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| <p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | <p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p> |
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

| | |
|---|--|
| <p>1a Name of plan <u>STA OF BALTIMORE - ILA CONTAINER ROYALTY PLAN</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>501</u></p> |
| <p>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) <u>BOARD OF TRUSTEES OF THE STA OF BALTIMORE - ILA CONTAINER ROYALTY</u></p> <p><u>6610 TRIBUTARY STREET</u> <u>BALTIMORE, MD 21224-6514</u></p> | <p>1c Effective date of plan <u>11/01/1982</u></p> <p>2b Employer Identification Number (EIN) <u>52-0953443</u></p> <p>2c Plan Sponsor's telephone number <u>410-633-9330</u></p> <p>2d Business code (see instructions) <u>483000</u></p> |

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. | 06/17/2025 | RICHARD P. KRUEGER JR. |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | Filed with authorized/valid electronic signature. | 06/17/2025 | DOUGLAS WOLFE |
| | 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 <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 1263 |
| 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(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) 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) | 1263 |
| | 6a(2) | 1260 |
| | 6b | |
| | 6c | |
| | 6d | 1260 |
| | 6e | |
| | 6f | |
| | 6g(1) | |
| 6g(2) | | |
| 6h | | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)..... | 7 | 20 |

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4Q

| | |
|---|---|
| 9a Plan funding arrangement (check all that apply) | 9b Plan benefit arrangement (check all that apply) |
| (1) <input type="checkbox"/> Insurance | (1) <input type="checkbox"/> Insurance |
| (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts | (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| (3) <input checked="" type="checkbox"/> Trust | (3) <input checked="" type="checkbox"/> Trust |
| (4) <input type="checkbox"/> General assets of the sponsor | (4) <input type="checkbox"/> General assets of the sponsor |

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

| | |
|--|---|
| a Pension Schedules | b General Schedules |
| (1) <input type="checkbox"/> R (Retirement Plan Information) | (1) <input checked="" type="checkbox"/> H (Financial Information) |
| (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) <input type="checkbox"/> I (Financial Information – Small Plan) |
| (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ |
| (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ | (4) <input checked="" type="checkbox"/> C (Service Provider Information) |
| (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information) | (5) <input type="checkbox"/> D (DFE/Participating Plan Information) |
| | (6) <input type="checkbox"/> G (Financial Transaction Schedules) |

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | 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. | <small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection. |
|--|--|---|

For calendar plan year 2023 or fiscal plan year beginning **11/01/2023** and ending **10/31/2024**

| | | |
|---|--|------------|
| A Name of plan STA OF BALTIMORE - ILA CONTAINER ROYALTY PLAN | B Three-digit plan number (PN) ▶ | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE STA OF BALTIMORE - ILA CONTAINER ROYALTY | D Employer Identification Number (EIN) 52-0953443 | |

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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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)

MEGHAN COWAN

52-0953443

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 50 | PLAN EMPLOYEE | 182094 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

ANTWON LEMON

52-0953443

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 50 | PLAN EMPLOYEE | 182094 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

JULIE MITCHELL

52-0953443

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 30 50 | PLAN EMPLOYEE | 182094 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

WITHUMSMITH+BROWN, PC

22-2027092

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10 50 | NONE | 33398 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

ABATO, RUBENSTEIN & ABATO, PA

52-0904713

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 29 50 | NONE | 27094 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

STA OF BALTIMORE INFO SERVICES, INC

52-1331539

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 49 50 | NONE | 13335 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

EBERTS & HARRISON, INC

52-0816262

| (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? |
|------------------------|---|--|--|--|---|--|
| 23 50 | NONE | 8719 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

| | | |
|--|--|---|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | 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 2023 This Form is Open to Public Inspection |
|--|--|---|

For calendar plan year 2023 or fiscal plan year beginning **11/01/2023** and ending **10/31/2024**

| | | |
|---|--|------------|
| A Name of plan STA OF BALTIMORE - ILA CONTAINER ROYALTY PLAN | B Three-digit plan number (PN) ▶ | 501 |
| C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE STA OF BALTIMORE - ILA CONTAINER ROYALTY | D Employer Identification Number (EIN) 52-0953443 | |

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.

| | | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| Assets | | | |
| a Total noninterest-bearing cash | 1a | 204588 | 232896 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | | |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | | 311627 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 13755410 | 9474208 |
| (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) | | |
| (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) | | |
| (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 | 13959998 | 10018731 |
| Liabilities | | | |
| g Benefit claims payable | 1g | 12391793 | 9947266 |
| h Operating payables | 1h | | |
| i Acquisition indebtedness | 1i | | |
| j Other liabilities | 1j | 1500915 | |
| k Total liabilities (add all amounts in lines 1g through 1j) | 1k | 13892708 | 9947266 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f) | 1l | 67290 | 71465 |

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) | 10457565 | |
| (B) Participants | 2a(1)(B) | | |
| (C) Others (including rollovers) | 2a(1)(C) | | |
| (2) Noncash contributions | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) | 2a(3) | | 10457565 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 323157 | |
| (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) | | 323157 |
| (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) | | |
| (D) Total dividends. Add lines 2b(2)(A), (B), and (C) | 2b(2)(D) | | 0 |
| (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) | | |
| (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) | | |
| (7) Net investment gain (loss) from pooled separate accounts..... | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts..... | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities..... | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) | | |
| c Other income..... | 2c | | 67735 |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | | 10848457 |

Expenses

| | | | |
|--|---------------|---------|----------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers..... | 2e(1) | 9956976 | |
| (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) | | 9956976 |
| f Corrective distributions (see instructions)..... | 2f | | |
| g Certain deemed distributions of participant loans (see instructions)..... | 2g | | |
| h Interest expense..... | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances..... | 2i(1) | 733574 | |
| (2) Contract administrator fees..... | 2i(2) | | |
| (3) Recordkeeping fees..... | 2i(3) | | |
| (4) IQPA audit fees..... | 2i(4) | 33398 | |
| (5) Investment advisory and investment management fees..... | 2i(5) | 1686 | |
| (6) Bank or trust company trustee/custodial fees..... | 2i(6) | 6397 | |
| (7) Actuarial fees..... | 2i(7) | | |
| (8) Legal fees..... | 2i(8) | 28332 | |
| (9) Valuation/appraisal fees..... | 2i(9) | | |
| (10) Other trustee fees and expenses..... | 2i(10) | | |
| (11) Other expenses..... | 2i(11) | 83919 | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 887306 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 10844282 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 4175 |
| 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: WITHUMSMITH+BROWN, PC

(2) EIN: 22-2027092

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

| | Yes | No | Amount |
|--|-----|----|---------|
| 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.) | | X | |
| 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 | |
| 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 | |
| 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 | |
| e Was this plan covered by a fidelity bond? | X | | 1000000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| 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 | |
| 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 | |
| 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 | | |
| 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 | | |
| 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 | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | 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. | | | |

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 _____.

STA of Baltimore-ILA Container Royalty Plan

EIN 52-0953443

Plan No. 501

Plan Year Ended October 31,2024

Form 5500, Schedule H, Part III

Financial Statements used to formulate IQPA's opinion

The entire report has been attached to the Accountant's Opinion

STA OF BALTIMORE - ILA CONTAINER ROYALTY PLAN
Financial Statements - Modified Cash Basis
October 31, 2024 and 2023
With Independent Auditor's Report

STA of Baltimore - ILA Container Royalty Plan
Table of Contents
October 31, 2024 and 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
STA of Baltimore - ILA Container Royalty Plan:

Opinion

We have audited the financial statements of the STA of Baltimore - ILA Container Royalty Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits and benefit obligations - modified cash basis as of October 31, 2024 and 2023, the related statement of changes in net assets available for benefits and benefit obligations - modified cash basis for the year ended October 31, 2024, and the related notes to the financial statements - modified cash basis.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations (modified cash basis) of STA of Baltimore - ILA Container Royalty Plan as of October 31, 2024 and 2023, and the changes in net assets available for benefits and benefit obligations (modified cash basis) for the year ended October 31, 2024, in accordance with the modified cash basis of accounting described in Note 2.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of STA of Baltimore - ILA Container Royalty Plan 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.

Emphasis of Matter - Basis of Accounting

We draw attention to Note 2 to the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2, and for determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Report on Supplementary Information

Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of October 31, 2024 and schedule of reportable transactions - single transactions exceeding 5% of the plan assets and schedule of reportable transactions - aggregate transactions exceeding 5% of the plan assets for the year then ended are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's ("DOL'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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

Supplemental Schedule of Administrative Expenses - Modified Cash Basis

The supplemental schedule of administrative expenses - modified cash basis for the year ended October 31, 2024 is being presented for the purposes of additional analysis and is not a required part of the financial statements and has been subjected to audit procedures performed in conjunction with the audit of STA of Baltimore - ILA Container Royal Plan's financial statements. This supplementary information is the responsibility of STA of Baltimore - ILA Container Royal Plan's management. Our audit procedures included determining whether this supplementary information reconciles to the financial statements or the underlying accounting and other records, as applicable, and performing procedures to test the completeness and accuracy of the information presented within the schedule of administrative expenses - modified cash basis. In our opinion, the schedule of administrative expenses - modified cash basis is fairly stated, in all material respects, in relation to the financial statements as a whole.

Withum Smith + Brown, PC

June 17, 2025

STA of Baltimore - ILA Container Royalty Plan
Statements of Net Assets Available for Benefits and Benefit Obligations -
Modified Cash Basis
October 31, 2024 and 2023

| | <u>2024</u> | <u>2023</u> |
|---|-------------------|-------------------|
| Net assets available for benefits | | |
| Assets | | |
| Cash | \$ 232,896 | \$ 204,588 |
| Investment, at cost | 9,474,208 | 13,755,410 |
| Excess contributions from the Annual Contribution Cap Calculation | <u>311,627</u> | <u>-</u> |
| Total assets | <u>10,018,731</u> | <u>13,959,998</u> |
| Liabilities | | |
| Pass-through contributions due to the CRCCF | <u>-</u> | <u>1,500,915</u> |
| Total liabilities | <u>-</u> | <u>1,500,915</u> |
| Net assets available for benefits | 10,018,731 | 12,459,083 |
| Benefit obligations | | |
| Supplemental benefits and related employer payroll taxes payable | <u>9,947,266</u> | <u>12,391,793</u> |
| Excess of net assets available for benefits over benefit obligations | <u>\$ 71,465</u> | <u>\$ 67,290</u> |

The Notes to Financial Statements - Modified Cash Basis are an integral part of these statements.

STA of Baltimore - ILA Container Royalty Plan
Statement of Changes in Net Assets Available for Benefits and Benefit Obligations -
Modified Cash Basis
Year Ended October 31, 2024

Change in net assets available for benefits

| | |
|---|--------------------|
| Additions | |
| Employer contributions | \$ 10,457,565 |
| Reimbursements | 43,300 |
| Other income | <u>24,435</u> |
| | <u>10,525,300</u> |
| | |
| Investment income | |
| Interest income | 323,157 |
| Less: Investment fees and charges | <u>(1,686)</u> |
| | <u>321,471</u> |
| Total additions | <u>10,846,771</u> |
| | |
| Supplemental benefits paid and related employer payroll taxes | 12,401,503 |
| Administrative expenses | <u>885,620</u> |
| Total deductions | <u>13,287,123</u> |
| | |
| Net change in net assets available for benefits | <u>(2,440,352)</u> |

Change in benefit obligation

| | |
|--|--------------------|
| Supplemental benefits and related employer payroll taxes payable | |
| Beginning of year | 12,391,793 |
| End of year | <u>(9,947,266)</u> |
| Net change in benefit obligations | <u>2,444,527</u> |

Net change in excess of net assets

| | |
|--|------------------|
| available for benefits over benefit obligations | 4,175 |
| Beginning of year | <u>67,290</u> |
| End of year | <u>\$ 71,465</u> |

The Notes to Financial Statements - Modified Cash Basis are an integral part of this statement.

STA of Baltimore - ILA Container Royalty Plan
Notes to Financial Statements - Modified Cash Basis
October 31, 2024 and 2023

1. DESCRIPTION OF THE PLAN

The following description of the STA of Baltimore - ILA Container Royalty Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit multiemployer employee welfare benefit plan that was established in 1972 pursuant to collective bargaining to provide supplemental benefits and protection from the decrease of employment opportunities resulting from containerized cargo in the Port of Baltimore. The Plan is jointly administered by the Board of Trustees, which consists of equal representation from members of the Steamship Trade Association of Baltimore, Inc. ("STA") and the International Longshoremen's Association Locals 333, 953, and 1429 ("ILA").

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Eligibility

Participants are eligible for the supplemental benefits upon completing 700 hours of service during a given contract year provided that the participants either (a) were eligible to receive a benefit with respect to a contract year ending in 1971, 1972, or 1973, or (b) worked at least 700 hours in at least five out of six consecutive contract years after September 30, 1973.

Benefits

The Plan provides supplemental benefits that are distributed equally to eligible participants using a predetermined formula, which is designed to provide the maximum distribution for a given contract year, i.e., the twelve-month period from October 1st through September 30th. The total distribution amount is calculated by taking the contributions collected by the Plan for the contract year and subtracting from it the cash expenses paid by the Plan during the contract year. Additional amounts are withheld from the total distribution to pay for the Plan's portion of the employer payroll taxes related to the supplemental benefits paid, as well as to establish a reserve for future claims and other contingencies and claims. Should these estimated reserves be insufficient to meet the ultimate obligation of the Plan for a given contract year, the deficit will be absorbed in the subsequent year.

The supplemental benefits for the current contract year are paid to the eligible participants after the end of the Plan's fiscal year.

Funding

The participating employers are obligated to provide contributions to the Plan pursuant to the terms and conditions of the collective bargaining agreements; the previous agreement expired September 30, 2024 (the most recent agreement expires September 30, 2030). Contributions to the Plan are remitted by the participating employers at a rate of \$2 per ton of containerized cargo handled by the ILA members in the Port of Baltimore. Contributions are further subject to an annual cap based on an agreement reached between the Plan, the Container Royalty Central Collection Fund ("CRCCF"), and the United States Maritime Alliance, LTD ("USMX") (see Note 5).

Participant contributions are not permitted under the Plan.

STA of Baltimore - ILA Container Royalty Plan
Notes to Financial Statements - Modified Cash Basis
October 31, 2024 and 2023

Plan Termination

Although the Board of Trustees have expressed no intention to terminate the Plan, if the Plan were to terminate, the Trustees would use any remaining funds in the Plan to continue to provide supplemental benefits to eligible Plan participants and to defray the cost of administering the Plan.

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements are prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America ("U.S. GAAP"). Under this basis of accounting, the only assets recognized in the financial statements are cash, investments, and excess contributions from the annual cap calculation (see Note 5). The only liabilities recognized in the financial statements are pass-through contributions which are payable to the CRCCF (see Note 5) and the obligation to provide supplemental benefits to eligible participants (the supplemental benefit obligation also includes a liability for the Plan's portion of the employer payroll taxes related to the supplemental benefit). Except for the assets and liabilities described above, all transactions are recognized in the financial statements as either cash receipts or cash disbursements.

The modified cash basis of accounting differs from U.S. GAAP primarily because unrealized gains or losses on investments, accounts receivable, prepaid expenses, accounts payable, and accrued expenses, except for employer payroll taxes noted above, are not included in the financial statements. In addition, the Plan recognizes lease costs as rent expense when paid. This differs from U.S. GAAP, which requires the recognition of lease assets and lease liabilities by lessees for both capital (finance) and operating leases. Since the financial statements are not prepared in accordance with the accrual basis of accounting, the financial statements are not intended to present the Plan's financial activity in conformity with U.S. GAAP.

Investment Valuation and Income Recognition

Investments are recorded at cost. Interest income is recognized when received.

Credit Risk

The Plan, at times throughout the year, has funds on deposit with financial institutions in excess of federally insured amounts. Any loss incurred or a lack of access to such funds could have a significant adverse impact on the Plan's financial condition, results of operations, and cash flows.

Employer Contributions and Pass-Through Contributions Due to the CRCCF

Contributions are recognized when collected. Contributions are adjusted for excess contributions from the annual contribution cap calculation and pass-through contributions due to the CRCCF related to the annual cap (see Note 5).

Payment of Benefits and Benefits Payable

Benefits are recorded as a deduction from net assets available for benefits when paid. Amounts due to eligible participants for the current contract year, which are paid to eligible participants after the end of the Plan's fiscal year, are recorded as a payable in the statements of net assets available for benefits and benefit obligations - modified cash basis. The change in the obligation is recorded in the statement of changes in net assets available for benefits and benefit obligations - modified cash basis.

Administrative Expenses

All expenses of maintaining the Plan are paid by the Plan.

STA of Baltimore - ILA Container Royalty Plan
Notes to Financial Statements - Modified Cash Basis
October 31, 2024 and 2023

Subsequent Events

Management of the Plan has evaluated subsequent events for the Plan through June 17, 2025, the date the financial statements were available to be issued.

3. TAX STATUS

The Trust established under the Plan to hold the Plan's assets received an exemption letter from the Internal Revenue Service ("IRS") dated November 23, 1983, stating that the Trust is tax-exempt under the provisions of Section 501(c)9 of the Internal Revenue Code. However, as a result of the Plan's funding policy, from time to time the Trust may be subject to income taxes. No federal or state income taxes have been recorded during the year ended October 31, 2024 for unrelated business taxable income.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

4. CASH AND INVESTMENTS

The cash and investments of the Plan are held by a bank-administered trust fund. The following table presents the Plan's cash and investments as of October 31, 2024 and 2023:

| | <u>2024</u> | <u>2023</u> |
|--|---------------------|----------------------|
| M&T Bank - Business Checking Accounts | \$ 232,896 | \$ 204,588 |
| Wilmington U.S. Treasury Money Market Fund | <u>9,474,208</u> | <u>13,755,410</u> |
| | <u>\$ 9,707,104</u> | <u>\$ 13,959,998</u> |

5. ANNUAL CONTRIBUTION CAP

Employer contributions to the Plan are subject to an annual cap, which is determined based on an agreement between the Plan and the United States Maritime Alliance, LTD. Amounts collected in excess of the cap are required to be paid to the CRCCF.

Based on the total contributions collected by the Plan for the 2024 contract year, management of the Plan determined pursuant to the agreement and communications with management of the CRCCF, that it had collected \$19,243 in excess of the annual cap. This amount was paid by the Plan to the CRCCF subsequent to October 31, 2024. Based on communications with management of the CRCCF, the cut-off date for determining the amounts received in excess of the annual cap was December 15, 2024. Contributions for the 2024 contract year received through December 15, 2024 were included in the amount collected in excess of the cap. However, contributions relating to the 2024 contract year that were collected after December 15, 2024 were excluded from this amount in accordance with the agreement between the Plan and the USMX.

The annual cap collected by the CRCCF is subject to additional requirements, which may reduce the initial cap amount required to be paid by the Plan. In January 2025, the CRCCF evaluated the initial cap remitted by the Plan and determined based on these requirements, that the final cap obligation for the 2024 contract year for the Plan was \$0. Consequently, the CRCCF refunded \$19,243 to the Plan in January 2025. This amount was subsequently paid to eligible participants of the Plan and has been included in the supplemental plan benefit obligation balance as of October 31, 2024.

STA of Baltimore - ILA Container Royalty Plan
Notes to Financial Statements - Modified Cash Basis
October 31, 2024 and 2023

As there were no amounts due to the CRCCF, the pass-through contributions due to the CRCCF liability as of October 31, 2024 is \$0. The \$311,627 in contributions received during the period of November 1, 2024 through December 15, 2024 is reported as excess contributions from the annual contribution cap calculation in the statement of net assets available for benefits and benefit obligations - modified cash basis.

Based on the total contributions collected by the Plan for the 2023 contract year, management of the Plan determined pursuant to the agreement and communications with management of the CRCCF, that it had collected \$4,252,140 in excess of the annual cap. This amount was paid by the Plan to the CRCCF subsequent to October 31, 2023. Based on communications with management of the CRCCF, the cut-off date for determining the amounts received in excess of the annual cap was December 15, 2023. Contributions for the 2023 contract year received through December 15, 2023 were included in the amount collected in excess of the cap. However, contributions relating to the 2023 contract year that were collected after December 15, 2023 were excluded from this amount in accordance with the agreement between the Plan and the USMX. In January 2024, the CRCCF evaluated the initial cap remitted by the Plan and determined based on these requirements, that the final cap obligation for the 2023 contract year for the Plan was \$1,812,112. Consequently, the CRCCF refunded \$2,440,028 to the Plan in January 2024. This amount was subsequently paid to eligible participants of the Plan and has been included in the supplemental plan benefit obligation balance as of October 31, 2023.

6. CONCENTRATION OF PARTICIPATING EMPLOYERS/SHIPPING LINES

There are approximately 20 participating employers of which three employers comprise approximately 85% and 80% of the total Plan activity as of October 31, 2024 and 2023, respectively. This activity includes, but is not limited to, excess contributions from the annual contribution cap calculation and pass-through contributions due to the CRCCF as of October 31, 2024 and 2023 and employer contributions for the year ended October 31, 2024.

| Participating Employers/Shipping Line | Percentage of Employer Contributions 2024 | Percentage of Employer Contributions 2023 |
|--|--|--|
| Mediterranean Shipping Company | 36.1% | 38.2% |
| Maersk Line | 26.8% | 19.5% |
| Evergreen Line | 11.6% | 13.0% |
| ZIM Integrated Shipping Services | 10.9% | 8.9% |

7. RELATED PARTY TRANSACTIONS

The Plan is one of several plans established pursuant to collective bargaining agreements between the STA and ILA. These plans generally share common trustees and office space.

The following related party transactions occurred during the fiscal year with respect to these related plans:

STA of Baltimore - ILA Container Royalty Plan
Notes to Financial Statements - Modified Cash Basis
October 31, 2024 and 2023

Office Space: Office space is leased from the STA-ILA Pension Plan pursuant to a non-cancellable operating lease, which expires November 30, 2033. The annual minimum rentals to be paid under the terms of the lease are as follows:

| | |
|-------------------------------------|-----------|
| Fiscal year ending October 31, 2025 | \$ 18,914 |
| Fiscal year ending October 31, 2026 | 19,488 |
| Fiscal year ending October 31, 2027 | 20,064 |
| Fiscal year ending October 31, 2028 | 20,673 |
| Fiscal year ending October 31, 2029 | 21,285 |
| Thereafter | 93,746 |

Annual rent expense for the fiscal year was \$19,870.

In January 2024, the Plan agreed to a fifth addendum to the operating lease with the STA-ILA Pension Plan, which supersedes the fourth addendum that was set to expire on December 31, 2026. The new agreement is effective for the period January 1, 2024 through November 30, 2033. The base rent is \$18,408 to be paid in equal monthly installments of \$1,534. The base rent shall increase by 3% for each lease year after the initial renewal year and shall continue to be payable in equal monthly installments.

Fringe Benefits: Office employees of the Plan are provided fringe benefits pursuant to agreements between the Plan and the related plans. These agreements run concurrent with the collective bargaining agreements and provide supplemental medical benefits from a multiemployer welfare employee benefit fund, severance and annuity benefits from a multiemployer defined contribution plan, and pension benefits from a multiemployer defined benefit plan (the defined benefit plan is funded annually). The following table summarizes the annual expense paid by the Plan:

| <u>Plan</u> | <u>Hourly Rate</u> | <u>Hours Per Employee Per Month</u> | <u>Annual Expense</u> |
|---|--------------------|-------------------------------------|-----------------------|
| Steamship Trade Association of Baltimore, Incorporated - International Longshoremen's Association | | | |
| Benefits Trust Fund | \$ 0.88 | 133.50 | \$ 4,229 |
| Severance and Annuity Plan | 5.00 | 173.33 | 31,199 |
| Pension Plan | 4.62 | 133.50 | 22,204 |

Administrative Service: The Plan pays for and is reimbursed in arrears from the STA of Baltimore - ILA Locals 953, 333, 1429 Vacation and Holiday Fund ("Vacation and Holiday Fund") for certain shared administrative services on a quarterly basis. Total expenses billed to and paid by the Vacation and Holiday Fund during the fiscal year, which represents reimbursements for expenses paid by the Plan for the contract year, were \$43,300.

Additionally, during the year ended October 31, 2024, the Plan paid the STA \$13,335 for certain data processing services.

STA of Baltimore - ILA Container Royalty Plan
Notes to Financial Statements - Modified Cash Basis
October 31, 2024 and 2023

8. TRANSACTIONS WITH PARTIES-IN-INTEREST

The Plan paid administrative fees to service providers, which includes \$1,686 in investment fees paid to M&T Bank, during the fiscal year that are considered party-in-interest transactions. These transactions are exempt from the prohibited transaction rules of ERISA.

9. RISKS AND UNCERTAINTIES

The Plan invests in a U.S. Treasury Money Market Fund. This investment is exposed to various risks such as inflation and credit risk. Management of the Plan believes these risks are not significant.

10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the accompanying 2024 and 2023 financial statements to the Form 5500.

| | <u>2024</u> | <u>2023</u> |
|---|--------------------|---------------------|
| Net assets available for benefits as reported within the financial statements | \$ 10,018,731 | \$ 12,459,083 |
| Benefit obligations currently payable | <u>(9,947,266)</u> | <u>(12,391,793)</u> |
| Net assets available for benefits as reported within the Form 5500 | <u>\$ 71,465</u> | <u>\$ 67,290</u> |

The following is a reconciliation of benefits paid to or for participants per the financial statements to the Form 5500 for the year ended October 31, 2024.

| | |
|--|---------------------|
| Benefits paid to or for participants as reported within the financial statements | \$ 12,401,503 |
| Benefit obligations currently payable, end of year | 9,947,266 |
| Benefit obligations currently payable, beginning of year | <u>(12,391,793)</u> |
| Benefits paid to or for participants reported within the Form 5500 | <u>\$ 9,956,976</u> |

11. SIGNIFICANT EVENT

On March 25, 2024, a container ship lost power and collided with the Francis Scott Key Bridge, causing it to collapse. Due to this collapse the main shipping channel into the Port of Baltimore was closed until June 11, 2024. The impact of the collapse and resulting closure of the main shipping channel had a significant impact on the Port of Baltimore's operations and resulted in a significant reduction in operations, work hours, and the amount of containerized cargo handled by ILA members in the Port of Baltimore. The significant reduction in containerized cargo, resulted in employer contributions decreasing 19% compared to the prior fiscal year. Prior to May 2024, the average monthly amount contributed to the Plan was \$1.2 million. During the period May 2024 through August 2024, the average monthly amount paid to the plan was \$218,000.

STA of Baltimore - ILA Container Royalty Plan
Notes to Financial Statements - Modified Cash Basis
October 31, 2024 and 2023

12. SUBSEQUENT EVENT

A new collective bargaining agreement (“master contract”) covering the period October 1, 2024 through September 30, 2030 was finalized in February 2025 between the ILA and USMX. Under the new master contract, the annual contribution cap was eliminated (see Note 5). Effective for the contract year ending September 30, 2025, the total amount of container royalty benefits payable to the eligible work force under the master contract in a port will be equal to the total employer contributions collected during the contract year, less local expenses (local expenses include the expenses of the local port’s fund office as well as the local port’s portion of the CRCCF expenses that will be allocated to the local port based on overall tonnage amounts).

SUPPLEMENTARY INFORMATION

STA of Baltimore - ILA Container Royalty Plan
Schedule of Administrative Expenses - Modified Cash Basis
Year Ended October 31, 2024

| | |
|-----------------------------|-------------------|
| Salaries and payroll taxes | \$ 594,631 |
| Pension and benefit expense | 123,043 |
| Legal and accounting | 61,730 |
| Office rent | 19,870 |
| Office expense | 16,007 |
| Expense allowance | 15,900 |
| Data process services | 13,335 |
| Insurance | 12,630 |
| Telephone | 9,660 |
| Printing | 1,548 |
| Equipment rental | 883 |
| Other | <u>16,383</u> |
| | <u>\$ 885,620</u> |

See Independent Auditor's Report.

STA of Baltimore - ILA Container Royalty Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #52-0953443, Plan #501
October 31, 2024

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value | (d) Cost | (e) Current Value |
|-----|--|---|---------------------|----------------------|
| | <u>Cash and Cash Equivalents</u> | | | |
| * | M&T Trust Company Account 9865698659 | Business Checking Account | \$ 208,344 | \$ 208,344 |
| * | M&T Trust Company Account 9865541719 | Business Checking Account | 24,552 | 24,552 |
| * | M&T Trust Company Account 68240 | Wilmington U.S. Treasury Money Market Fund | <u>9,474,208</u> | <u>9,474,208</u> |
| | | | <u>\$ 9,707,104</u> | <u>\$ 9,707,104</u> |
| * | Party-in-interest to the Plan. | | | |

See Independent Auditor's Report.

STA of Baltimore - ILA Container Royalty Plan
Schedule H, Line 4j - Schedule of Reportable Transactions - Single Transactions
Exceeding 5% of the Plan Assets
EIN #52-0953443, Plan #501
Year Ended October 31, 2024

| (a) Identity of Party Involved | (b) Description of Asset, Including Interest Rate and Maturity in Case of a Loan | (c) Purchase Price | (d) Selling Price | (e) Cost of Asset | (f) Net Gain or (Loss) |
|------------------------------------|--|-----------------------|----------------------|----------------------|---------------------------|
| M&T Trust Company Account 68240 | Wilmington U.S. Treasury Money Market Fund | \$ - | \$ 2,000,000 | \$ 2,000,000 | \$ - |
| M&T Trust Company Account 68240 | Wilmington U.S. Treasury Money Market Fund | - | 6,322,008 | 6,322,008 | - |
| M&T Trust Company Account 68240 | Wilmington U.S. Treasury Money Market Fund | - | 3,000,000 | 3,000,000 | - |
| M&T Trust Company Account 68240 | Wilmington U.S. Treasury Money Market Fund | 2,500,000 | - | 2,500,000 | - |
| M&T Trust Company Account 68240 | Wilmington U.S. Treasury Money Market Fund | 732,000 | - | 732,000 | - |
| M&T Trust Company Account 68240 | Wilmington U.S. Treasury Money Market Fund | 1,247,315 | - | 1,247,315 | - |
| M&T Trust Company Account 68240 | Wilmington U.S. Treasury Money Market Fund | 1,000,000 | - | 1,000,000 | - |
| M&T Trust Company Account 68240 | Wilmington U.S. Treasury Money Market Fund | 1,181,257 | - | 1,181,257 | - |

See Independent Auditor's Report.

STA of Baltimore - ILA Container Royalty Plan
Schedule H, Line 4j - Schedule of Reportable Transactions - Aggregate Transactions
Exceeding 5% of the Plan Assets
EIN #52-0953443, Plan #501
Year Ended October 31, 2024

| (a) Identity of Party Involved | (b) Description of Asset, Including Interest Rate and Maturity in Case of a Loan | Number of Transactions | (c) Purchase Price | (d) Selling Price | (e) Cost of Asset | (f) Net Gain or (Loss) |
|------------------------------------|---|---------------------------|-----------------------|----------------------|----------------------|---------------------------|
| M&T Trust Company Account 68240 | Wilmington U.S. Treasury Money Market Fund | 6 | \$ 7,107,571 | \$ - | \$ 7,107,571 | \$ - |
| M&T Trust Company Account 68240 | Wilmington U.S. Treasury Money Market Fund | 7 | - | 11,710,245 | 11,710,245 | - |

See Independent Auditor's Report.

STA of Baltimore-ILA Container Royalty Plan

EIN 52-0953443

Plan No. 501

Plan Year Ended October 31,2024

**Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Held at Year End)**

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

STA of Baltimore-ILA Container Royalty Plan

EIN 52-0953443

Plan No. 501

Plan Year Ended October 31,2024

**Form 5500, Schedule H, Part IV, Line 4j
Schedule of Reportable Transactions**

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

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

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

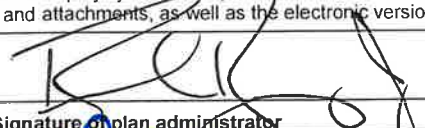
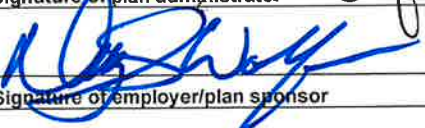
- A** This return/report is for:
 - a multiemployer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - a DFE (specify) _____
- B** This return/report is:
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here:
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - the DFVC program
 - special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here:

Part II Basic Plan Information—enter all requested information

| | |
|---|--|
| <p>1a Name of plan STA OF BALTIMORE - ILA CONTAINER ROYALTY PLAN</p> | <p>1b Three-digit plan number (PN) ▶ 501</p> |
| <p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF THE STA OF BALTIMORE - ILA CONTAINER ROYALTY</p> <p>6610 TRIBUTARY STREET BALTIMORE MD 21224-6514</p> | <p>1c Effective date of plan 11/01/1982</p> <p>2b Employer Identification Number (EIN) 52-0953443</p> <p>2c Plan Sponsor's telephone number (410) 633-9330</p> <p>2d Business code (see instructions) 483000</p> |

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 |  | 6/17/25 | RICHARD P. KRUEGER JR. |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE |  | 6/17/25 | DOUGLAS WOLFE |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

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

Form 5500 (2023)
v. 230728

| | | | | | | | | | | | | | | | | | | | | | |
|---|---|--------------|-------|--------------|-------|-----------|--|-----------|--|-----------|-------|-----------|--|-----------|--|--------------|--|--------------|--|-----------|--|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN 3c Administrator's telephone number | | | | | | | | | | | | | | | | | | | | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN 4d PN | | | | | | | | | | | | | | | | | | | | |
| 5 Total number of participants at the beginning of the plan year | 5 1,263 | | | | | | | | | | | | | | | | | | | | |
| 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(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) 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 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td style="text-align: right;">1,263</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">1,260</td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td style="text-align: right;">1,260</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table> | 6a(1) | 1,263 | 6a(2) | 1,260 | 6b | | 6c | | 6d | 1,260 | 6e | | 6f | | 6g(1) | | 6g(2) | | 6h | |
| 6a(1) | 1,263 | | | | | | | | | | | | | | | | | | | | |
| 6a(2) | 1,260 | | | | | | | | | | | | | | | | | | | | |
| 6b | | | | | | | | | | | | | | | | | | | | | |
| 6c | | | | | | | | | | | | | | | | | | | | | |
| 6d | 1,260 | | | | | | | | | | | | | | | | | | | | |
| 6e | | | | | | | | | | | | | | | | | | | | | |
| 6f | | | | | | | | | | | | | | | | | | | | | |
| 6g(1) | | | | | | | | | | | | | | | | | | | | | |
| 6g(2) | | | | | | | | | | | | | | | | | | | | | |
| 6h | | | | | | | | | | | | | | | | | | | | | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)..... | 7 20 | | | | | | | | | | | | | | | | | | | | |

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

4Q

| | |
|---|---|
| 9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor | 9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor |
|---|---|

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

| | |
|---|---|
| a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information) | b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules) |
|---|---|

SUPPLEMENTAL BENEFITS

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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____
