761
	Federal Home Loan Mortgage	Pool	02/01/50	2.500	43,461	43,444	37,091
	Federal Home Loan Mortgage	Pool	02/01/50	3.000	32,034	32,675	28,136
	Federal Home Loan Mortgage	Pool	09/01/50	2.000	61,749	63,616	50,330
	Federal Home Loan Mortgage	Pool	11/01/51	2.500	126,526	129,423	106,844
	Federal National Mortgage Association	Pool	04/01/24	3.500	4,710	6,391	4,478
	Federal National Mortgage Association	Pool	01/01/26	3.500	3,173	3,369	3,017
	Federal National Mortgage Association	Pool	10/01/27	3.500	2,087	2,217	1,985
	Federal National Mortgage Association	Pool	06/01/33	4.500	10,911	11,188	10,061
	Federal National Mortgage Association	Pool	07/01/33	3.000	6,135	6,174	5,657
	Federal National Mortgage Association	Pool	09/01/33	3.000	10,071	10,389	9,289
	Federal National Mortgage Association	Pool	09/01/36	2.000	119,645	123,365	105,583
	Federal National Mortgage Association	Pool	02/01/41	4.000	12,075	12,778	11,515
	Federal National Mortgage Association	Pool	05/01/41	4.500	20,957	22,968	20,482
	Federal National Mortgage Association	Pool	08/01/41	4.500	2,813	3,021	2,757
	Federal National Mortgage Association	Pool	09/01/42	4.500	4,548	4,930	4,457
	Federal National Mortgage Association	Pool	05/01/42	3.500	17,571	16,577	16,103
	Federal National Mortgage Association	Pool	08/01/43	3.500	13,794	13,622	12,642
	Federal National Mortgage Association	Pool	10/01/46	3.000	63,623	65,907	56,674
	Federal National Mortgage Association	Pool	02/01/47	3.500	22,055	22,762	20,187

(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(2) - United States Government & Agency obligations (continued):</u>							
	Federal National Mortgage Association	Pool	08/01/47	4.000 %	11,889	\$ 12,187	\$ 11,250
	Federal National Mortgage Association	Pool	07/01/48	4.500	2,199	2,325	2,116
	Federal National Mortgage Association	Pool	11/01/49	3.500	33,902	34,940	30,846
	Federal National Mortgage Association	Pool	09/01/50	2.500	50,658	53,216	42,993
	Federal National Mortgage Association	Pool	07/01/51	2.000	289,078	291,652	235,402
	Federal National Mortgage Association	Pool	07/01/51	2.500	298,594	308,800	252,536
	United States Treasury	Bond	11/15/23	2.500	195,000	195,153	186,393
	United States Treasury	Bond	07/31/24	3.000	194,000	192,190	189,726
	United States Treasury	Bond	11/30/24	1.500	301,000	302,669	284,057
	United States Treasury	Bond	05/15/25	0.000	153,000	125,590	137,236
	United States Treasury	Bond	12/31/25	3.750	59,000	58,707	52,180
	United States Treasury	Bond	05/31/26	0.750	354,000	353,256	312,724
	United States Treasury	Bond	11/30/26	1.250	292,000	291,636	259,959
	United States Treasury	Bond	05/31/27	2.625	383,000	377,705	359,737
	United States Treasury	Bond	05/15/28	2.875	75,000	77,510	70,535
	United States Treasury	Bond	01/31/29	1.750	167,000	164,521	145,923
	United States Treasury	Bond	08/15/31	1.250	68,000	67,580	54,950
	United States Treasury	Bond	05/15/32	2.875	74,000	68,595	68,392
	United States Treasury	Bond	02/15/41	1.875	102,000	100,693	72,232
	United States Treasury	Bond	02/15/42	2.375	73,000	66,037	55,948
	United States Treasury	Bond	05/15/46	2.500	183,000	190,422	138,923
	United States Treasury	Bond	02/15/51	1.875	75,000	68,379	49,658
	Total United States Government and Agency obligations					4,377,899	3,863,366
<u>1c(3) - Corporate obligations:</u>							
	AbbVie Inc	Note	11/21/49	4.250	59,000	73,545	47,370
	Alphabet Inc	Note	08/15/50	2.050	76,000	73,994	44,667
	Amazon Com	Bond	06/03/30	1.500	100,000	103,744	78,856
	Amgen Inc	Bond	02/21/30	2.450	88,000	91,054	72,589
	Anheuser Busch InBev Fin Inc	Note	02/01/46	4.900	49,000	52,201	42,466
	Apple Inc	Bond	09/11/49	2.950	72,000	69,864	50,123
	Bank of America Corp	Bond	04/01/24	4.000	100,000	104,749	98,869
	Bank of America Corp	Note	07/22/27	1.734	108,000	108,920	92,607
	BAT International Finance	Bond	03/25/26	1.668	71,000	71,516	61,395
	CitiGroup Inc	Note	06/03/31	2.572	100,000	106,029	78,619
	Comcast Corp	Bond	02/01/50	3.450	83,000	84,980	57,970
	Crown Castle Intl Corp	Note	04/01/41	2.900	75,000	74,993	48,701
	CVS Health Corporation	Note	08/21/40	2.700	75,000	73,500	49,235
	Enterprise Products Operating LLC	Bond	02/15/43	4.450	44,000	40,582	35,345
	Fifth Third Bancorp	Bond	01/25/24	3.650	95,000	95,526	93,247
	Fiserv Inc	Bond	07/01/29	3.500	81,000	82,694	70,451
	Goldman Sachs Group Inc	Bond	02/07/30	2.600	72,000	73,089	58,036
	Home Depot	Bond	04/15/30	2.700	95,000	101,069	81,110
	JPMorgan Chase & Co	Note	05/01/28	3.540	57,000	57,568	51,632
	JPMorgan Chase & Co	Note	11/19/31	1.764	91,000	89,902	66,485
	Kinder Morgan Inc	Note	06/01/25	4.300	58,000	59,533	56,625
	Lowes Companies Inc	Note	10/15/30	1.700	82,000	82,263	61,802
	Marsh & McLennan Companies Inc	Note	03/15/24	3.875	65,000	65,283	64,108
	Mastercard	Bond	03/26/30	3.350	65,000	75,493	58,564
	Microsoft Inc	Note	06/01/50	2.525	48,000	48,378	31,366
	Morgan Stanley	Note	01/22/47	4.375	50,000	50,426	39,939
	Northrop Grumman Corp	Note	01/15/25	2.930	67,000	67,121	63,887
	Oracle Corp	Note	04/01/30	2.950	104,000	112,214	83,797
	Union Pacific Corp	Bond	09/10/28	3.950	89,000	89,862	83,701
	UnitedHealth Group	Bond	05/15/30	2.000	71,000	73,794	57,091
	Verizon Communications Inc	Note	11/20/50	2.875	76,000	78,994	46,482
	Total corporate obligations					2,432,880	1,927,135

(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)(A) - Preferred stock:</u>						
	Affiliated Managers Group Inc				221	\$ 5,751	\$ 4,115
	Affiliated Managers Group Inc				467	11,707	10,713
	Alabama Power Co				566	14,464	14,150
	Algonquin Power & Utilities Corp				278	7,522	6,753
	Algonquin Power & Utilities Corp				404	10,298	9,781
	Allstate Corp				383	9,652	8,962
	Allstate Corp				250	6,633	6,025
	Allstate Corp				1,701	43,261	35,704
	American Financial Group Inc				465	11,676	10,955
	American Financial Group Inc				405	10,847	8,513
	American Intl Group Inca				1,318	35,051	31,711
	Arch Cap Group				942	23,458	20,517
	Arch Cap Group				1,108	26,840	20,786
	Associated Banc-Corp				396	9,939	9,623
	AT&T Inc				1,329	33,508	32,002
	AT&T Inc				701	18,011	14,392
	AT&T Inc				425	10,595	7,981
	Bank of America Corp				1,006	25,408	23,510
	Bank of America Corp				1,208	30,401	26,238
	Bank of America Corp				680	17,055	13,920
	Bank of America Corp				525	13,431	9,597
	Bank of America Corp				195	4,845	3,383
	Capital One Financial Corp				741	18,196	13,627
	Capital One Financial Corp				649	15,734	12,740
	Citigroup Inc				1,262	33,576	32,345
	Citigroup Inc				1,214	33,169	31,115
	Citizens Financial Group Inc				673	17,600	16,791
	Citizens Financial Group Inc				983	23,769	18,706
	CMS Energy Corp				778	18,086	13,304
	CMS Energy Corp				704	18,230	16,326
	CMS Energy Corp				302	7,557	7,233
	Cullen Frost Bankers Inc				440	11,192	8,122
	Digital Realty Trust Inc				154	3,879	3,428
	DTE Energy Co				366	9,407	6,665
	DTE Energy Co				694	17,440	15,823
	Duke Energy Corp				848	22,748	20,344
	Equitable Holdings Inc				601	15,034	12,519
	Fifth Third Bancorp				842	21,405	17,783
	Fifth Third Bancorp				810	22,594	20,631
	First Horizon National Corp				172	4,365	3,368
	First Republic Bank San				664	16,893	15,285
	First Republic Bank San				453	8,551	8,394
	Globe Life Inc				314	7,134	5,407
	Goldman Sachs Group Inc				1,256	31,056	31,061
	Goldman Sachs Group Inc				735	18,969	18,471
	Hudson Pacific Properties Inc				188	4,709	3,138
	Huntington Bancshares Inc				716	15,979	12,888
	JPMorgan Chase And Co				1,812	43,536	35,298
	JPMorgan Chase And Co				1,371	34,545	28,873
	Keycorp New				937	25,069	23,481
	Keycorp New				172	4,320	4,171
	Keycorp New				781	19,191	18,557
	Kimco Realty Corp				572	14,292	12,281
	Kimco Realty Corp				677	16,796	14,271
	M&T Bank Corp				1,351	34,284	33,032

(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)(A) - Preferred stock (continued):</u>						
	MetLife Inc				1,343	\$ 32,423	\$ 27,908
	MetLife Inc MetLife Inc				1,017	26,046	24,611
	Morgan Stanley				445	9,395	8,891
	Morgan Stanley				973	26,733	24,850
	Morgan Stanley				774	19,604	18,754
	Morgan Stanley				158	4,181	3,972
	Morgan Stanley				450	11,871	11,286
	Morgan Stanley				457	11,433	8,212
	New York Community Bancorp Inc				1,046	28,063	25,805
	Nextera Energy Cap Hldgs Inc				1,031	27,490	25,198
	Prudential Financial Inc				172	4,318	4,154
	Prudential Financial Inc				431	10,963	8,603
	Public Storage				401	9,957	8,557
	Public Storage				358	9,217	6,111
	Public Storage				499	12,769	11,951
	Public Storage				715	17,931	15,601
	Regions Financial Corp				805	21,080	20,608
	Regions Financial Corp				403	10,247	9,043
	Regions Financial Corp				390	9,762	7,160
	Schwab Charles Corp				1,076	28,158	26,437
	Schwab Charles Corp				1,139	29,212	21,721
	Spire Inc				271	6,924	6,537
	State Street Corp				901	23,186	22,498
	State Street Corp				1,023	26,741	25,012
	Stifel Financial Corp				345	8,874	8,225
	Stifel Financial Corp				316	7,890	7,252
	Synovus Financial Corp				661	17,303	16,201
	Truist Financial Corp				1,358	32,683	26,943
	Truist Finl Corp				915	22,462	20,798
	US Bancorp				542	13,207	8,710
	US Bancorp				252	5,980	5,050
	US Bancorp				722	15,723	13,978
	US Bancorp				527	13,335	12,479
	Vornado Realty Trust				633	15,616	11,033
	Voya Financial Inc				624	15,728	14,951
	Webster Financial Corp				389	9,726	8,002
	Wells Fargo & Co				864	23,673	21,902
	Wells Fargo & Co				949	23,884	21,305
	Wells Fargo & Co				595	14,877	13,459
	WR Berkley Corp				667	17,728	14,187
	Total preferred stock					1,666,051	1,462,764
	<u>1c(4)(B) - Common stock:</u>						
	Abbott Laboratories				650	26,715	62,894
	AbbVie Inc				1,399	148,930	187,760
	ACI Worldwide Inc				655	16,837	13,690
	Allstate Corp				1,622	219,091	201,988
	Amicus Therapeutics Inc				3,163	42,858	33,022
	AO Smith Corp				553	29,137	26,865
	Ares Management Corp				442	33,694	27,382
	Argenx SE				101	21,338	35,658
	Arista Networks Inc				556	40,254	62,767
	Arrowhead Pharmaceuticals Inc				794	24,281	26,242
	AstraZeneca PLC				3,434	192,983	188,321
	Atricure Inc				494	21,842	19,315
	Automatic Data Processing				982	158,203	222,119

(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:</u>						
	Avient Corporation				577	\$ 26,918	\$ 17,483
	Baxter International Inc				2,190	184,668	117,953
	BioMarin Pharmaceutical				286	26,170	24,244
	Blackline Inc				325	35,722	19,468
	Blackrock Inc				249	197,435	137,020
	Broadcom Inc				434	150,034	192,700
	Championx Corporation				2,068	38,243	40,471
	Chevron Corp				1,625	169,152	233,464
	Cisco Systems Inc				1,800	57,989	72,000
	Citizens Financial Group Inc				1,322	32,150	45,424
	CME Group Inc				680	133,443	120,448
	Coca-Cola Co				4,068	171,296	227,889
	Cognex Corp				390	20,926	16,166
	Comcast Corp				2,001	89,735	58,689
	Crown Castle Intl Corp				965	108,269	139,491
	Deckers Outdoor Corp				172	58,748	53,769
	Devons Energy Corp				1,342	31,456	80,694
	Dick's Sporting Goods Inc				314	11,750	32,857
	Digital Realty Trust Inc				486	12,347	10,230
	Dolby Laboratories Inc				452	24,749	29,448
	Dominion Energy Inc				2,366	191,544	163,514
	Eastman Chemical Co				825	93,174	58,616
	Eaton Corp				1,067	117,533	142,295
	Emcor Group Inc				367	23,118	42,381
	Enbridge Inc				1,521	39,004	36,002
	Entegris Inc				445	14,814	36,944
	Etsy Inc				409	38,019	40,953
	Exelixis Inc				2,059	44,271	32,285
	Fortinet Inc				643	7,859	31,591
	Gitlab Inc				320	21,086	16,390
	GoDaddy Inc				564	42,153	39,976
	Graco Inc				382	17,470	22,901
	Guardant Health Inc				463	25,998	24,923
	Home Depot Inc				623	73,639	171,911
	Honeywell International Inc				533	25,894	88,995
	HubSpot Inc				82	36,110	22,150
	Hyatt Hotels Corp				750	46,078	60,720
	Icon PLC				94	170	17,275
	Inari Med Inc				330	22,550	23,971
	Inspire Inc				292	27,277	29,810
	Invesco				2,266	54,510	31,044
	IRhythm Technologies Inc				534	45,533	66,900
	Jack Henry & Associates Inc				157	21,899	28,616
	Jacobs Solutions Inc				306	40,324	33,198
	Jfrog LTD				847	17,595	18,727
	Karuna Therapeutics Inc				72	9,363	16,195
	Lattice Semiconductor Corp				492	26,101	24,211
	Lithia Motors Inc				106	29,886	22,742
	McDonald's Corp				918	131,963	211,819
	Medtronic				1,731	158,597	139,778
	Merck & Co				2,259	138,720	194,545
	Microsoft Corp				984	32,916	229,174
	Mirati Therapeutics Inc				476	37,779	33,244
	Mohawk Industries Inc				264	22,689	24,074
	Molina Healthcare Inc				181	26,628	59,701
	Mondelez Intl Inc				3,287	199,015	180,226

(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:</u>						
	MongoDB Inc				121	\$ 43,841	\$ 24,026
	Motorola Solutions Inc				609	127,786	136,398
	Neurocrine Biosciences Inc				343	37,459	36,430
	New York Times Co				925	33,662	26,594
	Nextera Energy Inc				3,159	200,699	247,697
	Nordson Corp Com				175	15,408	37,147
	Novocure LTD				246	21,913	18,691
	Outset Med Inc				334	16,068	5,321
	Paycom Software Inc				143	48,457	47,189
	PepsiCo Inc				1,177	87,987	192,156
	PNC Financial Services Group				1,006	86,884	150,317
	Power Integrations Inc				377	14,559	24,249
	Proctor & Gamble Co				1,509	137,639	190,511
	Prologis Inc				1,416	81,836	143,866
	PubMatic Inc				1,026	40,547	17,062
	Raytheon Technologies Corp				2,457	185,733	201,129
	Regal Beloit Corp				221	32,946	31,020
	RenaissanceRE Holdings				398	10,069	9,047
	RH Com				60	30,999	14,764
	Ritchie Bros				261	16,878	16,307
	Royal Caribbean				442	35,591	16,752
	Shockwave Med Inc				238	23,353	66,181
	Springworks Therapeutics Inc				352	27,035	10,043
	Target Corp				1,311	190,747	194,539
	TE Connectivity				1,133	127,265	125,038
	Texas Instruments Inc				1,205	148,509	186,510
	Topbuild Corp				142	21,842	23,399
	Truist Financial Corp				2,690	154,941	117,123
	Tyler Technologies Inc				110	38,756	38,225
	Union Pacific Corp				742	116,817	144,556
	United Parcel Service				405	80,914	65,424
	United Rentals Inc				92	28,575	24,851
	UnitedHealth Group Inc				385	140,407	194,440
	Veracyte Inc				583	16,268	9,678
	Total common stock					<u>6,881,032</u>	<u>7,982,408</u>
	<u>1c(13) - Mutual funds and exchange traded funds:</u>						
	Artisan International Value Instl				80,604	3,800,462	2,663,144
	Doubleline Total Return Bond				450,679	4,888,204	3,997,524
	iShares Russell 1000 Growth				40,302	2,996,939	8,479,541
	Loomis Sayles Investment Grade Bond				183,716	2,206,784	1,752,653
	Lord Abbett Short Duration Income				327,711	1,360,000	1,255,133
	MFS International Value				66,305	2,325,865	2,553,399
	Wisdomtree US Dividend Growth				16,518	788,206	890,485
	Total mutual funds and exchange traded funds					<u>18,366,460</u>	<u>21,591,879</u>
	Total investments					\$ 34,769,013	\$ 37,872,243

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

LOCAL 1964 I.L.A. RETIREMENT FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED SEPTEMBER 30, 2022

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)
	Eaton Vance Short Duration	N/A	\$ 2,786,520	\$ 2,817,751	\$ 2,786,520	\$ (31,231)
*	Fidelity Cash Management	\$ 4,369,629	N/A	4,369,629	4,369,629	N/A
	Funds Treasury	-	4,732,586	4,732,586	4,732,586	-

* 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	3	0	0	0	0	0	0	3
25-29	9	1	0	0	0	0	0	10
30-34	9	6	0	3	0	0	0	18
35-39	22	4	1	0	0	0	0	27
40-44	12	9	0	1	0	0	0	22
45-49	15	9	2	6	4	1	0	37
50-54	43	14	4	3	6	2	2	74
55-59	40	14	7	7	12	2	1	83
60-64	32	13	5	10	7	0	3	70
65-69	24	5	2	1	5	1	1	39
70 +	6	1	4	2	3	2	3	21
Totals	215	76	25	33	37	8	10	404

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	10/1/21 Beginning of Year Balance
<i>Amendment</i>	8	5,318	33,482
<i>Assumption</i>	1	6,345	6,347
<i>Assumption</i>	2	27,030	52,175
<i>Amendment</i>	3	17,535	49,024
<i>Assumption</i>	4	7,746	27,893
<i>Assumption</i>	6	22,344	112,742
<i>Assumption</i>	7	5,353	30,475
<i>Loss</i>	11	7,730	60,788
<i>Loss</i>	2	366,946	708,289
<i>Loss</i>	4	49,244	177,308
<i>Loss</i>	5	203,799	886,386
<i>Loss</i>	7	281,106	1,600,572
<i>Loss</i>	9	296,225	2,031,311
<i>Loss</i>	11	29,886	235,027
<i>Loss</i>	12	90,933	756,144
<i>Loss</i>	13	92,649	809,313
<i>Loss</i>	14	99,640	909,304
<i>Loss</i>	15	103,325	980,471
Total Charge Bases		1,713,154	9,467,051

LOCAL 1964, INTERNATIONAL LONGSHOREMEN'S
ASSOCIATION RETIREMENT PLAN

SUMMARY OF AMORTIZATION BASES
CREDIT BASES

Type of Base	Date Began	Minimum Annual Payment	10/1/21 Beginning of Year Balance
<i>Assumption</i>	6	65,786	286,120
<i>Assumption</i>	9	6,258	39,399
<i>Gain</i>	1	120,267	120,267
<i>Gain</i>	4	192,945	539,390
<i>Gain</i>	7	469,910	2,371,115
<i>Gain</i>	9	211,800	1,333,617
<i>Gain</i>	11	88,374	652,104
<i>Assumption</i>	12	188,985	1,486,199
<i>Assumption</i>	15	132,378	1,256,155
Total Credit Bases		1,476,703	8,084,366

**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.

Assumed age at which terminated vested participants will begin receiving payments was changed from age 65 to age 67 in line with assumed retirement age and experience study

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, 2021 |
| 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 2016 Static Table

- | | |
|------------------------------------|---|
| 7. Valuation Interest: | 7.5% per year |
| 8. RPA Current Liability Interest: | 2.28% per year |
| 9. RPA Maximum Interest Rate: | 2.28% 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>Projected</u>
<u>Beginning</u>	<u>Payments</u>
2021	3,811,823
2022	3,795,859
2023	3,877,407
2024	3,894,677
2025	4,077,970
2026	4,067,118
2027	4,046,087
2028	4,037,325
2029	4,130,063
2030	4,136,798

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. 1510 - 0110 1510 - 0089 2021 This Form is Open to Public Inspection
---	--	---

Part I Annual Report Identification Information	
For calendar plan year 2021 or fiscal plan year beginning <u>10/01/2021</u> and ending <u>09/30/2022</u>	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.) ☐ 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)
B This return/report is:	
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 40%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 11/07/1972</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 22-6244648</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 201-440-6599</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 488990</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 11/07/1972		2b Employer Identification Number (EIN) 22-6244648		2c Plan Sponsor's telephone number 201-440-6599		2d Business code (see instructions) 488990	
1b Three-digit plan number (PN) ▶	001										
1c Effective date of plan 11/07/1972											
2b Employer Identification Number (EIN) 22-6244648											
2c Plan Sponsor's telephone number 201-440-6599											
2d Business code (see instructions) 488990											
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											

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		<u>10/21/2021</u>	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 (2021)
v. 210624

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** 1997**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)** 415**a (2)** Total number of active participants at the end of the plan year **6a(2)** 358**b** Retired or separated participants receiving benefits **6b** 506**c** Other retired or separated participants entitled to future benefits **6c** 1042**d** Subtotal. Add lines 6a(2), 6b, and 6c **6d** 1906**e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits **6e** 81**f** Total. Add lines 6d and 6e **6f** 1987**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** 4**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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

AMENDED

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

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

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

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

A Name of plan 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 Trustees of 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 <u>10</u> Day <u>01</u> Year <u>2021</u>		
b Assets:		
(1) Current value of assets	1b(1)	47,742,554
(2) Actuarial value of assets for funding standard account	1b(2)	46,502,800
c (1) Accrued liability for plan using immediate gain methods	1c(1)	46,764,515
(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)	46,764,515
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)	98,992,759
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	1,381,010
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	3,837,941
(3) Expected plan disbursements for the plan year	1d(3)	3,811,499

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 Alan T Nahoum, Inc. Firm name 41 Dunbar Road US Palm Beach Gardens FL 33418 Address of the firm	03/27/2024 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) 2021
v.201209

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	47,742,554
b "RPA '94" current liability/participant count breakdown:		
(1) For retired participants and beneficiaries receiving payment	(1) Number of participants	(2) Current liability
(2) For terminated vested participants	565	46,306,961
(3) For active participants:		
(a) Non-vested benefits		11,535,801
(b) Vested benefits		15,846,878
(c) Total active	404	27,382,679
(4) Total	2,014	98,992,759
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	48.23 %

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
04/01/2022	1,351,580				
Totals ▶			3(b)	1,351,580	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	99.4 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If 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 rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐	4f	

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability		6a	2.28	%
b Rates specified in insurance or annuity contracts	Pre-retirement ☐ Yes ☒ No ☐ N/A Post-retirement ☐ Yes ☒ No ☐ N/A			
c Mortality table code for valuation purposes				
(1) Males	6c(1)	8		8
(2) Females	6c(2)	8		8
d Valuation liability interest rate	6d	7.50	%	7.50 %
e Expense loading	6e	48.6	%	N/A
f Salary scale	6f	%	N/A	N/A
g Estimated investment return on actuarial value of assets for year ending on the valuation date				8.9 %
h Estimated investment return on current value of assets for year ending on the valuation date				13.9 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	980,471	103,325
4	(2,376,684)	(250,463)

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	991,793
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)	9,467,051
(2) Funding waivers	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c	9d	202,871
e Total charges. Add lines 9a through 9d	9e	2,907,818

Credits to funding standard account:

f	Prior year credit balance, if any	9f	441
g	Employer contributions. Total from column (b) of line 3	9g	1,351,580
		Outstanding balance	
h	Amortization credits as of valuation date	9h	9,204,895
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	170,326
j	Full funding limitation (FFL) and credits:		
	(1) ERISA FFL (accrued liability FFL)	9j(1)	1,347,995
	(2) "RPA '94" override (90% current liability FFL)	9j(2)	43,336,083
	(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	3,117,135
m	Credit balance: If line 9l is greater than line 9e, enter the difference	9m	209,317
n	Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
9 o	Current year's accumulated reconciliation account:		
	(1) Due to waived funding deficiency accumulated prior to the 2021 plan year	9o(1)	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	0
11	Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions		☒ Yes ☐ No