

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ☒
D	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☒ special extension (enter description) HURRICANE BERYL
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ☐

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan MARITIME ASSOCIATION - I.L.A. RETIREMENT FUND	1b	Three-digit plan number (PN) ▶ 002
		1c	Effective date of plan 10/01/1996
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE BOARD OF TRUSTEES OF THE MARITIME ASSOC. - I.L.A RETIREMENT PLAN 11550 FUQUA STREET, SUITE 425 HOUSTON, TX 77034-4597	2b	Employer Identification Number (EIN) 74-1721447
		2c	Plan Sponsor's telephone number 281-484-4343
		2d	Business code (see instructions) 488300

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.	01/31/2025	LINDA NOWASKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name THE BOARD OF TRUSTEES OF THE MARITIME ASSOC. - I.L.A RETIREMENT PLAN c Plan Name MARITIME ASSOCIATION - I.L.A. RETIREMENT FUND	4b EIN 76-0527865 4d PN 002
5 Total number of participants at the beginning of the plan year	5 4376
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	 6a(1) 3941 6a(2) 4617 6b 139 6c 219 6d 4975 6e 107 6f 5082 6g 4607 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 39
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023		
A Name of plan MARITIME ASSOCIATION - I.L.A. RETIREMENT FUND	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 THE BOARD OF TRUSTEES OF THE MARITIME ASSOC. - I.L.A RETIREMENT PLAN	D Employer Identification Number (EIN) 74-1721447	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
US BANK NATIONAL ASSOCIATION
31-0841368

(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)

VANGUARD

23-1945930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	NONE	462916	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARITIME ASSOCIATION

74-1721447

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	PLAN SPONSOR	208504	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL SELECT INSURANCE

46-0619194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
53	NONE	123234	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

INVESTMENT PERFORMANCE SERVICES

58-1645832

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	74954	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCCONNELL & JONES, CPA

76-0488832

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	33667	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROCKIT CONSULTING

46-0712549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	18804	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BYRNE SOFTWARE

43-1853340

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	13215	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

US BANK

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	12542	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALAN ROBIN

83-2771568

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	7571	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023		
A Name of plan MARITIME ASSOCIATION - I.L.A. RETIREMENT FUND	B Three-digit plan number (PN) ►	002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THE BOARD OF TRUSTEES OF THE MARITIME ASSOC. - I.L.A RETIREMENT PLAN		
D Employer Identification Number (EIN) 74-1721447		
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC RETIREMENT SAVINGS TRUST III		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 23-2186884-024	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 103188710
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2020 TRUST 1		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-6083983-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31974043
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2020 TRUST 2		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-6083982-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2025 TRUST 1		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-6083981-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71461311
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2030 TRUST 1		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-6083979-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71776772
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2035 TRUST 1		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-6083977-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 61672722
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2040 TRUST 1		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-6083975-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 71722726

a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2045 TRUST 1		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-6083973-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52127396
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2050 TRUST 1		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-6083969-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35934203
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2055 TRUST 1		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 27-6715074-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25394393
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2060 TRUST 1		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 45-3799212-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14559803
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TARGET RETIREMENT 2065 TRUST 1		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 82-6190443-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7625545
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TRGT RETIREMENT INCOME TRUST 1		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 90-6083968-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 27246049
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TRGT RETIREMENT 2070 TRUST 1		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 87-7035538-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 492708
a Name of MTIA, CCT, PSA, or 103-12 IE: VFTC TRGT RET INC & GROWTH TRUST 1		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 87-6418227-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 94290
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023		
A Name of plan MARITIME ASSOCIATION - I.L.A. RETIREMENT FUND		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 THE BOARD OF TRUSTEES OF THE MARITIME ASSOC. - I.L.A RETIREMENT PLAN		D Employer Identification Number (EIN) 74-1721447

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....		1b(1)	1476776519452199
(2) Participant contributions.....		1b(2)	
(3) Other.....		1b(3)	11560494334
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	131878540
(2) U.S. Government securities		1c(2)	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other		1c(3)(B)	
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common.....		1c(4)(B)	
(5) Partnership/joint venture interests		1c(5)	
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans.....		1c(8)	
(9) Value of interest in common/collective trusts.....		1c(9)	520328422575270671
(10) Value of interest in pooled separate accounts		1c(10)	
(11) Value of interest in master trust investment accounts.....		1c(11)	
(12) Value of interest in 103-12 investment entities		1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....		1c(13)	88975485147865055
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	
(15) Other		1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	637375130	742682259

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	12414	135932
k Total liabilities (add all amounts in lines 1g through 1j)	1k	12414	135932

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	637362716	742546327
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	63756924	
(B) Participants	2a(1)(B)	4737410	
(C) Others (including rollovers)	2a(1)(C)	222768	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		68717102
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4096782	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4096782
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		62772880
(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)		8699866
c Other income	2c		5217141
d Total income. Add all income amounts in column (b) and enter total	2d		149503771
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	42717267	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		42717267
f Corrective distributions (see instructions)	2f		52559
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	46298	
(2) Contract administrator fees	2i(2)	826429	
(3) Investment advisory and management fees	2i(3)	553468	
(4) Other	2i(4)	124139	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1550334
j Total expenses. Add all expense amounts in column (b) and enter total	2j		44320160
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		105183611
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: **MCCONNELL & JONES LLP**

(2) EIN: **76-0488832**

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		2500000
4e	X		2500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023		
A Name of plan MARITIME ASSOCIATION - I.L.A. RETIREMENT FUND		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 THE BOARD OF TRUSTEES OF THE MARITIME ASSOC. - I.L.A RETIREMENT PLAN		D Employer Identification Number (EIN) 74-1721447
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 23-1945930		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____% b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____
20	PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation _____

**MARITIME ASSOCIATION – I.L.A.
RETIREMENT FUND
FINANCIAL STATEMENTS
SEPTEMBER 30, 2023 and 2022**

MARITIME ASSOCIATION – I.L.A. RETIREMENT FUND

FINANCIAL STATEMENTS

SEPTEMBER 30, 2023 and 2022

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** All other schedules required by Section 2520.103-10 of the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.*



Independent Auditor's Report

To the Participants and Administrator of
Maritime Association – I.L.A. Retirement Fund

Opinion

We have audited the financial statements of the Maritime Association – I.L.A. Retirement Fund (the "Retirement Fund"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of September 30, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Retirement Fund as of September 30, 2023 and 2022, and the changes in net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("U.S. GAAS"). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Retirement Fund's Financial Statements* section of our report. We are required to be independent of the Retirement Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Retirement Fund's Financial Statements

Management of the Retirement Fund is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Retirement Fund's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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



Auditor's Responsibilities for the Audit of the Retirement Fund's Financial Statements

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

In performing an audit in accordance with U.S. GAAS, we:

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

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter – Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedule of assets (held at end of year) as of September 30, 2023 (hereinafter, "Supplemental Schedule"), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. GAAS.



McConnell Jones

In forming our opinion on the Supplemental Schedule, we evaluated whether the Supplemental Schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

McConnell & Jones LLP

Houston, Texas
January 29, 2025

MARITIME ASSOCIATION – I.L.A. RETIREMENT FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF SEPTEMBER 30, 2023 and 2022

	2023	2022
ASSETS		
Investments, at fair value	\$ 723,135,726	\$ 622,491,761
Contributions receivable from employers	19,452,199	14,767,765
Other assets	94,334	115,604
Total assets	742,682,259	637,375,130
LIABILITIES		
Accounts payable	135,932	12,414
Total liabilities	135,932	12,414
NET ASSETS AVAILABLE FOR BENEFITS	\$ 742,546,327	\$ 637,362,716

See accompanying notes to the financial statements.

MARITIME ASSOCIATION – I.L.A. RETIREMENT FUND
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED SEPTEMBER 30, 2023 and 2022

	2023	2022
ADDITIONS / (REDUCTIONS)		
Net appreciation / (depreciation) in fair value of investments	\$ 73,862,786	\$ (118,910,764)
Less: Investment fees	(553,468)	(723,072)
	73,309,318	(119,633,836)
Interest and dividends income	6,923,883	7,412,318
Total net investment income / (loss)	80,233,201	(112,221,518)
Contributions received from employers	63,756,924	58,173,430
Contributions received from employees	4,737,410	4,492,992
Rollover contributions	222,768	33
Total contributions	68,717,102	62,666,455
Total additions / (reductions)	148,950,303	(49,555,063)
DEDUCTIONS		
Retirement benefits paid	42,769,826	41,156,245
Operating expenses	950,568	421,854
Professional fees	46,298	50,391
Total deductions	43,766,692	41,628,490
CHANGE IN NET ASSETS	105,183,611	(91,183,553)
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	637,362,716	728,546,269
END OF YEAR	\$ 742,546,327	\$ 637,362,716

See accompanying notes to the financial statements.

MARITIME ASSOCIATION – I.L.A. RETIREMENT FUND
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED SEPTEMBER 30, 2023 and 2022

NOTE 1 – DESCRIPTION OF THE FUND

The following description of the Maritime Association – I.L.A. Retirement Fund (the “Retirement Fund”) provides only general information. Participants should refer to the fund/plan document and summary plan description for a more complete description of the Retirement Fund’s provisions.

General

The Retirement Fund is a defined contribution plan covering all eligible employees who have met the Retirement Fund’s required minimum service requirements. The Retirement Fund is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

History

The Maritime Association – I.L.A. Retirement Fund is a Taft Hartley trust fund that administers retirement benefit plan on behalf of the West Gulf Maritime Association (“WGMA”) and the South Atlantic and Gulf Coast District I.L.A. (“SAGCD”) for Longshoremen in the ports from Lake Charles, Louisiana to Brownsville, Texas.

The Retirement Fund and its related trust agreement was adopted on October 1, 1996, to provide retirement benefits for eligible employees from contributions made by participating employers. The Retirement Fund was established to fulfill the participating employers’ contractual obligation under one or more collective bargaining agreements between SAGCD and WGMA and between SAGCD and one or more employers.

Administration of the Retirement Fund

The Retirement Fund is administered by an eighteen-member Board of Trustees which performs the overall management, control, operation and administration of the Retirement Fund and the related trust agreement. An equal number of trustees are appointed by WGMA and by SAGCD. As of September 30, 2023, the Board of Trustees comprised of Adam Brooks, Mark Bridges, William Buckley, Eloy Cortez, Gabriel Garza, Benjamin Green, Thomas Griffith, Chelsea Wauson, Don Johnson, Shareen Larmond, Charles Lewis, Chris Lewis, Charles Montgomery, Dave Morgan, Dave Nash, Larry Sopchak, Randy Stiefel, and Shane Taylor.

Eligibility

If an employee was a participant of the Maritime Association – I.L.A. Pension Fund (the “Pension Fund”) on September 30, 1996, he or she automatically became a participant of the Retirement Fund as of October 1, 1996. Otherwise, an eligible employee can become a participant as of the earlier of (a) the date which he or she first became an eligible employee in the first plan year in which he or she is credited with 1,000 or more hours of service or (b) the first day of the plan year in which occurs the last day of the first 12 consecutive month period, beginning with the date he or she is first credited with an hour of service, during which he or she is credited with 1,000 or

MARITIME ASSOCIATION – I.L.A. RETIREMENT FUND
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED SEPTEMBER 30, 2023 and 2022

more hours of service. If an employee completed the hours of service requirement but did not become a participant because he or she was not an eligible employee, he or she would become a participant immediately upon becoming an eligible employee because of a change in his or her employment status. Once he or she has met the eligibility requirements to become a participant of the Retirement Fund, he or she is not required to meet such requirements again.

Per the restated plan document for the period from October 1, 2011, through January 15, 2016, eligible employees who made elective deferrals to the Retirement Fund prior to completion of the applicable 1,000 hours of service requirement shall be deemed eligible to participate respecting such elective deferrals.

Employer Contributions

Participating employers, including the signatory unions, contribute a stipulated dollar amount to the Retirement Fund, as determined by collective bargaining agreements, for each hour of labor worked by their employees. Contribution amounts are based upon an employee's classification as regular, new entry, basic, or special as defined in the Retirement Fund's plan document. For the years ended September 30, 2023 and 2022, the stipulated contribution amounts were \$4.00 per labor hour for regular, \$2.00 per labor hour for new entry, basic, and special.

Workers who do not become participants of the Retirement Fund because they do not meet the eligibility requirements of the Retirement Fund by the end of the Retirement Fund's fiscal year will not have an account created on their behalf and are not allocated employer contributions for their hours worked. These unqualified contributions which, as of September 30, 2023 and 2022, were \$2,279,241 and \$4,277,460 respectively, will be used to cover future administrative expenses of the Retirement Fund and the remainder amounts, if any, will be allocated to the participants in the Retirement Fund.

Effective October 1, 2015, the Retirement Fund's contract included reallocation of unqualified contributions as a supplemental contribution from employers to qualified employees. For the fiscal year ended September 30, 2023 and 2022, total additional supplemental contributions were \$507,728 and \$771,815, to be allocated among all eligible employees based upon an employee's qualified hours worked during the Retirement Fund's previous fiscal year.

Employer contributions also include discretionary container contributions that are based on an employee's qualified hours worked during the Retirement Fund's previous fiscal year. For the years ended September 30, 2023 and 2022, the stipulated contribution amount was \$1.8561 and \$1.7901 per hour, respectively. Once an employee works 1,000 hours in a given fiscal year, they become eligible for this container contribution and do not lose eligibility. For the fiscal year ended September 30, 2023 and 2022, total stipulated contributions were \$15,331,821 and \$15,300,714, respectively.

MARITIME ASSOCIATION – I.L.A. RETIREMENT FUND
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED SEPTEMBER 30, 2023 and 2022

Effective October 1, 2019, the Retirement Fund's contract included an additional \$1/hour supplemental contribution from employers for all Gearman and Mechanics. For the fiscal year ended September 30, 2023 and 2022, total additional \$1/hour supplemental contributions were \$5,714,464 and \$273,743 hours worked, to be allocated among all eligible employees based upon an employee's qualified hours worked during the previous fiscal year of the Retirement Fund.

Effective October 1, 2018, the Retirement Fund's plan document was restated to include additional \$2/hour supplemental contributions from employers for all fully automated cargo, boatmen and auto-dock cargo hours worked to be allocated among all eligible employees based upon an employee's qualified hours worked during the previous fiscal year of the Retirement Fund. For the fiscal year ended September 30, 2023 and 2022, total additional supplemental contributions were \$10,456,000 and \$10,599,181, respectively.

Employee Contributions

Beginning October 1, 2015, all participants may elect to defer up to 80% of their compensation during any Retirement Fund year, subject to a maximum imposed by the Internal Revenue Code (the "IRC"), which for calendar years ending December 31, 2023 and 2022, was \$22,500 and \$20,500, respectively. Participants who have attained age 50 before the end of the calendar year are eligible to make catch-up contributions of up to \$7,500 and \$6,500 for calendar years ending December 31, 2023 and 2022. For the fiscal year ended September 30, 2023 and 2022, total employee contributions including rollovers were \$4,960,178 and \$4,493,025, respectively.

Vesting – Employee Contributions

Participants are 100% vested with respect to salary deferral contributions and related earnings.

Vesting – Employer Contributions

Participants are credited with one year of vesting service for each plan year in which they complete 1,000 or more hours of service. However, if participants complete less than 400 hours of service in any plan year, they have a one-year break-in-service. If, at any time participants incur five consecutive one-year breaks-in-service, and do not have vested interest in the employer contributions in their account, their years of vesting service prior to the break are disregarded and the amount of the employer contributions in their account, as of the valuation date immediately preceding such incurrence, will become a forfeiture as of such incurrence.

A participant who is credited with an hour of service on or after October 1, 2006, is 100% vested in the employer contributions in his/her account upon his/her death or total and permanent disability.

MARITIME ASSOCIATION – I.L.A. RETIREMENT FUND
NOTES TO THE FINANCIAL STATEMENTS
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As of October 1, 2006, the vested interest in employer contributions to a participant's account is determined by the number of full years of vesting service. Participants with less than three full years of vesting service are 0% vested in their account, while those with three full years or more of vesting service are 100% vested in their account.

Participant Accounts

Each participant's account is credited with the allocation of (a) the employer's contribution, (b) the employee's contributions, (c) plan earnings or losses less plan expenses, (d) unqualified contributions for non-participants, if applicable, and (e) forfeitures of non-vested participants who have incurred five consecutive one-year breaks-in-service, if applicable. Allocation of employer contributions is based upon the hours worked by each participant, as defined in the Retirement Fund's document, while plan earnings or losses are allocated based upon the participant's account balance. Allocation of employee contributions is based on the participant's income, as defined in the Retirement Fund's plan document, and the deferral percentage chosen by the participant. Allocation of forfeitures and unqualified contributions are based upon the hours worked by each eligible participant in relation to the total hours worked by all eligible participants.

Participant-Directed Investments

All assets of the Retirement Fund are participant-directed investments. Participants have the option of directing their account balances to one or more investment options offered by the Retirement Fund. The Retirement Fund has selected various investment options to which participants may designate the allocation of their account balances. The investment options vary in types of investments, rates of return and investment risk.

Payment of Benefits – Employee Contributions

The payment of benefits from an employee's elective deferral account may occur upon attaining age 59½, death, disability, or severance from employment. Financial hardship withdrawals from an employee's elective deferral account are also permitted as defined in the Retirement Fund.

Payment of Benefits – Employer Contributions

The payment of benefits may occur as follows:

- Normal Retirement Benefits – Normal retirement date is the earlier of the date a participant (a) completes 30 years of credited service, (b) reaches age 55 and completes 25 years of credited service, or (c) reaches age 65 and the 5th anniversary of the date the participant became a participant of the Retirement Fund. Participants will be deemed to have retired upon application to the trustees and cessation of employment in the industry. If participants retire on or after their normal retirement date, they are entitled to a lump sum payment of the vested interest in their accounts as of the valuation date immediately before their benefit payment date.

MARITIME ASSOCIATION – I.L.A. RETIREMENT FUND
NOTES TO THE FINANCIAL STATEMENTS
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- Disability Benefits – If a participant becomes totally and permanently disabled, as determined by the trustees of the Retirement Fund, participants are entitled to a lump sum payment of the vested interest in their account as of the valuation date immediately before their benefit payment date.
- Death Benefits – If a participant dies, the participant’s beneficiary is entitled to a lump sum payment of the vested interest in the participant’s account as of the valuation date immediately before the participant’s benefit payment date.
- Severance Benefits – If a participant incurs three consecutive one-year breaks-in-service at a time when the participant has a 100% vested interest, the participant is entitled to a lump sum payment of the amount in the participant’s account as of the valuation date immediately preceding the participant’s benefit payment date.

Participant Loans

The Retirement Fund does not allow loans to its participants.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Retirement Fund are prepared on an accrual basis in accordance with accounting principles generally accepted in the United States of America (“U.S. GAAP”).

Investment Valuation and Income Recognition

The investments of the Retirement Fund are reported at fair value. Fair value is the price that would be received upon the sale of an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Investments are reflected at fair value in the financial statements. Investment transactions are recorded as of the trade date. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date.

The investment custodian/recordkeeper for the Retirement Fund’s participant directed investments is Vanguard Group (“Trustee”).

Risks and Uncertainties

The Retirement Fund’s assets include various investments, and such investments are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risks associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in risks in the near term would materially affect

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NOTES TO THE FINANCIAL STATEMENTS
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participants' accounts and the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

Forfeitures

Forfeitures of employer contributions occur when a participant is not 100% vested and incurs five consecutive one-year breaks-in-service. For the years ended September 30, 2023 and 2022, there were \$2,462,766 and \$2,205,539 contributions forfeited from non-vested accounts. Forfeitures of \$4,200,255 and \$2,399,747 for the years ended September 30, 2023 and 2022, respectively, were used to reduce Retirement Fund's contributions and expenses. The forfeited balance held in the Retirement Funds as of September 30, 2023 and 2022 was \$551,073 and \$2,475,667, respectively, all of which is allocated to cover future expenses and contributions of the Retirement Fund.

Payment of Benefits

Benefits are recorded when paid.

Fees and Expenses

For the years ended September 30, 2023 and 2022, the Retirement Fund paid all significant fees incurred to manage the Retirement Fund.

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. The significant area of estimation used in the preparation of the accompanying financial statements relates to the measurement of fair value of investments. Future events may occur which may cause the assumptions used in arriving at these estimates to change. The effect of any changes will be recorded in the financial statements, when determinable.

NOTE 3 – FAIR VALUE MEASUREMENTS

The FASB ASC 820, *Fair Value Measurement*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

MARITIME ASSOCIATION – I.L.A. RETIREMENT FUND
NOTES TO THE FINANCIAL STATEMENTS
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The three levels of the fair value hierarchy under ASC 820 are described below:

- Level 1* Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Retirement Fund has the ability to access.
- Level 2* Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability; and
 - 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.

The following is a description of the valuation methodologies used for assets measured at fair value.

Mutual Funds: Investments in mutual funds are valued using a market approach at the net asset value ("NAV") of shares held. The NAV is generally based on prices from a public exchange, which is normally the principal market on which the investments are traded and is considered Level 1.

Common Collective Trust ("CCT"): Investments in Vanguard Target Retirement Trust I for 2023 and 2022 (Income, 2015, 2020, 2025, 2030, 2035, 2040, 2045, 2050, 2055, 2060, 2065 and 2070) and the Vanguard Retirement Savings Trust III are reported in the fair value table without leveling due to the fact that CCTs are measured using the net asset value (NAV) per share practical expedient.

MARITIME ASSOCIATION – I.L.A. RETIREMENT FUND
NOTES TO THE FINANCIAL STATEMENTS
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The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Retirement Fund believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There have been no changes in the methodology used at September 30, 2023 and 2022.

The following sets forth by level, within the fair value hierarchy, the Retirement Fund's investments at fair value as of September 30, 2023:

September 30, 2023				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 147,865,054	\$ —	\$ —	\$ 147,865,054
<i>Investment measured at NAV</i>				
<i>practical expedient</i>				
Common collective trusts				575,270,672
Total investments, at fair value				\$ 723,135,726

The following sets forth by level, within the fair value hierarchy, the Retirement Fund's investments at fair value as of September 30, 2022:

September 30, 2022				
	Level 1	Level 2	Level 3	Total
Mutual Funds	\$ 102,163,339	\$ —	\$ —	\$ 102,163,339
<i>Investment measured at NAV</i>				
<i>practical expedient:</i>				
Common collective trust				520,328,422
Total investments, at fair value				\$ 622,491,761

NOTE 4 – FAIR VALUE OF INVESTMENTS IN ENTITIES THAT USE NAV

The following table sets forth a summary of the Retirement Fund's investments with a reported NAV as of September 30, 2023 and 2022:

September 30, 2023					
	Fair Value	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Common Collective Trusts	\$ 575,270,672	None	Immediate	None	None
September 30, 2022					
	Fair Value	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Common Collective Trust	\$ 520,328,422	None	Immediate	None	None

MARITIME ASSOCIATION – I.L.A. RETIREMENT FUND
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEARS ENDED SEPTEMBER 30, 2023 and 2022

NOTE 5 – PARTIES-IN-INTEREST TRANSACTIONS

Maritime Association – I.L.A. sponsor various funds for the benefit of its participants, which include this Retirement Fund, as well as Vacation, Pension, and Welfare Funds. Certain administrative expenses incurred on behalf of the Maritime Association – I.L.A., as a whole, are allocated to each fund based on that fund's proportionate share of the total expense. Each fund's proportionate share of these expenses is based on job descriptions and actual space/material usage and may vary based on the nature of the expense. Such allocated expenses have been presented as "Operating expenses" and "Professional fees" on the statements of changes in net assets available for benefits for the years ended September 30, 2023 and 2022.

Certain Plan investments, amounting to \$691,265,843 and \$586,715,124 at September 30, 2023 and 2022, respectively, are managed by the Trustee. Fees paid by the Retirement Fund for the investment management services amounted to \$553,468 and \$723,072 for the years ended September 30, 2023 and 2022, respectively.

The Retirement Fund (along with the Maritime Association – I.L.A. Welfare and Vacation Funds) leases office space in a building owned by the Maritime Association – I.L.A. Pension Fund until December 2022 when the building was sold. For the fiscal years ended September 30, 2023 and 2022, the Retirement Fund paid rent of \$14,694 and \$32,249, respectively, in connection with this lease to the Pension Fund.

NOTE 6 – FEDERAL INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Retirement Fund by a letter dated September 29, 2015, that the Retirement Fund and the related trust are designed in accordance with the applicable sections of the IRC. The Retirement Fund has been amended since receiving this determination letter. However, the Retirement Fund administrator and general counsel believes that the trust is currently designed and being operated in compliance with the applicable requirements of the IRC. Management will do whatever is necessary to maintain the qualified tax status of the trust. Therefore, no provision for income taxes has been included in the Retirement Fund's financial statements.

The Retirement Fund administrator has concluded that as of September 30, 2023 and 2022, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Retirement Fund is also subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

MARITIME ASSOCIATION – I.L.A. RETIREMENT FUND
NOTES TO THE FINANCIAL STATEMENTS
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NOTE 7 – RETIREMENT FUND TERMINATION

Although the Board of Trustees has not expressed any intent to do so, it may terminate the Retirement Fund at any time subject to the provisions of ERISA. In the event of such termination, participants will become 100% vested in their accounts, and the net assets of the Retirement Fund would be allocated among participants and beneficiaries of the Retirement Fund in the order provided for by ERISA.

NOTE 8 – SUBSEQUENT EVENTS

The management of the Retirement Fund has evaluated subsequent events through January 29, 2025; the date the financial statements were available to be issued. No changes were made, or are necessary to be made, to the financial statements as a result of this evaluation.

SUPPLEMENTAL SCHEDULE



IRS announces tax relief for victims of Hurricane Beryl in Texas; various deadlines postponed to Feb. 3, 2025

TX-2024-08, July 22, 2024

WASHINGTON — The Internal Revenue Service announced today tax relief for individuals and businesses in 67 Texas counties, affected by Hurricane Beryl that began on July 5, 2024. These taxpayers now have until Feb. 3, 2025, to file various federal individual and business tax returns and make tax payments.

Following the disaster declaration issued by the [Federal Emergency Management Agency \(FEMA\)](#), individuals and households that reside or have a business in Anderson, Angelina, Aransas, Austin, Bowie, Brazoria, Brazos, Burleson Calhoun, Cameron, Camp, Cass, Chambers, Cherokee, Colorado, Dewitt, Fayette, Fort Bend, Freestone, Galveston, Goliad, Gregg, Grimes, Hardin, Harris, Harrison, Hidalgo, Houston, Jackson, Jasper, Jefferson, Kenedy, Kleberg, Lavaca, Lee, Leon, Liberty, Madison, Marion, Matagorda, Milam, Montgomery, Morris, Nacogdoches, Newton, Nueces, Orange, Panola, Polk, Refugio, Robertson, Rusk, Sabine, San Augustine, San Jacinto, San Patricio, Shelby, Trinity, Tyler, Upshur, Victoria, Walker, Waller, Washington, Webb, Wharton and Willacy counties qualify for tax relief.

The declaration permits the IRS to postpone certain tax-filing and tax-payment deadlines for taxpayers who reside or have a business in the disaster area. For instance, certain deadlines falling on or after July 5, 2024, and before Feb. 3, 2025, are granted additional time to file through Feb. 3, 2025. As a result, affected individuals and businesses will have until Feb. 3, 2025, to file returns and pay any taxes that were originally due during this period.

The Feb. 3, 2025 filing deadline applies to:

- Individuals who had a valid extension to file their 2023 return due to run out on Oct. 15, 2024. The IRS noted, however, that because tax payments related to these 2023 returns were due on April 15, 2024, those payments are not eligible for this relief.
- Businesses with an original or extended due date including, among others, calendar-year partnerships and S corporations whose 2023 extensions run out on Sept. 16, 2024, and calendar-year corporations whose 2023

extensions run out on Oct. 15, 2024.

The Feb. 3, 2024, deadline also applies to any payment normally due during this period, including the quarterly estimated tax payments due on Sept. 16, 2024, and Jan. 15, 2025, and the quarterly payroll and excise tax returns normally due on July 31, 2024, Oct. 31, 2024, and Jan. 31, 2025. Affected taxpayers with returns and payments with due dates postponed until Nov. 1, 2024, due to severe storms, straight-line winds, tornadoes and flooding in Texas (**TX-2024-13**) will also now have until Feb. 3, 2025, to file and/or pay. In addition, penalties on payroll and excise tax deposits due on or after July 5, 2024, and before July 22, 2024, will be abated as long as the tax deposits are made by July 22, 2024.

If an affected taxpayer receives a late filing or late payment penalty notice from the IRS that has an original filing, payment or deposit due date that falls within the postponement period, the taxpayer should call the telephone number on the notice to have the IRS abate the penalty.

The IRS automatically identifies taxpayers located in the covered disaster area and applies filing and payment relief. But affected taxpayers who reside or have a business located outside the covered disaster area should call the IRS disaster hotline at [866-562-5227](tel:866-562-5227) to request this tax relief. Disaster area tax preparers with clients located outside the disaster area can choose to use the [bulk requests from practitioners for disaster relief](#) option, described on [IRS.gov](https://www.irs.gov).

Covered disaster area

The localities listed above constitutes a covered disaster area for purposes of Treas. Reg. §301.7508A-1(d)(2) and are entitled to the relief detailed below.

Affected taxpayers

Taxpayers considered to be affected taxpayers eligible for the postponement of time to file returns, pay taxes and perform other time-sensitive acts are those taxpayers listed in Treas. Reg. § 301.7508A-1(d)(1), and include individuals who live, and businesses (including tax-exempt organizations) whose principal place of business is located, in the covered disaster area. Taxpayers not in the covered disaster area, but whose records necessary to meet a deadline listed in Treas. Reg. § 301.7508A-1(c) are in the covered disaster area, are also entitled to relief. In addition, all relief workers affiliated with a recognized government or philanthropic organization assisting in the relief activities in the covered disaster area and any individual visiting the covered disaster area who was killed or injured as a result of the disaster are entitled to relief.

Under section 7508A, the IRS gives affected taxpayers until Feb. 3, 2025, to file most tax returns (including individual, corporate, and estate and trust income tax returns; partnership returns, S corporation returns, and trust returns; estate, gift, and generation-skipping transfer tax returns; annual information returns of tax-exempt organizations; and employment and certain excise tax returns), that have either an original or extended due date occurring on or after July 5, 2024, and before Feb. 3, 2025, are granted additional time to file through Feb. 3, 2025.

Affected taxpayers that have an estimated income tax payment originally due on or after July 5, 2024, are postponed through Feb. 3, 2025, will not be subject to penalties for failure to pay estimated tax installments as long as such payments are paid on or before Feb. 3, 2025.

The IRS also gives affected taxpayers until Feb. 3, 2025, to perform other time-sensitive actions described in Treas. Reg. § 301.7508A-1(c)(1) and Rev. Proc. 2018-58, 2018-50 IRB 990 (December 10, 2018), that are due to be performed on or after July 5, 2024, and before Feb. 3, 2025, are granted additional time to file through Feb. 3, 2025.

This relief also includes the filing of Form 5500 series returns that were required to be filed on or after July 5, 2024, and before Feb. 3, 2025, are postponed through Feb. 3, 2025, in the manner described in section 8 of Rev. Proc. 2018-58. The relief described in section 17 of Rev. Proc. 2018-58, pertaining to like-kind exchanges of property, also applies to certain taxpayers who are not otherwise affected taxpayers and may include acts required to be performed before or after the period above.

Unless an act is specifically listed in Rev. Proc. 2018-58, the postponement of time to file and pay does not apply to information returns in the W-2, 1094, 1095, 1097, 1098 or 1099 series; to Forms 1042-S, 3921, 3922 or 8027; or to employment and excise tax deposits. However, penalties on deposits due on or after July 5, 2024, and before July 22, 2024, will be abated as long as the tax deposits were made by July 22, 2024.

Casualty losses

Affected taxpayers in a federally declared disaster area have the option of claiming disaster-related casualty losses on their federal income tax return for either the year in which the event occurred, or the prior year. In this instance, the 2024 return normally filed next year), or the return for the prior year (the 2023 return filed this year). Taxpayers have extra time – up to six months after the due date of the taxpayer’s federal income tax return for the disaster year (without regard to any extension of time to file) – to make the election. See [Publication 547](#) for details. Individuals may deduct personal property losses that are not covered by insurance or other reimbursements. For details, see [Form 4684, Casualties and Thefts](#) [PDF](#) and its [instructions](#) [PDF](#). Affected taxpayers claiming the disaster loss on their return should put FEMA disaster declaration number, **4798-DR** on any return. See [Publication 547](#) for details.

Other relief

The IRS will waive the usual fees and requests for copies of previously filed tax returns for affected taxpayers. Taxpayers should put the assigned FEMA declaration number (**4798-DR**), in bold letters at the top of [Form 4506, Request for Copy of Tax Return](#) [PDF](#), or [Form 4506-T, Request for Transcript of Tax Return](#) [PDF](#), as appropriate, and submit it to the IRS.

Qualified disaster relief payments are generally excluded from gross income. This means that affected taxpayers can exclude from their gross income amounts received from a government agency for reasonable and necessary personal, family, living or funeral expenses, as well as for the repair or rehabilitation of their home, or for the

repair or replacement of its contents. See [Publication 525](#) for details.

Additional relief may be available to affected taxpayers who participate in a retirement plan or individual retirement arrangement (IRA). For example, a taxpayer may be eligible to take a special disaster distribution that would not be subject to the additional 10% early distribution tax and allows the taxpayer to spread the income over three years. Taxpayers may also be eligible to make a hardship withdrawal. Each plan or IRA has specific rules and guidance for their participants to follow.

The IRS may provide additional disaster relief in the future.

Affected taxpayers who are contacted by the IRS on a collection or examination matter should explain how the disaster impacts them so that the IRS can provide appropriate consideration to their case. Taxpayers may [download forms and publications](#) from the official IRS website, IRS.gov.

Reminder about tax return preparation options

- Eligible individuals or families can get free help preparing their tax return at [Volunteer Income Tax Assistance \(VITA\)](#) or [Tax Counseling for the Elderly \(TCE\)](#) sites. To find the closest free tax help site, use the [VITA Locator Tool](#)  or call 800-906-9887. **Note that normally, VITA sites cannot help claim disaster losses.**
- To find an AARP Tax-Aide site, use the [AARP Site Locator Tool](#)  or call 888-227-7669.
- Any individual or family whose adjusted gross income (AGI) was \$79,000 or less in 2023 can use [IRS Free File's guided tax software](#) at no cost. There are products in English and Spanish.
- Another Free File option is [Free File Fillable Forms](#). These are electronic federal tax forms, equivalent to a paper 1040 and are designed for taxpayers who are comfortable filling out IRS tax forms. Anyone, regardless of income, can use this option.
- [MilTax](#), a Department of Defense program, offers free return preparation software and electronic filing for federal tax returns and up to three state income tax returns. It's available for all military members and some veterans, with no income limit.

Page Last Reviewed or Updated: 18-Sep-2024

MARITIME ASSOCIATION - I.L.A. RETIREMENT FUND

EIN 74-1721447

PLAN NUMBER 002

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SEPTEMBER 30, 2023

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	First American Government Fd Cl Z	Registered Investment Company	\$ -	16,865,553
	AF Grwth Fd of America R6	Registered Investment Company	-	9,392,038
	Blkrk Global Allocation Instl	Registered Investment Company	-	902,137
	ClearBridge Md Cp Cl IS	Registered Investment Company	-	1,370,974
	DFA US Targeted Value Prt	Registered Investment Company	-	1,456,868
	PGIM Jenn Sm Co R6	Registered Investment Company	-	1,882,313
*	Vanguard Cash Res Fed MM Adm	Registered Investment Company	-	551,073
*	Vanguard Eqty Inc Fnd Adm	Registered Investment Company	-	2,871,174
*	Vanguard Extended Market Idx Fnd Adm	Registered Investment Company	-	12,863,807
*	Vanguard High-Yield Corp Adm	Registered Investment Company	-	3,028,545
*	Vanguard Inst Index Fd Inst'l	Registered Investment Company	-	42,356,312
*	Vanguard Real Est Idx Fnd Inst	Registered Investment Company	-	1,624,194
*	Vanguard Total Bond Idx Inst	Registered Investment Company	-	25,002,287
*	Vanguard Total Intl Stock Idx Fnd Admiral	Registered Investment Company	-	27,697,779
*	Vanguard Retirement Savings Trust III	Common/Collective Trust	-	103,188,710
*	Vanguard Tgt Retire 2020 Tr I	Common/Collective Trust	-	31,974,043
*	Vanguard Tgt Retire 2025 Tr I	Common/Collective Trust	-	71,461,311
*	Vanguard Tgt Retire 2030 Tr I	Common/Collective Trust	-	71,776,772
*	Vanguard Tgt Retire 2035 Tr I	Common/Collective Trust	-	61,672,722
*	Vanguard Tgt Retire 2040 Tr I	Common/Collective Trust	-	71,722,726
*	Vanguard Tgt Retire 2045 Tr I	Common/Collective Trust	-	52,127,396
*	Vanguard Tgt Retire 2050 Tr I	Common/Collective Trust	-	35,934,203
*	Vanguard Tgt Retire 2055 Tr I	Common/Collective Trust	-	25,394,393
*	Vanguard Tgt Retire 2060 Tr I	Common/Collective Trust	-	14,559,803
*	Vanguard Tgt Reitre 2065 Tr I	Common/Collective Trust	-	7,625,545
*	Vanguard Tgt Reitre 2070 Tr I	Common/Collective Trust	-	492,708
*	Vanguard Tgt Retire Inc Tr I	Common/Collective Trust	-	27,246,049
*	Vanguard Tgt Retire Inc & Growth Tr I	Common/Collective Trust	-	94,291
Totals			\$ -	\$ 723,135,726

* Indicates party-in-interest transactions.