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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                              |
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| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                     |
| For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023 |                                                                                                                                                                                                                                                                                                                                                                                              |
| A                                                                                          | This return/report is for:<br><div><input checked="" type="checkbox"/> a multiemployer plan<br/><input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br/><input type="checkbox"/> a single-employer plan<br/><input type="checkbox"/> a DFE (specify) _____</div> |
| B                                                                                          | This return/report is:<br><div><input type="checkbox"/> the first return/report<br/><input type="checkbox"/> the final return/report<br/><input checked="" type="checkbox"/> an amended return/report<br/><input type="checkbox"/> a short plan year return/report (less than 12 months)</div>                                                                                               |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. ....▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                          |
| D                                                                                          | Check box if filing under:<br><div><input checked="" type="checkbox"/> Form 5558<br/><input type="checkbox"/> automatic extension<br/><input type="checkbox"/> the DFVC program<br/><input type="checkbox"/> special extension (enter description)</div>                                                                                                                                     |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                      |

|         |                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                                                                                                       |
| 1a      | Name of plan<br>M.S.S.A. - I.L.A. 1985 MAINTENANCE EMPLOYEES' PENS                                                                                                                                                                                                                                                                                                                                                           |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                                                                                                                           |
| 1c      | Effective date of plan<br>10/01/1968                                                                                                                                                                                                                                                                                                                                                                                         |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>BOARD OF TRUSTEES - M.S.S.A. -I.L.A LOCAL 1985 MAINTENANCE EMPLOYEEES<br><br>66 MIDTOWN PARK WEST<br>MOBILE, AL 36606-4148<br><br>PO BOX 662<br>MOBILE, AL 36601-0662 |
| 2b      | Employer Identification Number (EIN)<br>63-6074956                                                                                                                                                                                                                                                                                                                                                                           |
| 2c      | Plan Sponsor's telephone number<br>251-432-5588                                                                                                                                                                                                                                                                                                                                                                              |
| 2d      | Business code (see instructions)<br>525100                                                                                                                                                                                                                                                                                                                                                                                   |

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

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

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 01/24/2025 | JASON HUDSON                                                 |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                   |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>3c</b> Administrator's telephone number                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                     |  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                    |  | <div style="display: flex; justify-content: space-between;"> <span><b>5</b></span> <span>121</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year .....                                                                                                                                                                                                                                                                                                                                    |  | <div style="display: flex; justify-content: space-between;"> <span><b>6a(1)</b></span> <span>120</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                                                                                                                                                                                                                          |  | <div style="display: flex; justify-content: space-between;"> <span><b>6a(2)</b></span> <span>133</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                        |  | <div style="display: flex; justify-content: space-between;"> <span><b>6b</b></span> <span>121</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                                                                                                                                                                                                                          |  | <div style="display: flex; justify-content: space-between;"> <span><b>6c</b></span> <span>130</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                |  | <div style="display: flex; justify-content: space-between;"> <span><b>6d</b></span> <span>384</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....                                                                                                                                                                                                                                                                                                                 |  | <div style="display: flex; justify-content: space-between;"> <span><b>6e</b></span> <span></span> </div>                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                    |  | <div style="display: flex; justify-content: space-between;"> <span><b>6f</b></span> <span>384</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                                                                                                                                                                                                                             |  | <div style="display: flex; justify-content: space-between;"> <span><b>6g</b></span> <span></span> </div>                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                                                                                                                                                                                                                                  |  | <div style="display: flex; justify-content: space-between;"> <span><b>6h</b></span> <span>1</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                       |  | <div style="display: flex; justify-content: space-between;"> <span><b>7</b></span> <span>5</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1F                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                   |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                       |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>a Pension Schedules</b><br>(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input checked="" type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <b>2 A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
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| <div>SCHEDULE A<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                                                 |                                                      |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023                                      |                                                      |
| A Name of plan<br>M.S.S.A. - I.L.A. 1985 MAINTENANCE EMPLOYEES' PENS                                                            | B Three-digit plan number (PN) ▶ 001                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BOARD OF TRUSTEES - M.S.S.A. -I.L.A LOCAL 1985 MAINTENANCE EMPLOYEEES | D Employer Identification Number (EIN)<br>63-6074956 |

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

1 Coverage Information:

|                                                                                    |
|------------------------------------------------------------------------------------|
| (a) Name of insurance carrier<br>PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY GROUP |
|------------------------------------------------------------------------------------|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 06-1050034 | 93629         | 007725                                | 384                                                                         | 10/01/2022              | 09/30/2023 |

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

|                                           |                                    |
|-------------------------------------------|------------------------------------|
| (a) Total amount of commissions paid<br>0 | (b) Total amount of fees paid<br>0 |
|-------------------------------------------|------------------------------------|

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

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

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

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

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

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**4** Current value of plan's interest under this contract in the general account at year end..... **4** 8401261**5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier ..... **6b****c** Premiums due but unpaid at the end of the year ..... **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... **6d**  
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year ..... **7b** 6980513**c** Additions: (1) Contributions deposited during the year ..... **7c(1)** 562991  
(2) Dividends and credits ..... **7c(2)**  
(3) Interest credited during the year ..... **7c(3)** 227464  
(4) Transferred from separate account ..... **7c(4)**  
(5) Other (specify below) ..... **7c(5)** 405009

▶ TRANSFERS IN

(6) Total additions ..... **7c(6)** 1195464**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 8175977**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)** 48403  
(2) Administration charge made by carrier ..... **7e(2)**  
(3) Transferred to separate account ..... **7e(3)**  
(4) Other (specify below) ..... **7e(4)** 23313

▶ TRANSFERS OUT

(5) Total deductions ..... **7e(5)** 71716**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 8104261

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
**b** ☐ Dental     
**c** ☐ Vision     
**d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
**f** ☐ Long-term disability     
**g** ☐ Supplemental unemployment     
**h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
**j** ☐ HMO contract     
**k** ☐ PPO contract     
**l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... | <b>10b</b> |  |

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
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| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div> <div>► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                                                 |                                                      |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023                                      |                                                      |
| A Name of plan<br>M.S.S.A. - I.L.A. 1985 MAINTENANCE EMPLOYEES' PENS                                                            | B Three-digit plan number (PN) ► 001                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BOARD OF TRUSTEES - M.S.S.A. -I.L.A LOCAL 1985 MAINTENANCE EMPLOYEEES | D Employer Identification Number (EIN)<br>63-6074956 |

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

1 Coverage Information:

|                                                                              |
|------------------------------------------------------------------------------|
| (a) Name of insurance carrier<br>THE PRUDENTIAL INSURANCE COMPANY OF AMERICA |
|------------------------------------------------------------------------------|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 22-1211670 | 68241         | 180322                                | 384                                                                         | 10/01/2022              | 09/30/2023 |

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

|                                              |                                    |
|----------------------------------------------|------------------------------------|
| (a) Total amount of commissions paid<br>9996 | (b) Total amount of fees paid<br>0 |
|----------------------------------------------|------------------------------------|

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

|                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (a) Name and address of the agent, broker, or other person to whom commissions or fees were paid<br>WELLS FARGO ADVISORS INSURANCE AGEN<br>901 E BYRD ST<br>RICHMOND, VA 23219 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-----------------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose                 |                       |
| 9996                                          |                                 | SERVICES TO INSURER OR PLAN | 3                     |

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

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

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

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

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

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

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

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

---

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

---

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**4** Current value of plan's interest under this contract in the general account at year end..... **4****5** Current value of plan's interest under this contract in separate accounts at year end..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier ..... **6b****c** Premiums due but unpaid at the end of the year ..... **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... **6d**  
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year ..... **7b****c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
(2) Dividends and credits..... **7c(2)**  
(3) Interest credited during the year..... **7c(3)**  
(4) Transferred from separate account..... **7c(4)**  
(5) Other (specify below) ..... **7c(5)**  
▶(6) Total additions..... **7c(6)** **0****d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d****e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)**  
(2) Administration charge made by carrier..... **7e(2)**  
(3) Transferred to separate account..... **7e(3)**  
(4) Other (specify below) ..... **7e(4)**  
▶(5) Total deductions..... **7e(5)** **0****f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f**

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
**b** ☐ Dental     
**c** ☐ Vision     
**d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
**f** ☐ Long-term disability     
**g** ☐ Supplemental unemployment     
**h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
**j** ☐ HMO contract     
**k** ☐ PPO contract     
**l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier .....                                                                                                                                                           | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... | <b>10b</b> |  |
| Specify nature of costs.                                                                                                                                                                                                        |            |  |

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE MB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Multiemployer Defined Benefit Plan and Certain<br/>Money Purchase Plan Actuarial Information</div> <div>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).</div> <div>► File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2022</div> <div>This Form is Open to Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

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

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

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

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

|                                                                                                               |                 |
|---------------------------------------------------------------------------------------------------------------|-----------------|
| 1a Enter the valuation date: Month 10 Day 01 Year 2022                                                        |                 |
| b Assets                                                                                                      |                 |
| (1) Current value of assets .....                                                                             | 1b(1) 19325570  |
| (2) Actuarial value of assets for funding standard account .....                                              | 1b(2) 259492    |
| c (1) Accrued liability for plan using immediate gain methods .....                                           | 1c(1) 233980    |
| (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) 219661    |
| 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) 393005 |
| (b) Expected increase in current liability due to benefits accruing during the plan year .....                | 1d(2)(b) 23203  |
| (c) Expected release from "RPA '94" current liability for the plan year .....                                 | 1d(2)(c) 2647   |
| (3) Expected plan disbursements for the plan year .....                                                       | 1d(3) 2647      |

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.

|                                                                   |                                                   |
|-------------------------------------------------------------------|---------------------------------------------------|
| <div>SIGN HERE</div>                                              | <div>07/12/2024</div>                             |
| <div>Signature of actuary</div>                                   | <div>Date</div>                                   |
| <div>PAUL STEPHEN OSBORN, F.S.A.</div>                            | <div>20-03095</div>                               |
| <div>Type or print name of actuary</div>                          | <div>Most recent enrollment number</div>          |
| <div>OSBORN, CARREIRO AND ASSOCIATES, IN</div>                    | <div>501-376-8043</div>                           |
| <div>Firm name</div>                                              | <div>Telephone number (including area code)</div> |
| <div>124 WEST CAPITOL AVE SUITE 1690, LITTLE ROCK, AR 72201</div> |                                                   |
| <div>Address of the firm</div>                                    |                                                   |

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

**2** Operational information as of beginning of this plan year:

|                                                                                                                                     |                                   |                              |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....                                                                           | <b>2a</b>                         | 19325570                     |
| <b>b</b> "RPA '94" current liability/participant count breakdown:                                                                   | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| <b>(1)</b> For retired participants and beneficiaries receiving payment.....                                                        | 1                                 | 160980                       |
| <b>(2)</b> For terminated vested participants .....                                                                                 | 0                                 | 0                            |
| <b>(3)</b> For active participants:                                                                                                 |                                   |                              |
| <b>(a)</b> Non-vested benefits .....                                                                                                |                                   | 218963                       |
| <b>(b)</b> Vested benefits .....                                                                                                    |                                   | 13062                        |
| <b>(c)</b> Total active .....                                                                                                       | 132                               | 232025                       |
| <b>(4)</b> Total .....                                                                                                              | 133                               | 393005                       |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... | <b>2c</b>                         | %                            |

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

| (a) Date<br>(MM-DD-YYYY)                                                        | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|---------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 03/31/2023                                                                      | 40176                             | 0                               |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                 |                                   |                                 | <b>3(b)</b>              | 40176                             | 3(c) 0                          |
| <b>(d)</b> Total withdrawal liability amounts included in line 3(b) total ..... |                                   |                                 |                          | <b>3(d)</b>                       | 0                               |

**4** Information on plan status:

|                                                                                                                                                                        |           |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------|
| <b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....                                                                       | <b>4a</b> | 118.1 %                                                  |
| <b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status).<br>If entered code is "N," go to line 5 ..... | <b>4b</b> | N                                                        |
| <b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....                                              |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>d</b> If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? .....                                       |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions),<br>measured as of the valuation date .....  | <b>4e</b> |                                                          |
| <b>f</b> If the plan is in critical status or critical and declining status, and is:                                                                                   | <b>4f</b> |                                                          |
| • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to<br>emerge;                                                 |           |                                                          |
| • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and<br>check here .....                                           |           |                                                          |
| • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."                                                                 |           |                                                          |

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

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

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

**6** Checklist of certain actuarial assumptions:

|                                                                                                                                |                                                                                                  |                                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Interest rate for "RPA '94" current liability .....                                                                   | <b>6a</b>                                                                                        | 2.38 %                                                                                                                                          |
|                                                                                                                                | Pre-retirement                                                                                   | Post-retirement                                                                                                                                 |
| <b>b</b> Rates specified in insurance or annuity contracts .....                                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A                                                |
| <b>c</b> Mortality table code for valuation purposes:                                                                          |                                                                                                  |                                                                                                                                                 |
| <b>(1)</b> Males .....                                                                                                         | <b>6c(1)</b>                                                                                     | 9                                                                                                                                               |
| <b>(2)</b> Females .....                                                                                                       | <b>6c(2)</b>                                                                                     | 9F                                                                                                                                              |
| <b>d</b> Valuation liability interest rate .....                                                                               | <b>6d</b>                                                                                        | 6.00 %                                                                                                                                          |
| <b>e</b> Salary scale .....                                                                                                    | <b>6e</b>                                                                                        | % <input checked="" type="checkbox"/> N/A                                                                                                       |
| <b>f</b> Withdrawal liability interest rate:                                                                                   |                                                                                                  |                                                                                                                                                 |
| <b>(1)</b> Type of interest rate .....                                                                                         | <b>6f(1)</b>                                                                                     | <input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A |
| <b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....                                              | <b>6f(2)</b>                                                                                     | 5.50 %                                                                                                                                          |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....                  | <b>6g</b>                                                                                        | 0.6 %                                                                                                                                           |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....                    | <b>6h</b>                                                                                        | 0.6 %                                                                                                                                           |
| <b>i</b> Expense load included in normal cost reported in line 9b .....                                                        | <b>6i</b>                                                                                        | <input type="checkbox"/> N/A                                                                                                                    |
| <b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage .....                     | <b>6i(1)</b>                                                                                     | %                                                                                                                                               |
| <b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b ..... | <b>6i(2)</b>                                                                                     | 30000                                                                                                                                           |
| <b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....                                              | <b>6i(3)</b>                                                                                     | <input type="checkbox"/>                                                                                                                        |

**7** New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1                | -8182               | -795                           |
|                  |                     |                                |
|                  |                     |                                |

**8** Miscellaneous information:

|                                                                                                                                                                                                                                                             |                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--|
| <b>a</b> 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 .....                                                                                             | <b>8a</b>                                                           |  |
| <b>b</b> Demographic, benefit, and contribution information                                                                                                                                                                                                 |                                                                     |  |
| <b>(1)</b> Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ....                                                                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....                                                                                                                                                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| <b>(3)</b> Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....                                                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>c</b> 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? .....                                                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>d</b> If line c is "Yes," provide the following additional information:                                                                                                                                                                                  |                                                                     |  |
| <b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code? .....                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..                                                                                                                                               | <b>8d(2)</b>                                                        |  |
| <b>(3)</b> 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? .....                                                                                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <b>(4)</b> 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)) .....                                                                                                | <b>8d(4)</b>                                                        |  |
| <b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....                                                                                                                                                        | <b>8d(5)</b>                                                        |  |
| <b>(6)</b> 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? .....                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <b>e</b> 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) ..... | <b>8e</b>                                                           |  |

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

|                                                                          |           |       |
|--------------------------------------------------------------------------|-----------|-------|
| <b>a</b> Prior year funding deficiency, if any .....                     | <b>9a</b> |       |
| <b>b</b> Employer's normal cost for plan year as of valuation date ..... | <b>9b</b> | 39738 |

**c** Amortization charges as of valuation date:

- (1) All bases except funding waivers and certain bases for which the amortization period has been extended .....
- (2) Funding waivers.....
- (3) Certain bases for which the amortization period has been extended .....

|              | Outstanding balance |      |
|--------------|---------------------|------|
| <b>9c(1)</b> | 71204               | 8517 |
| <b>9c(2)</b> |                     |      |
| <b>9c(3)</b> |                     |      |

**d** Interest as applicable on lines 9a, 9b, and 9c.....**9d** 2895**e** Total charges. Add lines 9a through 9d.....**9e** 51150**Credits to funding standard account:****f** Prior year credit balance, if any .....**9f** 1688**g** Employer contributions. Total from column (b) of line 3.....**9g** 40176**h** Amortization credits as of valuation date.....

Outstanding balance

|           |       |       |
|-----------|-------|-------|
| <b>9h</b> | 95028 | 10503 |
|-----------|-------|-------|

**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....**9i** 1937**j** Full funding limitation (FFL) and credits:

- (1) ERISA FFL (accrued liability FFL) .....
- (2) "RPA '94" override (90% current liability FFL) .....
- (3) FFL credit.....

|              |  |  |
|--------------|--|--|
| <b>9j(1)</b> |  |  |
| <b>9j(2)</b> |  |  |
| <b>9j(3)</b> |  |  |

**k (1)** Waived funding deficiency.....**9k(1)****(2)** Other credits.....**9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....**9l** 54304**m** Credit balance: If line 9l is greater than line 9e, enter the difference .....**9m** 3154**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference .....**9n****o** Current year's accumulated reconciliation account:

- (1) Due to waived funding deficiency accumulated prior to the 2022 plan year .....
- (2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:
- (a) Reconciliation outstanding balance as of valuation date.....
- (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) .....
- (3) Total as of valuation date .....

**9o(1)****9o(2)(a)****9o(2)(b)****9o(3)****10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....☐ Yes ☒ No

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

|                                                                                                                                 |                                                      |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023                                      |                                                      |
| A Name of plan<br>M.S.S.A. - I.L.A. 1985 MAINTENANCE EMPLOYEES' PENS                                                            | B Three-digit plan number (PN) ▶ 001                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BOARD OF TRUSTEES - M.S.S.A. -I.L.A LOCAL 1985 MAINTENANCE EMPLOYEEES | D Employer Identification Number (EIN)<br>63-6074956 |

|        |                                                 |
|--------|-------------------------------------------------|
| 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

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

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

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

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

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

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

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

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

MILLETTE ADMINISTRATORS

4619 MAIN STREET  
MOSS POINT, MS 39563

64-0784023

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13                     |                                                                                                   | 24000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

REGIONS BANK

11 N. WATER STREET  
MOBILE, AL 36602

63-0371391

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15                     | NONE                                                                                              | 10681                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

LOPER LAW

452 GOVERNMENT ST  
MOBILE, AL 36602

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29                     | NONE                                                                                              | 8639                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

PAUL STEPHEN OSBORN, F.S.A.

124 WEST CAPITOL AVE SUITE 1690  
LITTLE ROCK, AR 72201

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11                     | NONE                                                                                              | 5000                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2022 or fiscal plan year beginning <b>10/01/2022</b> and ending <b>09/30/2023</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                           |
| <b>A</b> Name of plan<br><b>M.S.S.A. - I.L.A. 1985 MAINTENANCE EMPLOYEES' PENS</b>                                                                                                                                                                                       | <b>B</b> Three-digit plan number (PN) <b>►</b>                                                                                                                                                                                                                               | <b>001</b>                                                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BOARD OF TRUSTEES - M.S.S.A. -I.L.A LOCAL 1985 MAINTENANCE EMPLOYEEES</b>                                                                                                                            | <b>D</b> Employer Identification Number (EIN)<br><b>63-6074956</b>                                                                                                                                                                                                           |                                                                                           |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|----------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                       |                 |          |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |          |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               | <b>1a</b>             | 2622872         | 476866   |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |          |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1b(1)</b>          | 318457          | 408797   |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               | <b>1b(2)</b>          |                 |          |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | <b>1b(3)</b>          | 1041            | 1041     |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |          |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(1)</b>          |                 | 2219759  |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(2)</b>          |                 |          |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |          |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(A)</b>       |                 |          |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(B)</b>       |                 |          |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |          |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(4)(A)</b>       |                 |          |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(4)(B)</b>       |                 |          |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | <b>1c(5)</b>          |                 |          |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | <b>1c(6)</b>          |                 |          |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               | <b>1c(7)</b>          |                 |          |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(8)</b>          |                 |          |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               | <b>1c(9)</b>          |                 |          |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(10)</b>         |                 |          |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(11)</b>         |                 |          |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(12)</b>         |                 |          |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(13)</b>         | 16383200        | 12209310 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(14)</b>         |                 | 8104261  |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1c(15)</b>         |                 |          |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 19325570              | 23420034        |

**Liabilities**

|                                                                           |           |  |        |
|---------------------------------------------------------------------------|-----------|--|--------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |  |        |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |  |        |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |  |        |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |  | 236590 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> |  | 236590 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 19325570 | 23183444 |
|-----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 2613515    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 2613515   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 247239     |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 247239    |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 221887     |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 221887    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> | 1036093    |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 1036093   |

|                                                                                                 |        | (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) |            |           |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 4118734   |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 185861     |           |
| (2) To insurance carriers for the provision of benefits .....                                   | 2e(2)  | 4256       |           |
| (3) Other .....                                                                                 | 2e(3)  |            |           |
| (4) Total benefit payments. Add lines 2e(1) through (3) .....                                   | 2e(4)  |            | 190117    |
| 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)  | 13639      |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  |            |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  | 31342      |           |
| (4) Other .....                                                                                 | 2i(4)  | 25762      |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 70743     |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 260860    |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | 3857874   |
| l Transfers of assets:                                                                          |        |            |           |
| (1) To this plan .....                                                                          | 2l(1)  |            |           |
| (2) From this plan .....                                                                        | 2l(2)  |            |           |

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☐ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☒ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: THE KBA GROUP, PC

(2) EIN: 63-1134001

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

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

**a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....

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

|                                                                                                                                                                                                                                                                                                            | Yes | No | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) |     |    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)                                                                                                                             |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)                                                                                                                  |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                                       |     |    |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?                                                                                                                             |     |    |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                  | X   |    |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)                                                                                     |     |    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     |    |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     |    |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     |    |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.                                                                                                                        |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 843235.

**M.S.S.A. – I.L.A. LOCAL 1985 MAINTENANCE  
EMPLOYEES' PENSION PLAN AND TRUST**

**FINANCIAL STATEMENTS  
AND SUPPLEMENTARY INFORMATION  
FOR THE YEARS ENDED  
SEPTEMBER 30, 2023 AND 2022**

**M.S.S.A. – I.L.A. LOCAL 1985 MAINTENANCE  
EMPLOYEES’ PENSION PLAN AND TRUST**

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John R. Bedsole, CPA  
Timothy M. Adams, CPA  
Matthew J. Adams, CPA  
Charles Brinson, CPA

## **INDEPENDENT AUDITORS' REPORT**

To the Board of Trustees  
M.S.S.A. –I.L.A. Local 1985 Maintenance Employees' Pension Plan and Trust  
Mobile, Alabama

We were engaged to audit the accompanying financial statements of the M.S.S.A. –I.L.A. Local 1985 Maintenance Employees' Pension Plan and Trust (the Plan), which comprise the statement of net assets available for benefits as of September 30, 2023 and 2022, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

### **MANAGEMENT'S RESPONSIBILITY FOR THE FINANCIAL STATEMENTS**

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

### **AUDITORS' RESPONSIBILITY**

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### **BASIS FOR DISCLAIMER OF OPINION**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Prudential Insurance Company of America, the trustee of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended September 30, 2023 and 2022, that the information provided to the plan administrator by the trustee is complete and accurate.

### **DISCLAIMER OF OPINION**

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

---

**OTHER MATTER – SUPPLEMENTAL SCHEDULES**

The supplementary schedules on pages 16-21, for the year ended December 31, 2023 and 2022, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

**REPORT ON FORM AND CONTENT IN COMPLIANCE WITH DOL RULES AND REGULATIONS**

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*The KBA Group PC*

Mobile, Alabama  
November 14, 2024

## **FINANCIAL STATEMENTS**

**M.S.S.A. – I.L.A. LOCAL 1985 MAINTENANCE  
EMPLOYEES' PENSION PLAN AND TRUST  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

|                                                          | <b>September 30, 2023</b>  |                         |                      |
|----------------------------------------------------------|----------------------------|-------------------------|----------------------|
|                                                          | <b>Individual<br/>Fund</b> | <b>Minimum<br/>Fund</b> | <b>Total</b>         |
| <b>Assets</b>                                            |                            |                         |                      |
| Investments, at fair value                               |                            |                         |                      |
| American Balanced Fund R3                                | \$ 65,392                  | \$ -                    | \$ 65,392            |
| MFS Value Fund R3                                        | 1,348,941                  | -                       | 1,348,941            |
| MFS Corporate Bond Fund A                                | 11,290                     | -                       | 11,290               |
| American Funds Europacific Growth Fund R3                | 1,808,801                  | -                       | 1,808,801            |
| Goldman Sachs Small/Mid Cap Growth                       | 871,079                    | -                       | 871,079              |
| Metropolitan West Total Return Bond                      | 792,372                    | -                       | 792,372              |
| JPMorgan Large Cap Growth Institutional                  | 1,149,912                  | -                       | 1,149,912            |
| Fidelity Advisor Freedom Target Retirement<br>Date Funds | 2,927,294                  | -                       | 2,927,294            |
| Fidelity Advisor Freedom Income Fund A                   | 2,431,191                  | -                       | 2,431,191            |
| PGIM QMA Stock Index Fund Z                              | 173,044                    | -                       | 173,044              |
| Victory RS Small Cap Growth Fund A                       | 629,994                    | -                       | 629,994              |
| Total investments at fair value                          | <u>12,209,310</u>          | <u>-</u>                | <u>12,209,310</u>    |
| Investments, at contract value                           |                            |                         |                      |
| Prudential Guaranteed Interest Accounts                  | <u>8,104,261</u>           | <u>-</u>                | <u>8,104,261</u>     |
| Receivables                                              |                            |                         |                      |
| Employers' contributions                                 | -                          | 408,797                 | 408,797              |
| Due from Minimum Fund                                    | 2,571,067                  | -                       | 2,571,067            |
| Due from M.S.S.A. - I.L.A. Pension Plan                  | -                          | 1,041                   | 1,041                |
| Total receivables                                        | <u>2,571,067</u>           | <u>409,838</u>          | <u>2,980,905</u>     |
| Prepaid expenses                                         | -                          | -                       | -                    |
| Cash                                                     | -                          | 2,696,625               | 2,696,625            |
| Equipment, net of depreciation                           | <u>-</u>                   | <u>-</u>                | <u>-</u>             |
| Total assets                                             | <u>\$ 22,884,638</u>       | <u>\$ 3,106,463</u>     | <u>\$ 25,991,101</u> |

SEE NOTES TO FINANCIAL STATEMENTS

| September 30, 2022 |                 |               |
|--------------------|-----------------|---------------|
| Individual<br>Fund | Minimum<br>Fund | Total         |
| \$ 58,516          | \$ -            | \$ 58,516     |
| 1,035,152          | -               | 1,035,152     |
| 10,829             | -               | 10,829        |
| 1,316,595          | -               | 1,316,595     |
| 720,283            | -               | 720,283       |
| 534,641            | -               | 534,641       |
| 868,947            | -               | 868,947       |
| 2,343,788          | -               | 2,343,788     |
| 1,889,411          | -               | 1,889,411     |
| 133,960            | -               | 133,960       |
| 490,565            | -               | 490,565       |
| 9,402,687          | -               | 9,402,687     |
| 6,980,513          | -               | 6,980,513     |
| -                  | 318,457         | 318,457       |
| 2,649,704          | -               | 2,649,704     |
| -                  | 1,041           | 1,041         |
| 2,649,704          | 319,498         | 2,969,202     |
| -                  | -               | -             |
| -                  | 2,622,872       | 2,622,872     |
| -                  | -               | -             |
| \$ 19,032,904      | \$ 2,942,370    | \$ 21,975,274 |

(continued)

**M.S.S.A. – I.L.A. LOCAL 1985 MAINTENANCE  
EMPLOYEES' PENSION PLAN AND TRUST  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (CONTINUED)**

|                                       | <b>Individual<br/>Fund</b> | <b>Minimum<br/>Fund</b> | <b>Total</b>         |
|---------------------------------------|----------------------------|-------------------------|----------------------|
| <b>Liabilities</b>                    |                            |                         |                      |
| Due to Individual Fund                | \$ -                       | \$ 2,571,067            | \$ 2,571,067         |
| Due to M.S.S.A. - I.L.A. Pension Plan | -                          | 236,590                 | 236,590              |
|                                       | <hr/>                      | <hr/>                   | <hr/>                |
| Total liabilities                     | -                          | 2,807,657               | 2,807,657            |
|                                       | <hr/>                      | <hr/>                   | <hr/>                |
| Net assets available for benefits     | <u>\$ 22,884,638</u>       | <u>\$ 298,806</u>       | <u>\$ 23,183,444</u> |

SEE NOTES TO FINANCIAL STATEMENTS

| <b>Individual<br/>Fund</b> | <b>Minimum<br/>Fund</b> | <b>Total</b>         |
|----------------------------|-------------------------|----------------------|
| \$ -                       | \$ 2,649,704            | \$ 2,649,704         |
| -                          | -                       | -                    |
| -                          | 2,649,704               | 2,649,704            |
| <u>\$ 19,032,904</u>       | <u>\$ 292,666</u>       | <u>\$ 19,325,570</u> |

**M.S.S.A. – I.L.A. LOCAL 1985 MAINTENANCE  
EMPLOYEES' PENSION PLAN AND TRUST  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

|                                                              | <b>Year Ended September 30, 2023</b> |                         |               |
|--------------------------------------------------------------|--------------------------------------|-------------------------|---------------|
|                                                              | <b>Individual<br/>Fund</b>           | <b>Minimum<br/>Fund</b> | <b>Total</b>  |
| Additions                                                    |                                      |                         |               |
| Investment income                                            |                                      |                         |               |
| Net appreciation in fair value of investments                | \$ 1,036,093                         | \$ -                    | \$ 1,036,093  |
| Interest                                                     | 246,734                              | 505                     | 247,239       |
| Dividends                                                    | 221,887                              | -                       | 221,887       |
| Other income                                                 | -                                    | -                       | -             |
| Total investment income                                      | 1,504,714                            | 505                     | 1,505,219     |
| Less investment expenses                                     | (31,342)                             | -                       | (31,342)      |
| Net investment income                                        | 1,473,372                            | 505                     | 1,473,877     |
| Employers' contributions                                     | 2,613,515                            | -                       | 2,613,515     |
| Total additions                                              | 4,086,887                            | 505                     | 4,087,392     |
| Deductions                                                   |                                      |                         |               |
| Benefits payable directly to participants                    |                                      |                         |               |
| Lump sum distributions                                       | 183,435                              | -                       | 183,435       |
| Pension payments                                             | -                                    | 2,426                   | 2,426         |
| Total benefits payable directly to participants              | 183,435                              | 2,426                   | 185,861       |
| Administrative expenses                                      | -                                    | 43,657                  | 43,657        |
| Total deductions                                             | 183,435                              | 46,083                  | 229,518       |
| Net increase (decrease) prior to interfund transfers         | 3,903,452                            | (45,578)                | 3,857,874     |
| Interfund transfers                                          | (51,718)                             | 51,718                  | -             |
| Net increase (decrease) in net assets available for benefits | 3,851,734                            | 6,140                   | 3,857,874     |
| Net assets available for benefits                            |                                      |                         |               |
| Beginning of year                                            | 19,032,904                           | 292,666                 | 19,325,570    |
| End of year                                                  | \$ 22,884,638                        | \$ 298,806              | \$ 23,183,444 |

SEE NOTES TO FINANCIAL STATEMENTS

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Year Ended September 30, 2022

| Individual<br>Fund   | Minimum<br>Fund   | Total                |
|----------------------|-------------------|----------------------|
| \$ (2,773,427)       | \$ -              | \$ (2,773,427)       |
| 203,785              | 497               | 204,282              |
| 163,239              | -                 | 163,239              |
| 5,616                | -                 | 5,616                |
| (2,400,787)          | 497               | (2,400,290)          |
| (29,616)             | -                 | (29,616)             |
| (2,430,403)          | 497               | (2,429,906)          |
| 2,733,714            | -                 | 2,733,714            |
| 303,311              | 497               | 303,808              |
| 135,598              | -                 | 135,598              |
| -                    | 2,868             | 2,868                |
| 135,598              | 2,868             | 138,466              |
| -                    | 28,430            | 28,430               |
| 135,598              | 31,298            | 166,896              |
| 167,713              | (30,801)          | 136,912              |
| 3,024                | (3,024)           | -                    |
| 170,737              | (33,825)          | 136,912              |
| 18,862,167           | 326,491           | 19,188,658           |
| <u>\$ 19,032,904</u> | <u>\$ 292,666</u> | <u>\$ 19,325,570</u> |

**M.S.S.A. – I.L.A. LOCAL 1985 MAINTENANCE  
EMPLOYEES' PENSION PLAN AND TRUST  
NOTES TO FINANCIAL STATEMENTS  
SEPTEMBER 30, 2023 AND 2022**

**NOTE 1 – PLAN DESCRIPTION**

The following description of the Mobile Steamship Association, Inc. – International Longshoremen's Association Local 1985 Maintenance Employees' Pension Plan and Trust d/b/a M.S.S.A. – I.L.A. Local 1985 Maintenance Employees' Pension Plan and Trust (the Plan) is provided for general information purposes only. Participants should refer to the Plan Document or Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan was established effective October 1, 1968 under the terms of the collective bargaining agreements between the participating employers and the I.L.A. Local 1985. For the year ended September 30, 2023 and 2022, the participating employers are CSA Equipment Co., L.L.C., APM Terminals Mobile, L.L.C., Integrated Industries Corp. and Metro Ports. Pursuant to a participation agreement that went into effect July 1, 2011, I.L.A. Local 1985 began making contributions on behalf of participants who were full-time hourly employees of one of the participating employers and missed time from full-time hourly employment as a result of conducting union business as determined by the I.L.A. Local 1985 Executive Board.

The Plan has individual accounts accumulated for the benefit of each eligible participant (maintained in an Individual Fund). The Plan includes a minimum benefit for eligible participants (paid out of the Minimum Fund) and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Plan was amended as of October 1, 2014 on July 23, 2015 in order to comply with the Heroes Earnings Assistance and Relief Tax Act of 2008 (HEART Act) and to amend Article II, Section 2.10 so as to correct the definition of compensation. The Plan was amended as of October 1, 2014 on September 1, 2015 to replace Section 2.22 subsection (A)(2) in its entirety to provide hours of service to employees on short term disability. Further, the plan was amended effective October 1, 2014 on April 28, 2017 to replace several sections in the Plan Document to indicate that a year of service means any year in which an employee is credited with 700 or more hours of service.

Additionally, the Plan was amended effective April 1, 2018 on January 14, 2018 in order to comply with the new Department of Labor rules regarding disability benefits and to define the terms totally and permanently disabled and clarify disability determinations before and after the effective date of the amendment.

Contributions

Employers generally contribute \$7.155 per man hour for automated cargo and \$6.155 per man hour for most other work classes. The latest actuarial report, dated October 1, 2021, indicated that the Plan is in compliance with the minimum funding standards of the Employee Retirement Income Security Act of 1974 (ERISA). No employee contributions are permitted. The Plan allocated \$2,571,067 and \$2,649,704 of employer man hours and escrow contributions to the Participant Accounts (the Individual Fund) for the years ended September 30, 2023 and 2022, respectively. Contributions for employees who did not meet the minimum 700-man hours during the Plan year as required by the Plan are retained in the Minimum Fund for Plan administrative expenses for the years ended September 30, 2023 and 2022.

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**NOTE 1 – PLAN DESCRIPTION (CONTINUED)**

Escrow funds

The collective bargaining agreements between the participating employers and I.L.A. Locals 1410, 1410-1, and 1985 (the I.L.A. Locals) provide for a monthly contribution by employers based on hours worked for the month. These funds are placed in escrow by the M.S.S.A. – I.L.A. Plans' Board of Trustees from time to time and are allocated at the discretion of the Board of Trustees.

Of the total escrow contributions received by the M.S.S.A. – I.L.A. Plans, the Plan was not allocated any of the escrow contributions for the years ended September 30, 2023 and 2022.

Retirement age (individual accounts)

Participants become eligible for retirement benefits at age 62; age 55 and 10 years of credited service; or total and permanent disability and 10 years of credited service. The participants can receive their retirement payments in lump sum or in a monthly annuity to the extent of their individual account balance.

Participant accounts

Each participant's account is credited with allocations of the employers' contributions. Allocations are based on the participant number of hours worked (700 or more hours per year). The Board of Trustees determines annually how to allocate forfeitures (whether to allocate to participants' accounts or to pay Plan administrative expenses). Forfeitures of \$13,176 and \$20,031 were retained in the Minimum Fund for Plan administrative expenses for the years ended September 30, 2023 and 2022, respectively.

Vesting

Employees with 3 years of credited service (700 or more hours per year) or who have attained normal retirement age (age 62) are 100% vested in their individual accounts.

Minimum Fund benefits

Participants can elect to receive their retirement benefits in a lump sum payment or in some cases, in combination with a Minimum Fund benefit as more fully described below.

For participants age 62 with at least 20 years of credited service, including 1 year of credited service before October 1, 1968; who have completed 20 years of credited service before October 1, 1968 and received credited service for Plan year ended September 30, 1969; and who became permanently and totally disabled after age 55, but while working in the industry, a minimum benefit is payable in an amount equal to the difference between \$1,334 a month payable as a fixed dollar annuity for life and the amount payable as a fixed dollar annuity for life based on the amount in the participant's individual account. The benefit is payable as a fifty-percent joint and survivor annuity (which is the actuarial equivalent of a fixed dollar annuity for life) unless a fixed dollar annuity for life is elected.

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**NOTE 1 – PLAN DESCRIPTION (CONTINUED)**

For participants who have 15 years of credited service and become totally and permanently disabled while working in the industry on or after October 1, 1968, a minimum benefit is payable in an amount equal to the difference between a fixed dollar annuity for \$796 for life and the amount payable as a fixed dollar annuity for life based on amount in the participant's individual account. The \$796 fixed dollar annuity for life is to be increased by \$28 for each additional year of service not to exceed \$908. The benefit is payable until age 62 and only as long as the participant remains totally and permanently disabled. Effective October 1, 2007, the Plan was amended to eliminate funding of disability benefits from the Minimum Fund, which was incorporated into the amendment and restatement of the Plan as of October 1, 2009.

Death Benefits

A one-time death benefit of \$12,000 (effective March 1, 2018, \$6,000 prior to that date) is payable from the Minimum Fund to the beneficiary in case of the death of an active participant or pensioner with at least 10 years of credited service; a pensioner who retired after age 62 or age 55 with 10 years of credited service; or retired on account of total or permanent disability with 10 years of credited service.

Plan termination

In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations, and such distribution shall be subject to the approval of the Pension Benefit Guaranty Corporation (PBGC), generally to provide the following benefits in the order indicated:

- a. The individual account of each participant shall become fully vested for such participant.
- b. The amounts held to fund the minimum benefit shall be applied, to the extent of the sufficiency of such amounts, to provide minimum benefits to all eligible participants on a pro-rata basis.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under covered plans, and the amount of benefit protection is subject to certain limitations. The PBGC guarantees vested benefits at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees, and this ceiling is adjusted periodically.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

Investment options

A participant in the Individual Fund may direct contributions in one (1) percent increments in any of eighteen investment options.

- a. AMERICAN BALANCED FUND R3 – Seeks capital preservation, current income, and long-term growth of capital and income, investing in a broad range of equities, debt, and cash instruments.
- b. MFS VALUE FUND R3 – Seeks capital appreciation by investing in equity securities of undervalued companies.

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**NOTE 1 – PLAN DESCRIPTION (CONTINUED)**

- c. PRUDENTIAL QMA STOCK INDEX FUND Z – Stock mutual fund which attempts to replicate the S&P 500 Index.
- d. PRUDENTIAL GUARANTEED INTEREST ACCOUNTS – Group annuity insurance contract product with objective of minimizing return volatility, ensuring safety of principal, and providing liquidity.
- e. INVESCO VAN KAMPEN COMMON STOCK FUND A – Seeks capital growth and income through equity securities emphasizing a value style of investing.
- f. MFS CORPORATE BOND FUND A – Seeks current income by investing in at least 80% fixed income securities.
- g. AMERICAN FUNDS EUROPACIFIC GROWTH FUND R3 – Seeks long-term capital growth by investing at least 80% of its holdings in securities of issuers in Europe and the Pacific Basin.
- h. GOLDMAN SACHS SMALL/MID CAP GROWTH – Seeks long-term capital growth by investing at least 80% of its holdings in a diversified portfolio of equity investments in small and mid-cap issuers.
- i. METROPOLITAN WEST TOTAL RETURN FUND – Seeks to maximize long-term total return by investing at least 80% of its holdings in investment grade fixed income securities or unrated securities of similar quality.
- j. JPMORGAN LARGE CAP GROWTH INSTITUTIONAL – Seeks long-term capital appreciation by investing 80% of its holdings in the equity securities of large, well-established companies.
- k. FIDELITY ADVISOR FREEDOM 2025 CLASS A - Seeks high total return with a secondary objective of principal preservation as the fund approaches its target date of 2025 and beyond.
- l. FIDELITY ADVISOR FREEDOM 2030 CLASS A - Seeks high total return with a secondary objective of principal preservation as the fund approaches its target date of 2030 and beyond.
- m. FIDELITY ADVISOR FREEDOM 2035 CLASS A - Seeks high total return with a secondary objective of principal preservation as the fund approaches its target date of 2035 and beyond.
- n. FIDELITY ADVISOR FREEDOM 2040 CLASS A - Seeks high total return with a secondary objective of principal preservation as the fund approaches its target date of 2040 and beyond.
- o. FIDELITY ADVISOR FREEDOM 2045 CLASS A - Seeks high total return with a secondary objective of principal preservation as the fund approaches its target date of 2045 and beyond.
- p. FIDELITY ADVISOR FREEDOM 2050 CLASS A - Seeks high total return with a secondary objective of principal preservation as the fund approaches its target date of 2050 and beyond.
- q. FIDELITY ADVISOR FREEDOM INCOME CLASS A – Seeks a high total return with a secondary objective of principal preservation.
- r. VICTORY RS SMALL CAP GROWTH FUND CLASS A – Seeks to deliver long-term growth through a disciplined, research-intensive approach that discovers and invests in dynamic, small-cap companies exhibiting sustainable earnings growth potential that can grow to mid- and large-cap companies.

**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of accounting

The accompanying financial statements of the Plan are prepared using the accrual method of accounting in accordance with U.S. generally accepted accounting principles.

**M.S.S.A. – I.L.A. LOCAL 1985 MAINTENANCE  
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**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

Use of estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the Board of Trustees to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein; disclosure of contingent assets and contingent liabilities; the reported amounts of revenues and expenses during the reporting period, and the actuarial present value of accumulated plan benefits and changes therein at the date of the financial statements. Actual results could differ from those estimates.

Investment valuation and income recognition

As of September 30, 2023, and 2022, the Plan's investments were comprised of mutual funds and guaranteed interest accounts within a group annuity contract arrangement with Prudential Insurance Company of America (the Custodian). The mutual funds are reported in the financial statements at fair value as reported to the Plan by the Custodian. The guaranteed interest accounts are reported in the financial statements at contract value as reported to the Plan by the Custodian.

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Trustees determines Plan valuation policies utilizing information provided by the Custodian. See further discussion in Note 6.

The guaranteed interest accounts are fully benefit-responsive investment contracts, which are reported in the financial statements at contract value. Contract value is the relevant measure for the portion of net assets available for benefits of a defined benefit plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the Plan. Contract value represents contributions to the accounts, plus earnings, less participant withdrawals. See further discussion in Note 7.

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income are recorded on the accrual basis. Realized gains and losses on sales of investments and unrealized appreciation in the fair value of investments bought and/or held during the year are shown as net appreciation in fair value of investments on the statements of changes in net assets available for benefits.

The Plan invests in various securities including mutual funds, money market funds, and guaranteed interest accounts. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that investment securities' fair value or contract value will change in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits. Investments which are managed by independent investment managers are generally reported at fair value using quoted market prices as reported by the Custodian of the investments. Further details on these estimates are described in Note 6.

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**NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

Allowance for doubtful accounts

The Plan's receivables consist primarily of employers' contributions which are normally collected within thirty days. When a receivable's collectability is impaired, the Plan reserves the receivable until payment is received or charged off. Historically, charges to the allowance account have been the result of bankruptcy on an employer's part. The Board of Trustees believes all receivables are collectible; thus, there is a no allowance for doubtful accounts recorded at September 30, 2023 and 2022.

Equipment

Equipment is stated at cost. Depreciation is computed using the straight-line method over the estimated useful lives of the respective assets, ranging from five to seven years.

Payment of benefits

Benefit payments to participants are recorded when paid. Death benefits are recorded when paid upon the death of an eligible participant.

Administrative expenses

Administrative expenses of the Plan are paid by the Plan as provided in the Plan document.

Subsequent events

The Plan has evaluated subsequent events through November 14, 2024, the date the financial statements were available to be issued.

**NOTE 3 – TAX STATUS**

The Internal Revenue Service has determined and informed the Plan by a letter dated March 9, 2012, that the Plan and related trust, as then designed, was in compliance with applicable sections of the Internal Revenue Code (Section 401(a)). Although the Plan has been amended and restated since receiving the determination letter, the Board of Trustees and the Plan's legal counsel believe that the Plan continue to operate in compliance with the applicable provisions of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Board of Trustees and the Administrative Manager have evaluated the guidance provided by U.S. generally accepted accounting principles on accounting for uncertainty in income taxes. The Board of Trustees and Administrative Manager have analyzed the tax positions taken by the Plan, and they have determined that the Plan had no uncertain tax positions at September 30, 2023 and 2022. The Plan and related Trust are subject to audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Board of Trustees and the Administrative Manager believe that the Plan is no longer subject to income tax examinations for years prior to the year ended September 30, 2020.

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**NOTE 4 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (MINIMUM FUND)**

Accumulated plan benefits are those future periodic payments that are attributable, under the Plan's provisions, for the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their spouses, (b) beneficiaries of participants who have died, and (c) present participants and their spouses.

The actuarial present value of accumulated plan benefits was determined by an actuary from Osborn, Carreiro, & Associates, Inc. and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuations as of October 1, 2021 and 2020, dates of the most recent reports, were (a) life expectancy of participants (the Pri 2012 Blue Collar Mortality Table was used), (b) the assumed average retirement age was the age at which participants were eligible for the minimum benefit, (c) investment return. The 2021 and 2020 valuations included an assumed average rate of the return of 6.0% and administrative expenses of \$40,000 for 2021 and 2020. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The accumulated plan benefits information as of October 1, 2021 and 2020 were as follows:

|                                                               | <u>2021</u>       | <u>2020</u>       |
|---------------------------------------------------------------|-------------------|-------------------|
| Actuarial present value of accumulated plan benefits:         |                   |                   |
| Vested benefits                                               |                   |                   |
| Participants currently receiving payments                     | \$ 132,584        | \$ 135,344        |
| Non-vested benefits accrued                                   | <u>78,284</u>     | <u>69,168</u>     |
| Total actuarial present value of<br>accumulated plan benefits | <u>\$ 210,868</u> | <u>\$ 204,512</u> |

Changes in accumulated plan benefits for the years ended September 30, 2021 and 2020 were as follows:

|                                                                                | <u>2021</u>       | <u>2020</u>       |
|--------------------------------------------------------------------------------|-------------------|-------------------|
| Actuarial present value of accumulated<br>plan benefits at beginning of period | 204,512           | 190,386           |
| Increase (decrease) during the year attributable to:                           |                   |                   |
| Benefits accumulated                                                           | 18,603            | 16,773            |
| Benefits paid                                                                  | <u>(12,247)</u>   | <u>(2,647)</u>    |
| Net increase (decrease)                                                        | 6,356             | 14,126            |
| Actuarial present value of accumulated<br>plan benefits at end of period       | <u>\$ 210,868</u> | <u>\$ 204,512</u> |

**M.S.S.A. – I.L.A. LOCAL 1985 MAINTENANCE  
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**NOTE 5 – INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN**

The investment information disclosed in the accompanying financial statements, in total, including investments held at September 30, 2023 and 2022, and net appreciation (depreciation) in fair value of investments, dividends, interest, for the years ended September 30, 2023 and 2022, obtained or derived from information to the Plan's Administrative Manager by the Custodian is certified as complete and accurate.

**NOTE 6 – FAIR VALUE MEASUREMENTS**

Applicable sections of the Financial Accounting Standards Board (FASB) Codification establish a framework for measuring fair value. That framework gives the highest priority to unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under the FASB Codification are described as follows:

Level 1            Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

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 market 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.

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

The asset 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of valuation methodologies used for assets and liabilities measured at fair value.

*Mutual funds*

Mutual funds are valued based on the daily closing price as reported by the respective fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value and transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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**NOTE 6 – FAIR VALUE MEASUREMENTS (CONTINUED)**

Information about certain assets measured at fair value on a recurring basis using a market approach is as follows:

| September 30, 2023 |                               |             |             |                      |
|--------------------|-------------------------------|-------------|-------------|----------------------|
|                    | Fair Value Measurements Using |             |             | Assets at Fair Value |
|                    | Level 1                       | Level 2     | Level 3     |                      |
|                    |                               |             |             |                      |
| Investments        |                               |             |             |                      |
| Mutual funds       | \$ 12,209,310                 | \$ -        | \$ -        | \$ 12,209,310        |
|                    | <u>\$ 12,209,310</u>          | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 12,209,310</u> |
| September 30, 2022 |                               |             |             |                      |
|                    | Fair Value Measurements Using |             |             | Assets at Fair Value |
|                    | Level 1                       | Level 2     | Level 3     |                      |
|                    |                               |             |             |                      |
| Investments        |                               |             |             |                      |
| Mutual funds       | \$ 9,402,687                  | \$ -        | \$ -        | \$ 9,402,687         |
|                    | <u>\$ 9,402,687</u>           | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 9,402,687</u>  |

**NOTE 7 – GUARANTEED INTEREST ACCOUNTS**

The Prudential Guaranteed Interest Accounts (GIA) are comprised of guaranteed investment contracts within a group annuity contract, carried at contract value based on the contract value of the underlying investment in various investment contracts. Contributions are maintained in a general account. These accounts may invest in investment-grade fixed income securities having short to intermediate term maturities including private placement bonds, mortgage loans, and publicly traded securities such as U.S. Treasury bonds, mortgage-backed securities, and corporate bonds. The contract value of the GIA's at September 30, 2023 and 2022, as presented on the face of the statements of net assets available for benefits, was \$8,104,261 and \$6,980,513, respectively. Contract value represents contributions made to the accounts, plus earnings, less participant withdrawals. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value. Income of these accounts are reported as interest income in the statements of changes in net assets available for benefits.

The Plan's ability to receive amounts due is dependent upon the financial stability of the issuer and its ability to fulfill the terms of the contracts. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments. At September 30, 2023 and 2022, there were no reserves against contract values for credit risk.

A Plan sponsor-initiated termination of the contract is an event that could limit the ability of the Plan to transact at contract value paid with 90 days. In this instance, contract value could be paid over time or, at the Plan sponsor's discretion, paid over a time period no greater than one year after applying market value adjustments.

In addition, there are no events that allow the issuer to terminate the contract and which require the Plan sponsor to settle at an amount different than contract value paid either within 90 days or over time.

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**NOTE 8 – PROPERTY AND EQUIPMENT**

Equipment consisted of the following at September 30, 2023 and 2022:

|                               | <u>2023</u>        | <u>2022</u>        |
|-------------------------------|--------------------|--------------------|
| Equipment                     | \$ 5,407           | \$ 5,407           |
| Less accumulated depreciation | <u>(5,407)</u>     | <u>(5,407)</u>     |
|                               | <u><u>\$ -</u></u> | <u><u>\$ -</u></u> |

Depreciation expense was \$ - for the years ended September 30, 2023 and 2022, respectively.

**NOTE 9 – OPERATING LEASE**

The Plan rents office space month-to-month from I.L.A. Local 1985 under an operating lease, which is permitted as a party-in-interest transaction under ERISA. Rent expense was \$1,205 and \$845, respectively, for years ended September 30, 2023 and 2022.

**NOTE 10 – RELATED PARTY TRANSACTIONS**

The Plan is affiliated with M.S.S.A.- I.L.A. Pension, Welfare, Vacation, and Supplemental Benefit Plans. All Plans are administered by the same Administrative Manager, and the Boards have some common trustees. The Plan had a receivable from the M.S.S.A. – I.L.A. Pension Plan of \$1,041 and \$1,041 as of September 30, 2023 and 2022, respectively. The Plan had a payable to the M.S.S.A. – I.L.A. Pension Plan of \$236,590 and \$-0- as of September 30, 2023 and 2022, respectively. Further, the five-member Board of Trustees includes two representatives from two employers and one representative from one other employer which contributed \$2,347,858 and \$2,474,306 of man hour and escrow contributions during the years ended September 30, 2023 and 2022, respectively. Employers' contributions receivable from these employers was \$380,176 and \$294,593 as of September 30, 2023 and 2022, respectively. These transactions have no specified due date.

## **SUPPLEMENTARY INFORMATION**

**M.S.S.A. – I.L.A. LOCAL 1985 MAINTENANCE  
EMPLOYEES' PENSION PLAN AND TRUST  
SCHEDULE OF ADMINISTRATIVE EXPENSES  
SEPTEMBER 30, 2023**

|                                | Year Ended September 30 |                  |
|--------------------------------|-------------------------|------------------|
|                                | 2023                    | 2022             |
| Actuarial fees                 | \$ 5,000                | \$ -             |
| Administrator fees             | 24,000                  | 18,000           |
| Audit and accounting           | -                       | 3,500            |
| Bank charges                   | 271                     | 153              |
| Insurance                      | 4,256                   | 5,221            |
| Legal                          | 8,639                   | 710              |
| Rent                           | 1,205                   | 845              |
| Stationery and office supplies | 286                     | 1                |
|                                | <u>\$ 43,657</u>        | <u>\$ 28,430</u> |

**M.S.S.A. – I.L.A. LOCAL 1985 MAINTENANCE  
EMPLOYEES' PENSION PLAN AND TRUST  
SCHEDULE OF EMPLOYERS' CONTRIBUTIONS RECEIVABLE  
SEPTEMBER 30, 2023**

|                             | Contributions<br>Due | Current           | 30 Days           | 60 Days     | 90 Days and<br>Over |
|-----------------------------|----------------------|-------------------|-------------------|-------------|---------------------|
| CSA Equipment Co., L.L.C.   | \$ 18,906            | \$ 18,906         | \$ -              | \$ -        | \$ -                |
| APM Terminals Mobile        | 357,079              | 196,494           | 160,585           | -           | -                   |
| Integrated Industries Corp. | 24,837               | 24,837            | -                 | -           | -                   |
| I.L.A. Local 1985           | 4,191                | 4,191             | -                 | -           | -                   |
| Container Maintenance       | 3,784                | 3,784             | -                 | -           | -                   |
|                             | <u>\$ 408,797</u>    | <u>\$ 248,212</u> | <u>\$ 160,585</u> | <u>\$ -</u> | <u>\$ -</u>         |

**M.S.S.A. – I.L.A. LOCAL 1985 MAINTENANCE  
EMPLOYEES' PENSION PLAN AND TRUST  
SCHEDULE OF EMPLOYERS' CONTRIBUTIONS  
SEPTEMBER 30, 2023**

| Man hour contributions      | Man Hours      | Employers'<br>Contributions |
|-----------------------------|----------------|-----------------------------|
| CSA Equipment Co., L.L.C.   | 37,059.25      | \$ 270,947                  |
| APM Terminals Mobile        | 197,079.50     | 2,044,347                   |
| Integrated Industries Corp. | 24,567.50      | 254,716                     |
| I.L.A. Local 1985           | 3,170.50       | 32,564                      |
| Metro Cruise Services       | 12.00          | 65                          |
| Container Maintenance       | 1,049.00       | 10,876                      |
|                             | <u>262,938</u> | <u>\$ 2,613,515</u>         |

**M.S.S.A. – I.L.A. LOCAL 1985 MAINTENANCE  
EMPLOYEES' PENSION PLAN AND TRUST  
PENSION PAYMENTS**

| <u>Pension Benefit Payments</u> | Year Ended September 30 |                 |
|---------------------------------|-------------------------|-----------------|
|                                 | 2023                    | 2022            |
| Monthly                         |                         |                 |
| Carmen Jackson                  | 2,426                   | 2,868           |
|                                 | <u>\$ 2,426</u>         | <u>\$ 2,868</u> |

**M.S.S.A. – I.L.A. LOCAL 1985 MAINTENANCE  
EMPLOYEES' PENSION PLAN AND TRUST  
EIN: 63-6074956  
PLAN NUMBER 001  
FORM 5500 – SCHEDULE H, PART IV, ITEM 4(i)  
SCHEDULE OF ASSETS HELD AT END OF YEAR  
SEPTEMBER 30, 2023**

| (b) Identity of Issue                                | (c) Description<br>of Investment | (d) Cost  | (e) Current<br>Value |
|------------------------------------------------------|----------------------------------|-----------|----------------------|
| Mutual funds:                                        |                                  |           |                      |
| American Balanced Fund<br>R3                         | 2,226.48 units                   | 48,350    | 65,392               |
| MFS Value Fund<br>R3                                 | 29,292.97 units                  | 1,486,554 | 1,348,941            |
| MFS Corporate Bond<br>Fund A                         | 971.63 units                     | 12,761    | 11,290               |
| American Funds Europacific<br>Growth Fund R3         | 36,299.44 units                  | 1,926,927 | 1,808,801            |
| Goldman Sachs Small/Mid<br>Cap Growth                | 44,329.72 units                  | 973,799   | 871,079              |
| Metropolitan West<br>Total Return Bond               | 91,603.71 units                  | 924,945   | 792,372              |
| JP Morgan Large Cap<br>Growth Institutional          | 21,655.59 units                  | 1,037,882 | 1,149,912            |
| Fidelity Advisor Freedom<br>Target Retirement - 2025 | 18,463.83 units                  | 243,052   | 209,195              |
| Fidelity Advisor Freedom<br>Target Retirement - 2030 | 26,041.65 units                  | 372,016   | 325,260              |
| Fidelity Advisor Freedom<br>Target Retirement - 2035 | 42,716.08 units                  | 595,851   | 538,650              |
| Fidelity Advisor Freedom<br>Target Retirement - 2040 | 30,483.33 units                  | 457,028   | 420,670              |

**M.S.S.A. – I.L.A. LOCAL 1985 MAINTENANCE  
EMPLOYEES' PENSION PLAN AND TRUST  
EIN: 63-6074956  
PLAN NUMBER 001  
FORM 5500 – SCHEDULE H, PART IV, ITEM 4(i)  
SCHEDULE OF ASSETS HELD AT END OF YEAR  
SEPTEMBER 30, 2023**

| (b) Identity of Issue                                | (c) Description<br>of Investment | (d) Cost             | (e) Current<br>Value |
|------------------------------------------------------|----------------------------------|----------------------|----------------------|
| Mutual funds:                                        |                                  |                      |                      |
| Fidelity Advisor Freedom<br>Target Retirement - 2045 | 62,270.41 units                  | 735,284              | 678,125              |
| Fidelity Advisor Freedom<br>Target Retirement - 2050 | 69,112.01 units                  | 817,722              | 755,394              |
| Fidelity Advisor Freedom<br>Income Fund A            | 256,454.72 units                 | 2,738,910            | 2,431,191            |
| PGIM QMA Stock<br>Index Fund Z                       | 4,602.23 units                   | 199,678              | 173,044              |
| Victory RS Small Cap<br>Growth Fund A                | 13,467.16 units                  | 857,702              | 629,994              |
|                                                      |                                  | <u>\$ 13,428,461</u> | <u>\$ 12,209,310</u> |

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

**Attachment to 2022 Form 5500**  
**Schedule MB, line 6 – Summary of Plan Provisions**

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

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

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

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

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

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

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

RETIREMENT BENEFITS:

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

Benefit: At the option of the participant:

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

MINIMUM BENEFIT:

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

Eligibility:

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

Benefit:

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

DEATH BENEFIT:

Before Retirement:

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

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

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

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

After Retirement:

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

VESTED DEFERRED  
PENSION:

Eligibility:

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

Benefit:

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

**M.S.S.A. – I.L.A. LOCAL 1985 MAINTENANCE  
EMPLOYEES' PENSION PLAN AND TRUST  
EIN: 63-6074956  
PLAN NUMBER 001  
FORM 5500 – SCHEDULE H, PART IV, ITEM 4(i)  
SCHEDULE OF ASSETS HELD AT END OF YEAR  
SEPTEMBER 30, 2023**

| (b) Identity of Issue                                | (c) Description<br>of Investment | (d) Cost  | (e) Current<br>Value |
|------------------------------------------------------|----------------------------------|-----------|----------------------|
| Mutual funds:                                        |                                  |           |                      |
| American Balanced Fund<br>R3                         | 2,226.48 units                   | 48,350    | 65,392               |
| MFS Value Fund<br>R3                                 | 29,292.97 units                  | 1,486,554 | 1,348,941            |
| MFS Corporate Bond<br>Fund A                         | 971.63 units                     | 12,761    | 11,290               |
| American Funds Europacific<br>Growth Fund R3         | 36,299.44 units                  | 1,926,927 | 1,808,801            |
| Goldman Sachs Small/Mid<br>Cap Growth                | 44,329.72 units                  | 973,799   | 871,079              |
| Metropolitan West<br>Total Return Bond               | 91,603.71 units                  | 924,945   | 792,372              |
| JP Morgan Large Cap<br>Growth Institutional          | 21,655.59 units                  | 1,037,882 | 1,149,912            |
| Fidelity Advisor Freedom<br>Target Retirement - 2025 | 18,463.83 units                  | 243,052   | 209,195              |
| Fidelity Advisor Freedom<br>Target Retirement - 2030 | 26,041.65 units                  | 372,016   | 325,260              |
| Fidelity Advisor Freedom<br>Target Retirement - 2035 | 42,716.08 units                  | 595,851   | 538,650              |
| Fidelity Advisor Freedom<br>Target Retirement - 2040 | 30,483.33 units                  | 457,028   | 420,670              |

**M.S.S.A. – I.L.A. LOCAL 1985 MAINTENANCE  
EMPLOYEES' PENSION PLAN AND TRUST  
EIN: 63-6074956  
PLAN NUMBER 001  
FORM 5500 – SCHEDULE H, PART IV, ITEM 4(i)  
SCHEDULE OF ASSETS HELD AT END OF YEAR  
SEPTEMBER 30, 2023**

| (b) Identity of Issue                                | (c) Description<br>of Investment | (d) Cost             | (e) Current<br>Value |
|------------------------------------------------------|----------------------------------|----------------------|----------------------|
| Mutual funds:                                        |                                  |                      |                      |
| Fidelity Advisor Freedom<br>Target Retirement - 2045 | 62,270.41 units                  | 735,284              | 678,125              |
| Fidelity Advisor Freedom<br>Target Retirement - 2050 | 69,112.01 units                  | 817,722              | 755,394              |
| Fidelity Advisor Freedom<br>Income Fund A            | 256,454.72 units                 | 2,738,910            | 2,431,191            |
| PGIM QMA Stock<br>Index Fund Z                       | 4,602.23 units                   | 199,678              | 173,044              |
| Victory RS Small Cap<br>Growth Fund A                | 13,467.16 units                  | 857,702              | 629,994              |
|                                                      |                                  | <u>\$ 13,428,461</u> | <u>\$ 12,209,310</u> |

**Attachment to 2022 Form 5500**  
**Schedule MB, line 8b(2) - Schedule of Active Participant Data**

[illegible]

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

**Attachment to 2022 Form 5500**  
**Schedule MB, lines 9c and 9h – Schedule of Funding Standard Account Bases**

| <u>Item</u>       | <u>Initial</u><br><u>Amount</u> | <u>Date</u><br><u>Added</u><br><u>To Costs</u> | <u>10/1/2022</u><br><u>Outstanding</u><br><u>Balance for</u><br><u>Minimum Funding</u> | <u>Amortization</u><br><u>Period</u> | <u>Amortization</u><br><u>Amount</u> |
|-------------------|---------------------------------|------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------|
| 1) Actuarial Gain | \$ - 8,216                      | 10/1/2017                                      | \$ - 6,230                                                                             | 15                                   | \$ - 798                             |
| 2) Actuarial Gain | - 36,166                        | 10/1/2018                                      | - 29,368                                                                               | 15                                   | - 3,513                              |
| 3) Benefit Change | 87,684                          | 10/1/2018                                      | 71,204                                                                                 | 15                                   | 8,517                                |
| 4) Actuarial Gain | - 17,858                        | 10/1/2019                                      | - 15,413                                                                               | 15                                   | - 1,735                              |
| 5) Actuarial Gain | -5,450                          | 10/1/2020                                      | - 4,968                                                                                | 15                                   | - 529                                |
| 6) Actuarial Gain | -32,253                         | 10/1/2021                                      | - 30,867                                                                               | 15                                   | - 4,134                              |
| 7) Actuarial Gain | -8,182                          | 10/1/2022                                      | - 8,182                                                                                | 15                                   | - 795                                |
|                   |                                 |                                                | -----                                                                                  |                                      | -----                                |
|                   |                                 |                                                | \$ -23,824                                                                             |                                      | \$ - 1,986                           |

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

**Attachment to 2022 Form 5500**  
**Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods**

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

**PRE-RETIREMENT MORTALITY:** None assumed.

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

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

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

The IRS static mortality tables for 2022 were used for the current liability.

**DISABILITY BENEFITS:** No disability rates assumed

**VOLUNTARY TERMINATIONS:** None assumed.

**ASSET VALUATION:** Market value.

**INVESTMENT YIELD:** At an annually compounded rate of 6.00%. 2.38% was used for the current liability.

**ADMINISTRATIVE EXPENSES:** These were assumed to be \$30,000. Investment expenses are appropriately treated as offsets against the gross investment return.

**EXPECTED HOURS:** 230,000 per year.

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

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

REMARRIAGE:

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

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210 - 0110<br>1210 - 0089<br><br><div style="font-size: 24pt; font-weight: bold;">2022</div><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                         |                                                                                                                                                                                                                                   |                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                         |                                                                                                                                                                                                                                   |                                                                                                                                                                                      |
| For calendar plan year 2022 or fiscal plan year beginning <b>10/01/2022</b> and ending <b>09/30/2023</b> |                                                                                         |                                                                                                                                                                                                                                   |                                                                                                                                                                                      |
| <b>A</b>                                                                                                 | This return/report is for:                                                              | <input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instr.) |                                                                                                                                                                                      |
| <b>B</b>                                                                                                 | This return/report is:                                                                  | <input type="checkbox"/> a single-employer plan<br><input type="checkbox"/> the first return/report<br><input checked="" type="checkbox"/> an amended return/report                                                               | <input type="checkbox"/> a DFE (specify) _____<br><input type="checkbox"/> the final return/report<br><input type="checkbox"/> a short plan year return/report (less than 12 months) |
|                                                                                                          |                                                                                         |                                                                                                                                                                                                                                   |                                                                                                                                                                                      |
|                                                                                                          |                                                                                         |                                                                                                                                                                                                                                   |                                                                                                                                                                                      |
| <b>C</b>                                                                                                 | If the plan is a collectively-bargained plan, check here                                | <input checked="" type="checkbox"/>                                                                                                                                                                                               |                                                                                                                                                                                      |
| <b>D</b>                                                                                                 | Check box if filing under:                                                              | <input checked="" type="checkbox"/> Form 5558<br><input type="checkbox"/> special extension (enter description)                                                                                                                   | <input type="checkbox"/> automatic extension<br><input type="checkbox"/> the DFVC program                                                                                            |
|                                                                                                          |                                                                                         |                                                                                                                                                                                                                                   |                                                                                                                                                                                      |
| <b>E</b>                                                                                                 | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here | <input type="checkbox"/>                                                                                                                                                                                                          |                                                                                                                                                                                      |

|                                                                         |                                                                                                                                                                                                                                                                                                                                                                                              |           |                                                           |
|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------------------------------|
| <b>Part II Basic Plan Information</b> - enter all requested information |                                                                                                                                                                                                                                                                                                                                                                                              |           |                                                           |
| <b>1a</b>                                                               | Name of plan<br><b>M.S.S.A. - I.L.A. 1985 MAINTENANCE EMPLOYEES' PENS</b>                                                                                                                                                                                                                                                                                                                    | <b>1b</b> | Three-digit plan number (PN) ► <b>001</b>                 |
|                                                                         |                                                                                                                                                                                                                                                                                                                                                                                              | <b>1c</b> | Effective date of plan<br><b>10/01/1968</b>               |
| <b>2a</b>                                                               | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><br><b>BOARD OF TRUSTEES - M.S.S.A. - I.L.A LOCAL 1985 MAIN</b><br><br><b>66 MIDTOWN PARK WEST</b><br><br><b>MOBILE AL 36606-4148</b> | <b>2b</b> | Employer Identification Number (EIN)<br><b>63-6074956</b> |
|                                                                         |                                                                                                                                                                                                                                                                                                                                                                                              | <b>2c</b> | Plan Sponsor's telephone number<br><b>251-432-5588</b>    |
|                                                                         |                                                                                                                                                                                                                                                                                                                                                                                              | <b>2d</b> | Business code (see instructions)<br><b>525100</b>         |
|                                                                         |                                                                                                                                                                                                                                                                                                                                                                                              |           |                                                           |

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

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

|                  |                                    |            |                                                              |
|------------------|------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | <i>Jason Hudson</i>                | 01/24/2025 | JASON HUDSON                                                 |
|                  | Signature of plan administrator    | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                    |            |                                                              |
|                  | Signature of employer/plan sponsor | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                    |            |                                                              |
|                  | Signature of DFE                   | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2022)  
v. 220413

|                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                        |                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE MB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

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

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

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

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

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

|                                                                                                              |                         |
|--------------------------------------------------------------------------------------------------------------|-------------------------|
| <b>1a</b> Enter the valuation date: Month 10 Day 01 Year 2022                                                |                         |
| <b>b</b> Assets                                                                                              |                         |
| (1) Current value of assets .....                                                                            | <b>1b(1)</b> 19,325,570 |
| (2) Actuarial value of assets for funding standard account.....                                              | <b>1b(2)</b> 259,492    |
| <b>c</b> (1) Accrued liability for plan using immediate gain methods .....                                   | <b>1c(1)</b> 233,980    |
| (2) Information for plans using spread gain methods:                                                         |                         |
| (a) Unfunded liability for methods with bases .....                                                          | <b>1c(2)(a)</b>         |
| (b) Accrued liability under entry age normal method.....                                                     | <b>1c(2)(b)</b>         |
| (c) Normal cost under entry age normal method .....                                                          | <b>1c(2)(c)</b>         |
| (3) Accrued liability under unit credit cost method.....                                                     | <b>1c(3)</b> 219,661    |
| <b>d</b> Information on current liabilities of the plan:                                                     |                         |
| (1) Amount excluded from current liability attributable to pre-participation service (see instructions)..... | <b>1d(1)</b>            |
| (2) "RPA '94" information:                                                                                   |                         |
| (a) Current liability .....                                                                                  | <b>1d(2)(a)</b> 393,005 |
| (b) Expected increase in current liability due to benefits accruing during the plan year .....               | <b>1d(2)(b)</b> 23,203  |
| (c) Expected release from "RPA '94" current liability for the plan year .....                                | <b>1d(2)(c)</b> 2,647   |
| (3) Expected plan disbursements for the plan year .....                                                      | <b>1d(3)</b> 2,647      |

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

|                  |                                                                                     |            |
|------------------|-------------------------------------------------------------------------------------|------------|
| <b>SIGN HERE</b> |  | 07/12/2024 |
|------------------|-------------------------------------------------------------------------------------|------------|

|                                                                      |                                               |
|----------------------------------------------------------------------|-----------------------------------------------|
| Signature of actuary<br>PAUL STEPHEN OSBORN, F.S.A.                  | Date<br>2303095                               |
| Type or print name of actuary<br>OSBORN, CARREIRO & ASSOCIATES, INC. | Most recent enrollment number<br>501-376-8043 |
| Firm name<br>124 W. CAPITOL AVE., SUITE 1690<br>LITTLE ROCK AR 72201 | Telephone number (including area code)        |

124 W. CAPITOL AVE., SUITE 1690  
LITTLE ROCK AR 72201  
Address of the firm

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

**2** Operational information as of beginning of this plan year:

|                                                                                                                                     |                                   |                              |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....                                                                           | <b>2a</b>                         | 19,325,570                   |
| <b>b</b> "RPA '94" current liability/participant count breakdown:                                                                   | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| (1) For retired participants and beneficiaries receiving payment .....                                                              | 1                                 | 160,980                      |
| (2) For terminated vested participants .....                                                                                        | 0                                 | 0                            |
| (3) For active participants:                                                                                                        |                                   |                              |
| (a) Non-vested benefits .....                                                                                                       |                                   | 218,963                      |
| (b) Vested benefits .....                                                                                                           |                                   | 13,062                       |
| (c) Total active .....                                                                                                              | 132                               | 232,025                      |
| (4) Total .....                                                                                                                     | 133                               | 393,005                      |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... | <b>2c</b>                         | %                            |

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

| (a) Date<br>(MM-DD-YYYY)                                                        | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|---------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 03/31/2023                                                                      | 40,176                            | 0                               |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
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|                                                                                 |                                   |                                 |                          |                                   |                                 |
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|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                 |                                   |                                 | <b>3(b)</b>              | 40,176                            | <b>3(c)</b> 0                   |
| <b>(d)</b> Total withdrawal liability amounts included in line 3(b) total ..... |                                   |                                 |                          |                                   | <b>3(d)</b> 0                   |

**4** Information on plan status:

|                                                                                                                                                                        |           |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------|
| <b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....                                                                       | <b>4a</b> | 118.1 %                                                  |
| <b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status).<br>If entered code is "N," go to line 5 ..... | <b>4b</b> | N                                                        |
| <b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....                                              |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>d</b> If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? .....                                       |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions),<br>measured as of the valuation date .....  | <b>4e</b> |                                                          |
| <b>f</b> If the plan is in critical status or critical and declining status, and is:                                                                                   | <b>4f</b> |                                                          |
| • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to<br>emerge;                                                 |           |                                                          |
| • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and<br>check here..... <input type="checkbox"/>                   |           |                                                          |
| • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."                                                                 |           |                                                          |

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

|                                                                             |                                                               |                                                                 |                                             |
|-----------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------|
| <b>a</b> <input type="checkbox"/> Attained age normal                       | <b>b</b> <input checked="" type="checkbox"/> Entry age normal | <b>c</b> <input type="checkbox"/> Accrued benefit (unit credit) | <b>d</b> <input type="checkbox"/> Aggregate |
| <b>e</b> <input type="checkbox"/> Frozen initial liability                  | <b>f</b> <input type="checkbox"/> Individual level premium    | <b>g</b> <input type="checkbox"/> Individual aggregate          | <b>h</b> <input type="checkbox"/> Shortfall |
| <b>i</b> <input type="checkbox"/> Other (specify):                          |                                                               |                                                                 |                                             |
| <b>j</b> If box h is checked, enter period of use of shortfall method ..... |                                                               |                                                                 | <b>5j</b>                                   |

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

**6** Checklist of certain actuarial assumptions:

- a** Interest rate for "RPA '94" current liability. **6a** 2.38 %
- |                                                                                                                          | Pre-retirement                                                                                                                                               | Post-retirement                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>b</b> Rates specified in insurance or annuity contracts                                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A                                                             | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A |
| <b>c</b> Mortality table code for valuation purposes:                                                                    |                                                                                                                                                              |                                                                                                  |
| <b>(1)</b> Males                                                                                                         | <b>6c(1)</b> 9P                                                                                                                                              | 9P                                                                                               |
| <b>(2)</b> Females                                                                                                       | <b>6c(2)</b> 9FP                                                                                                                                             | 9FP                                                                                              |
| <b>d</b> Valuation liability interest rate                                                                               | <b>6d</b> 6.00 %                                                                                                                                             | 6.00 %                                                                                           |
| <b>e</b> Salary scale                                                                                                    | <b>6e</b> % <input checked="" type="checkbox"/> N/A                                                                                                          |                                                                                                  |
| <b>f</b> Withdrawal liability interest rate:                                                                             |                                                                                                                                                              |                                                                                                  |
| <b>(1)</b> Type of interest rate                                                                                         | <b>6f(1)</b> <input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A |                                                                                                  |
| <b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate                                              | <b>6f(2)</b>                                                                                                                                                 | 5.50 %                                                                                           |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date                  | <b>6g</b>                                                                                                                                                    | 0.6 %                                                                                            |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date                    | <b>6h</b>                                                                                                                                                    | 0.6 %                                                                                            |
| <b>i</b> Expense load included in normal cost reported in line 9b                                                        | <b>6i</b>                                                                                                                                                    | <input type="checkbox"/> N/A                                                                     |
| <b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage                     | <b>6i(1)</b>                                                                                                                                                 | %                                                                                                |
| <b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b | <b>6i(2)</b>                                                                                                                                                 | 30,000                                                                                           |
| <b>(3)</b> If neither (1) nor (2) describes the expense load, check the box                                              | <b>6i(3)</b>                                                                                                                                                 | <input type="checkbox"/>                                                                         |

**7** New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1                | -8,182              | -795                           |
|                  |                     |                                |
|                  |                     |                                |
|                  |                     |                                |
|                  |                     |                                |
|                  |                     |                                |

**8** Miscellaneous information:

- a** If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval **8a**
- b** Demographic, benefit, and contribution information
- (1)** Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ☐ Yes ☒ No
- (2)** Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No
- (3)** Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ☐ Yes ☒ No
- c** Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ☐ Yes ☒ No
- d** If line c is "Yes," provide the following additional information:
- (1)** Was an extension granted automatic approval under section 431(d)(1) of the Code? ☐ Yes ☐ No
- (2)** If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended. **8d(2)**
- (3)** Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ☐ Yes ☐ No
- (4)** If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)). **8d(4)**
- (5)** If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension **8d(5)**
- (6)** If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ☐ Yes ☐ No

| <b>e</b> 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) .....                                                                                         | <b>8e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                     |                 |              |        |       |              |   |   |              |   |   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------|-----------------|--------------|--------|-------|--------------|---|---|--------------|---|---|--|
| <b>9</b> Funding standard account statement for this plan year:                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                     |                 |              |        |       |              |   |   |              |   |   |  |
| <b>Charges to funding standard account:</b>                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                     |                 |              |        |       |              |   |   |              |   |   |  |
| <b>a</b> Prior year funding deficiency, if any .....                                                                                                                                                                                                                                                                                                | <b>9a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                     |                 |              |        |       |              |   |   |              |   |   |  |
| <b>b</b> Employer's normal cost for plan year as of valuation date .....                                                                                                                                                                                                                                                                            | <b>9b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 39,738              |                     |                 |              |        |       |              |   |   |              |   |   |  |
| <b>c</b> Amortization charges as of valuation date:                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                     |                 |              |        |       |              |   |   |              |   |   |  |
| (1) All bases except funding waivers and certain bases for which the amortization period has been extended .....                                                                                                                                                                                                                                    | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;"></th> <th style="width: 40%;">Outstanding balance</th> <th style="width: 50%;"></th> </tr> <tr> <td style="text-align: center;"><b>9c(1)</b></td> <td style="text-align: right;">71,204</td> <td style="text-align: right;">8,517</td> </tr> <tr> <td style="text-align: center;"><b>9c(2)</b></td> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;"><b>9c(3)</b></td> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> </tr> </table> |                     | Outstanding balance |                 | <b>9c(1)</b> | 71,204 | 8,517 | <b>9c(2)</b> | 0 | 0 | <b>9c(3)</b> | 0 | 0 |  |
|                                                                                                                                                                                                                                                                                                                                                     | Outstanding balance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                     |                 |              |        |       |              |   |   |              |   |   |  |
| <b>9c(1)</b>                                                                                                                                                                                                                                                                                                                                        | 71,204                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 8,517               |                     |                 |              |        |       |              |   |   |              |   |   |  |
| <b>9c(2)</b>                                                                                                                                                                                                                                                                                                                                        | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0                   |                     |                 |              |        |       |              |   |   |              |   |   |  |
| <b>9c(3)</b>                                                                                                                                                                                                                                                                                                                                        | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 0                   |                     |                 |              |        |       |              |   |   |              |   |   |  |
| (2) Funding waivers .....                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                     |                 |              |        |       |              |   |   |              |   |   |  |
| (3) Certain bases for which the amortization period has been extended .....                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                     |                 |              |        |       |              |   |   |              |   |   |  |
| <b>d</b> Interest as applicable on lines 9a, 9b, and 9c .....                                                                                                                                                                                                                                                                                       | <b>9d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2,895               |                     |                 |              |        |       |              |   |   |              |   |   |  |
| <b>e</b> Total charges. Add lines 9a through 9d .....                                                                                                                                                                                                                                                                                               | <b>9e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 51,150              |                     |                 |              |        |       |              |   |   |              |   |   |  |
| <b>Credits to funding standard account:</b>                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                     |                 |              |        |       |              |   |   |              |   |   |  |
| <b>f</b> Prior year credit balance, if any .....                                                                                                                                                                                                                                                                                                    | <b>9f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1,688               |                     |                 |              |        |       |              |   |   |              |   |   |  |
| <b>g</b> Employer contributions. Total from column (b) of line 3 .....                                                                                                                                                                                                                                                                              | <b>9g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 40,176              |                     |                 |              |        |       |              |   |   |              |   |   |  |
| <b>h</b> Amortization credits as of valuation date .....                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                     |                 |              |        |       |              |   |   |              |   |   |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;"></th> <th style="width: 40%;">Outstanding balance</th> <th style="width: 50%;"></th> </tr> <tr> <td style="text-align: center;"><b>9h</b></td> <td style="text-align: right;">95,028</td> <td style="text-align: right;">10,503</td> </tr> </table> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Outstanding balance |                     | <b>9h</b>       | 95,028       | 10,503 |       |              |   |   |              |   |   |  |
|                                                                                                                                                                                                                                                                                                                                                     | Outstanding balance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                     |                 |              |        |       |              |   |   |              |   |   |  |
| <b>9h</b>                                                                                                                                                                                                                                                                                                                                           | 95,028                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 10,503              |                     |                 |              |        |       |              |   |   |              |   |   |  |
| <b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....                                                                                                                                                                                                                                                                   | <b>9i</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1,937               |                     |                 |              |        |       |              |   |   |              |   |   |  |
| <b>j</b> Full funding limitation (FFL) and credits:                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                     |                 |              |        |       |              |   |   |              |   |   |  |
| (1) ERISA FFL (accrued liability FFL) .....                                                                                                                                                                                                                                                                                                         | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>9j(1)</b></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;"><b>9j(2)</b></td> <td style="text-align: right;">0</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                       | <b>9j(1)</b>        | 0                   | <b>9j(2)</b>    | 0            |        |       |              |   |   |              |   |   |  |
| <b>9j(1)</b>                                                                                                                                                                                                                                                                                                                                        | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |                     |                 |              |        |       |              |   |   |              |   |   |  |
| <b>9j(2)</b>                                                                                                                                                                                                                                                                                                                                        | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |                     |                 |              |        |       |              |   |   |              |   |   |  |
| (2) "RPA '94" override (90% current liability FFL) .....                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                     |                 |              |        |       |              |   |   |              |   |   |  |
| (3) FFL credit .....                                                                                                                                                                                                                                                                                                                                | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>9j(3)</b></td> <td style="text-align: right;">0</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>9j(3)</b>        | 0                   |                 |              |        |       |              |   |   |              |   |   |  |
| <b>9j(3)</b>                                                                                                                                                                                                                                                                                                                                        | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |                     |                 |              |        |       |              |   |   |              |   |   |  |
| <b>k</b> (1) Waived funding deficiency .....                                                                                                                                                                                                                                                                                                        | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>9k(1)</b></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;"><b>9k(2)</b></td> <td style="text-align: right;">0</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                       | <b>9k(1)</b>        | 0                   | <b>9k(2)</b>    | 0            |        |       |              |   |   |              |   |   |  |
| <b>9k(1)</b>                                                                                                                                                                                                                                                                                                                                        | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |                     |                 |              |        |       |              |   |   |              |   |   |  |
| <b>9k(2)</b>                                                                                                                                                                                                                                                                                                                                        | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |                     |                 |              |        |       |              |   |   |              |   |   |  |
| (2) Other credits .....                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                     |                 |              |        |       |              |   |   |              |   |   |  |
| <b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....                                                                                                                                                                                                                                                                      | <b>9l</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 54,304              |                     |                 |              |        |       |              |   |   |              |   |   |  |
| <b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....                                                                                                                                                                                                                                                             | <b>9m</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3,154               |                     |                 |              |        |       |              |   |   |              |   |   |  |
| <b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference .....                                                                                                                                                                                                                                                         | <b>9n</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                     |                 |              |        |       |              |   |   |              |   |   |  |
| <b>o</b> Current year's accumulated reconciliation account:                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                     |                 |              |        |       |              |   |   |              |   |   |  |
| (1) Due to waived funding deficiency accumulated prior to the 2022 plan year .....                                                                                                                                                                                                                                                                  | <b>9o(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                     |                     |                 |              |        |       |              |   |   |              |   |   |  |
| (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 .....                                                                                                                                                                                                                                                                                   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>9o(2)(a)</b></td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;"><b>9o(2)(b)</b></td> <td style="text-align: right;">0</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                 | <b>9o(2)(a)</b>     | 0                   | <b>9o(2)(b)</b> | 0            |        |       |              |   |   |              |   |   |  |
| <b>9o(2)(a)</b>                                                                                                                                                                                                                                                                                                                                     | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |                     |                 |              |        |       |              |   |   |              |   |   |  |
| <b>9o(2)(b)</b>                                                                                                                                                                                                                                                                                                                                     | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                     |                     |                 |              |        |       |              |   |   |              |   |   |  |
| (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)) .....                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                     |                 |              |        |       |              |   |   |              |   |   |  |
| (3) Total as of valuation date .....                                                                                                                                                                                                                                                                                                                | <b>9o(3)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0                   |                     |                 |              |        |       |              |   |   |              |   |   |  |
| <b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (see instructions.) .....                                                                                                                                                                                                                                              | <b>10</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                     |                 |              |        |       |              |   |   |              |   |   |  |
| <b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                     |                     |                 |              |        |       |              |   |   |              |   |   |  |

☐ Yes ☒ No