

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
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
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) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan AMERICAN MARITIME OFFICERS PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 10/22/1955
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 AMERICAN MARITIME OFFICERS PENSION PLAN 2 WEST DIXIE HIGHWAY DANIA BEACH, FL 33004
2b	Employer Identification Number (EIN) 13-1936709
2c	Plan Sponsor's telephone number 954-922-7428
2d	Business code (see instructions) 483000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/10/2025	T. CHRISTIAN SPAIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/10/2025	F. ANTHONY NACCARATO
	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 c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 4653
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) 967 6a(2) 916 6b 1988 6c 1031 6d 3935 6e 559 6f 4494 6g(1) 4653 6g(2) 4494 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 36

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

1A 1I 2C 2H

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
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached _____
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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

A Name of plan AMERICAN MARITIME OFFICERS PENSION PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE BOARD OF TRUSTEES AMERICAN MARITIME OFFICERS PENSION PLAN	D Employer Identification Number (EIN) 13-1936709

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

1a Enter the valuation date: Month 10 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 506013692
(2) Actuarial value of assets for funding standard account.....	1b(2) 526736779
c (1) Accrued liability for plan using immediate gain methods	1c(1) 565152121
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method.....	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method.....	1c(3) 565152121
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 891428413
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 2000000
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 48498231
(3) Expected plan disbursements for the plan year	1d(3) 46165930

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

SIGN HERE		
Signature of actuary KEVIN M. CULP	Date 23-07423	
Type or print name of actuary HORIZON ACTUARIAL SERVICES, LLC	Most recent enrollment number 240-247-4600	
Firm name 8601 GEORGIA AVENUE, SUITE 905 SILVER SPRING, MD 20910	Telephone number (including area code)	
Address of the firm		

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	506013692
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	2585	612080318
(2) For terminated vested participants	1046	87235090
(3) For active participants:		
(a) Non-vested benefits		5867009
(b) Vested benefits		186245996
(c) Total active	979	192113005
(4) Total	4610	891428413
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	56.76 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/01/2024	22012665				
Totals ►			3(b)	22012665	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 1500000

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	93.2 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability			6a	3.07 %
b Rates specified in insurance or annuity contracts				
c Mortality table code for valuation purposes:				
(1) Males.....	6c(1)	A	A	
(2) Females	6c(2)	A	A	
d Valuation liability interest rate	6d	7.00 %	7.00 %	
e Salary scale	6e	%	X N/A	
f Withdrawal liability interest rate:				
(1) Type of interest rate	6f(1)	☐ Single rate	☒ ERISA 4044	☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	3.8 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	12.7 %		
i Expense load included in normal cost reported in line 9b	6i	☐ N/A		
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%		
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	2000000		
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	15027782	1542028

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date	9b	2000000

c Amortization charges as of valuation date:**(1)** All bases except funding waivers and certain bases for which the amortization period has been extended**(2)** Funding waivers**(3)** Certain bases for which the amortization period has been extended

	Outstanding balance	
9c(1)	164286640	37284722
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c**9d** 2749931**e** Total charges. Add lines 9a through 9d**9e** 42034653**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 88705811**g** Employer contributions. Total from column (b) of line 3**9g** 22012665**h** Amortization credits as of valuation date**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 7304161**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL)**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

	Outstanding balance	
9h	37165487	4633017
9j(1)	160333337	
9j(2)	270911783	

9j(3) 0**k (1)** Waived funding deficiency**9k(1)** 0**(2)** Other credits**9k(2)** 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 122655654**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 80621001**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year**9o(1)** 0**(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)** 0**(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)** 0**(3)** Total as of valuation date**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan AMERICAN MARITIME OFFICERS PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE BOARD OF TRUSTEES AMERICAN MARITIME OFFICERS PENSION PLAN	D Employer Identification Number (EIN) 13-1936709

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

(b)

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

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

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

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

AMO MASTER OPERATING TRUST

20-0406498

(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?
12 15 49 50	RELATED ORGANIZATION	1680985	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MEKETA INVESTMENT GROUP, INC

04-2659023

(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?
17 27 51	NONE	208162	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	199101	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)

HORIZON ACTUARIAL SERVICES, LLC

26-1370698

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	155880	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEWPORT GROUP, INC

27-2037969

(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?
12 15 38 50 64	NONE	147377	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TCW ASSET MANAGEMENT COMPANY, LLC

95-3703295

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	89469	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)

MERRILL LYNCH, PIERCE, FENNER

13-5674085

(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?
26 27 51	NONE	44001	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MATRIX TRUST COMPANY

75-3182674

(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?
12 19 21 25 51 65	NONE	22038	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PITNEY BOWES GLOBAL FINANCIAL

5310 CYPRESS CENTER DR
STE 110
TAMPA, FL 33609

(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	18582	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)

BMO GLOBAL ASSET MANAGEMENT

36-2085229

(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 51 72	NONE	15702	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OKSANA KOCHERGINA

1935 83RD STR
APT A2
BROOKLYN, NY 11214

(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 16 50	NONE	11714	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALLIANT CYBERSECURITY, LLC

83-2822842

(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?
17 50 70	NONE	7897	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)

DILIGENT CORPORATION

81-1402466

(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	5478	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TECH PLUS SYSTEMS, INC.

13-3599440

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	NONE	5446	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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 2023 This Form is Open to Public Inspection.	
For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024					
A Name of plan AMERICAN MARITIME OFFICERS PENSION PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THE BOARD OF TRUSTEES AMERICAN MARITIME OFFICERS PENSION PLAN				D Employer Identification Number (EIN) 13-1936709	
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: GREAT GRAY CIT III NO. 25554					
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC					
c EIN-PN 26-0142858-094		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23690327	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar	

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024		
A Name of plan AMERICAN MARITIME OFFICERS PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE BOARD OF TRUSTEES AMERICAN MARITIME OFFICERS PENSION PLAN	D Employer Identification Number (EIN) 13-1936709	

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	4496085	5925867
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1707082	1776783
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	16407240	15380595
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	8039122	3539092
(2) U.S. Government securities	1c(2)	13500678	35819678
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	10167087	13245178
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		25533466
(6) Real estate (other than employer real property)	1c(6)	50668407	52088554
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	24666350	23690327
(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)	507553262	553901509
(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	637205313	730901049
Liabilities			
g Benefit claims payable	1g	82181	182969
h Operating payables	1h	371106	447244
i Acquisition indebtedness	1i		
j Other liabilities	1j	4503460	6216557
k Total liabilities (add all amounts in lines 1g through 1j)	1k	4956747	6846770
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	632248566	724054279

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)	25056271	
(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)		25056271
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)	762419	
(C) Corporate debt instruments	2b(1)(C)	600652	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	763836	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2126907
(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)	16335255	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		16335255
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	231165408	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	230582774	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		582634
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	1420147	
(B) Other	2b(5)(B)	1881685	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		3301832

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		296148
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		533466
(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)		97515761
c Other income	2c		2650000
d Total income. Add all income amounts in column (b) and enter total	2d		148398274

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	53449593	
(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)		53449593
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)	1638969	
(2) Contract administrator fees.....	2i(2)	147800	
(3) Recordkeeping fees.....	2i(3)	26346	
(4) IQPA audit fees.....	2i(4)	221872	
(5) Investment advisory and investment management fees	2i(5)	384755	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	155880	
(8) Legal fees	2i(8)	85	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	38511	
(11) Other expenses	2i(11)	528750	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3142968
j Total expenses. Add all expense amounts in column (b) and enter total	2j		56592561

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		91805713
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, P.C.

(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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?	☒		49223793
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
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 540859.

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 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024		
A Name of plan AMERICAN MARITIME OFFICERS PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE BOARD OF TRUSTEES AMERICAN MARITIME OFFICERS PENSION PLAN		D Employer Identification Number (EIN) 13-1936709
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): 62-1868111		
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		3 264
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) 2023 v. 230707		

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 **TOTE SERVICES INC.**

b EIN **13-2835366**

c Dollar amount contributed by employer **3506157**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **09** Day **30** Year **2025**

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 **INTREPID PERSONNEL & PROVIS**

b EIN **22-3701168**

c Dollar amount contributed by employer **3135644**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **09** Day **30** Year **2027**

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 **CROWLEY GOVERNMENT SERVICES**

b EIN **26-3707071**

c Dollar amount contributed by employer **2967189**

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 **03** Day **14** Year **2027**

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 **OCEAN SHIPS**

b EIN **76-0062109**

c Dollar amount contributed by employer **1404603**

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 **03** Day **31** Year **2025**

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 **CROWLEY LINER SERVICES**

b EIN **59-0835484**

c Dollar amount contributed by employer **1043860**

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 **03** Day **17** Year **2027**

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 **OCEAN DUCHESS INC**

b EIN **76-0362534**

c Dollar amount contributed by employer **1009023**

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 **07** Day **26** Year **2029**

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): _____

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 **TRANSOCEANIC CABLE CO**

b EIN **13-6122611**

c Dollar amount contributed by employer **988670**

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 **06** Day **30** Year **2027**

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 **MAERSK LINE LIMITED**

b EIN **13-6122611**

c Dollar amount contributed by employer **725505**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **09** Day **30** Year **2025**

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 **PATRIOT SHIPPING**

b EIN **72-1515964**

c Dollar amount contributed by employer **712402**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **12** Day **31** Year **2026**

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 **KEY LAKES, INC.**

b EIN **20-0871186**

c Dollar amount contributed by employer **652853**

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 **07** Day **31** Year **2025**

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	0
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	0
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	0
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	0
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐		

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: 53.00 % Private Equity: 8.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 21.00 %

High-Yield Debt: 10.00 % Real Assets: 8.00 % Cash or Cash Equivalents: 0.00 % Other: 0.00 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☒ 15 years or more

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. _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.



AMERICAN MARITIME OFFICERS PENSION PLAN
Financial Statements
September 30, 2024 and 2023
With Independent Auditor's Reports

American Maritime Officers Pension Plan
Table of Contents
September 30, 2024 and 2023

Independent Auditor's Report	1-2
Financial Statements	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5-16
Supplementary Information	
Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974	17
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	18-30
Schedule H, Line 4j - Schedule of Reportable Transactions	31

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
American Maritime Officers Pension Plan:

Opinion

We have audited the financial statements of the American Maritime Officers Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974, which comprise the statements of net assets available for benefits as of September 30, 2024 and 2023, 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 American Maritime Officers Pension Plan as of September 30, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the American Maritime Officers Pension 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.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the American Maritime Officers Pension Plan'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 plan, and determining that the American Maritime Officers Pension Plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists.

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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

Withum Smith & Brown, PC

July 7, 2025

American Maritime Officers Pension Plan
Statements of Net Assets Available for Benefits
September 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments, at fair value		
Short-term investments	\$ 3,539,092	\$ 8,039,122
Government and government agency securities	35,819,678	13,500,678
Corporate bonds and notes	13,245,178	10,167,087
Registered investment companies	553,901,509	507,553,262
Limited partnership	25,533,466	-
Real estate	52,088,554	50,668,407
Collective investment trust	23,690,327	24,666,350
Total investments, at fair value	<u>707,817,804</u>	<u>614,594,906</u>
Receivables		
Employers' contributions	1,776,783	1,707,082
Withdrawal liability	13,676,625	15,296,163
Interest and dividends	888,199	904,596
Due from AMO Master Operating Trust Fund	610,139	-
Other	125,654	128,000
Total receivables	<u>17,077,400</u>	<u>18,035,841</u>
Prepaid expenses	<u>79,978</u>	<u>78,481</u>
Cash	<u>5,925,867</u>	<u>4,496,085</u>
Total assets	<u>730,901,049</u>	<u>637,205,313</u>
Liabilities		
Accounts payable and accrued expenses	447,244	371,106
Due to broker for investments purchased	5,871,969	4,097,818
Due to AMO Master Operating Trust Fund	-	303,972
Due to AMO Defined Contribution Plan	344,588	101,670
Total liabilities	<u>6,663,801</u>	<u>4,874,566</u>
Net assets available for benefits	<u>\$ 724,237,248</u>	<u>\$ 632,330,747</u>

The Notes to Financial Statements are an integral part of these statements.

American Maritime Officers Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended September 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Investment income		
Net appreciation in the fair value of investments	\$ 101,834,694	\$ 51,358,657
Interest and dividends	21,112,162	21,001,581
Real estate	<u>395,147</u>	<u>55,552</u>
Total investment income	123,342,003	72,415,790
Investment expenses	<u>(532,555)</u>	<u>(498,730)</u>
Net investment income	122,809,448	71,917,060
 Employers' contributions	 25,175,809	 26,686,376
Withdrawal liability income (loss)	(119,538)	93,165
Other income	<u>-</u>	<u>237</u>
Total additions	<u>147,865,719</u>	<u>98,696,838</u>
 Deductions		
Benefits paid	53,348,805	50,511,335
Administrative expenses	<u>2,610,413</u>	<u>2,541,245</u>
Total deductions	<u>55,959,218</u>	<u>53,052,580</u>
 Change in net assets available for benefits	 91,906,501	 45,644,258
 Net assets available for benefits		
Beginning of year	<u>632,330,747</u>	<u>586,686,489</u>
 End of year	 <u>\$ 724,237,248</u>	 <u>\$ 632,330,747</u>

The Notes to Financial Statements are an integral part of these statements.

American Maritime Officers Pension Plan

Notes to Financial Statements

September 30, 2024 and 2023

1. PLAN DESCRIPTION

The following brief description of the American Maritime Officers Pension Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan rules and regulations for complete information.

General

The Plan, a multiemployer defined benefit and defined contribution pension plan covering primarily licensed marine personnel, was established on October 25, 1955, under the provisions of an Agreement and Declaration of Trust, which was subsequently amended, between American Maritime Officers (the “Union”) and various employers having collective bargaining agreements with the Union. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

Plan Administration

The administration of the Plan is the responsibility of the Board of Trustees comprised of Union Trustees and Employer Trustees (the “Trustees”), each having equal voting rights. The investments of the Plan are managed by investment advisors and maintained by the Plan custodians.

Plan Funding

The Plan’s primary sources of income are earnings from investments and payments made by contributing employers. Contribution rates have been established under collective bargaining agreements entered into between the Union and various contributing employers. Each employer is required to contribute to the Plan at the rate(s) specified in its collective bargaining agreement or participant agreement. The contributions are designed to fund the Plan’s current-year service cost and the past service cost plus interest.

The Plan’s actuary advised that for the years ended September 30, 2024 and 2023, the Plan received contributions at a level that was sufficient to meet the minimum funding standard requirements of ERISA. For the Plan year beginning October 1, 2023, the Plan remained in the green zone under the Pension Protection Act of 2006 (“PPA”).

Benefits - Defined Benefit

For participants that do not have five years of vesting credit, previous pension credits will be canceled when a break in service incurred equals or exceeds the greater of five years or the number of years of vesting credit earned prior to such break in service. The Plan provides four types of pension benefits to eligible participants: regular, reduced, early retirement and disability. The Plan provides 100% vesting after five years of vesting credit. Each type of benefit has a specific eligibility requirement as to years of service and age. The amount of the pension benefit is determined in accordance with the provisions of the Plan.

Benefits - Integrated

The Marine Engineers’ Beneficial Association Pension Trust and the Plan are parties to a reciprocal agreement, which provides for the payment of pension benefits, on an integrated basis, to participants with service in both plans as of August 1, 1994.

The Seafarers Pension Plan (“SP Plan”) and the Plan are parties to a reciprocal agreement that provides for the aggregation of covered employment, for certain licensed seamen, for the purpose of determining pension benefit eligibility. This agreement is applicable to those licensed seamen who accrued covered employment under both plans, and absent this agreement would not qualify for a pension benefit under either of these plans. Such seamen must have obtained their license on or after January 1, 1983 from attendance at the Raymond T. McKay School of Marine Engineering, the Seafarers Harry Lundeberg School of Seamanship, or any other mutually agreed-upon school.

American Maritime Officers Pension Plan
Notes to Financial Statements
September 30, 2024 and 2023

Under the terms of this agreement, licensed seamen will receive credit for eligibility under each plan but will receive a pension benefit based upon credit earned under their respective plan.

In addition, the SP Plan and the Plan are parties to another reciprocal agreement which sets forth the conditions under which prior to January 1, 1983, unlicensed seamen, upon completion of their training for an officer's license, could choose pension coverage under the SP Plan or under the Plan.

Money Purchase Benefit Fund

The Plan provides for a separate multiemployer defined contribution fund within the Plan known as the Money Purchase Benefit Fund ("MPB"). The purpose of the MPB is to provide eligible participants or their beneficiaries with certain additional benefits upon termination of service in the maritime industry. Eligible participants are employees of employers whose participation in the Plan is approved by the Trustees and who have a collective bargaining agreement or a participant agreement in effect.

Each participant's account is credited with the employer's contribution made and allocated, and allocations of Plan net earnings, depending on the investment options selected by the participant. Allocations are based on participant earnings, account balances, or specific transactions, as defined in the Plan's summary plan description. Participants may direct the investment of employer contributions to any of the Plan's fund options. Participants may also redirect their existing account balances among the investment funds. Effective January 1, 2017, new Plan participants are vested in their account balances, including all contributions plus actual earnings thereon, after completing three years of service. Participants participating in the Plan before January 1, 2017, are immediately vested in their account balances. Participants whose employment terminates as a result of death or disability are immediately vested in their account balances.

As of September 30, 2024 and 2023, \$182,969 and \$82,181, respectively, were allocated to withdrawing participants for MPB benefit claims that have been processed and approved for payment prior to year-end, but not yet paid as of that date.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan's financial statements are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and the actuarial present value of accumulated plan benefits, and the disclosure of contingencies, at the date of the financial statements and changes therein during the reporting period. Actual results could differ from these estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Trustees determine the Plan's valuation policies by utilizing information provided by its investment advisors and custodian. See Note 5 for discussion of fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Real estate income is recorded on the accrual basis. Net appreciation in fair value of investments includes the gains and losses on investments bought, sold, and held during the year.

American Maritime Officers Pension Plan
Notes to Financial Statements
September 30, 2024 and 2023

Employers' Contributions and Employers' Contributions Receivable

The Plan derives revenue from employers' contributions, which are recognized when earned. Employers' contributions receivable represents contributions that relate to days worked on or before September 30, but not received by year-end. Management has considered the current and forecasted economic and industry conditions that may impact the collectability of these amounts. As of September 30, 2024 and October 1, 2023, no allowance for credit loss was considered necessary. As of September 30, 2023, no provision for uncollectible amounts was considered necessary.

Recognition of Benefits

Benefits are recognized when paid.

Accounting Pronouncements Currently Adopted

In June 2016, the Financial Accounting Standards Board ("FASB") issued an Accounting Standards Update ("ASU") amending the accounting for credit losses on financial statements. This methodology replaced the incurred loss methodology with the expected credit losses using a wide range of reasonable and supportable information. The amendment affects loans, debt securities, trade receivables, net investments in leases, off-balance-sheet credit exposure and other financial instruments recorded at amortized cost.

The Plan adopted the new standard effective October 1, 2023, using the modified retrospective approach. Upon adoption, there was no cumulative-effect adjustment to the opening balance of net assets available for benefits.

Subsequent Events

In preparing these financial statements, management of the Plan has evaluated events and transactions that occurred after September 30, 2024 for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through July 7, 2025, the date that the financial statements were available to be issued, and no items have come to the attention of management that would require recognition or disclosure.

3. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions for the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during the three consecutive years yielding the highest average in the last ten years of credited service. The accumulated plan benefits for active employees are based on their estimated average compensation during the three years ending on the date as of which the benefit information is presented. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included to the extent they are deemed attributable to employee service rendered to the valuation date.

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

American Maritime Officers Pension Plan
Notes to Financial Statements
September 30, 2024 and 2023

The significant actuarial assumptions used in the actuarial valuation as of September 30, 2023 were as follows:

- Actuarial Cost Method - Unit Credit Cost Method.

- Mortality Rates -

Non-disabled: The sex-distinct RP-2014 Employee and Annuitant Mortality Tables; Blue Collar adjustment; future generational improvements at 100% of Scale MP-2018 from 2006 through 2018 and 25% of Scale MP-2018 beyond 2018.

Disabled: The sex-distinct RP-2014 Disabled Retiree Mortality Tables; future generational improvements at 100% of Scale MP-2018 from 2006 through 2018 and 25% of Scale MP-2018 beyond 2018.

- Interest Rate - 7.00%
- Retirement Age:

			62/10	30 Year
	60/15	20 Year	Retirement	Retirement
Entry Age	Retirement	Retirement	(D2A)*	(D2A)*
Under 50	0.00	0.10	0.00	0.00
50 - 59	0.00	0.10	0.00	0.10
60	0.05	0.10	0.00	0.10
61	0.05	0.20	0.00	0.10
62	0.20	0.25	0.20	0.25
63	0.15	0.25	0.15	0.20
64	0.15	0.25	0.15	0.20
65+	1.00	1.00	1.00	1.00

*D2A refers to participants in the District 2A Transportation, Technical, Warehouse, Industrial and Service Employees Union Pension and Severance Plan, which merged into the Plan on September 30, 2004.

- Disability Rates:

	Deep Sea, Great	
Age	Lakes & Inland Waters	Former D2A
37	0.0010	0.0019
42	0.0010	0.0027
47	0.0020	0.0046
52	0.0060	0.0083
57	0.0110	0.0145
62	0.0320	0.0237

American Maritime Officers Pension Plan
Notes to Financial Statements
September 30, 2024 and 2023

- Withdrawal Rates:

Age	Deep Sea, Great	
	Lakes & Inland Waters	Former D2A
22	0.059	0.177
27	0.050	0.168
32	0.047	0.150
37	0.042	0.128
42	0.036	0.102
47	0.027	0.072
52	0.009	0.036
57	0.001	0.009

- Rate of Service Credit - Deep Sea & Great Lakes .875 and Former D2A 1.000 years for each year of employment.
- Administrative expenses are assumed to be \$2,000,000 as of the beginning of the Plan year based on actual expenses paid in the prior year. Investment counseling fees are not included in assumed administrative expenses.
- Since the prior valuation, the following assumptions have been changed:
 - The discount rate was changed from 2.81% for the first 20 years and 2.94% thereafter to 5.24% for the first 20 years and 4.58% thereafter in accordance with the change in the PBGC interest rates used to determine the present value of vested benefits.
 - The interest rate and mortality assumptions used to determine the RPA '94 current liability was updated in accordance with the changes in the Internal Service Revenue prescribed assumptions.

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Below is the actuarial present value of accumulated plan benefits at September 30, 2023. The computation of the actuarial present value of accumulated plan benefits was made as of October 1, 2023. Had the valuation been performed as of September 30, 2023, there would be no material differences.

Vested benefits

Retired participants and beneficiaries	\$ 412,835,128
Inactive vested participants	44,631,557
Active vested participants	<u>104,231,174</u>
Total vested benefits	561,697,859
Nonvested accumulated benefits	3,454,262
Present value of administrative expenses	<u>30,571,429</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 595,723,550</u>

American Maritime Officers Pension Plan
Notes to Financial Statements
September 30, 2024 and 2023

The change in the actuarial present value of accumulated plan benefits for the year ended September 30, 2023 is as follows:

Actuarial present value of accumulated plan benefits at the beginning of the year	\$ 601,106,106
Increase (decrease) during the year attributable to	
Benefits accumulated and actuarial gains	(1,661,684)
Interest due to decrease in the discount period	40,528,693
Benefits paid	(42,200,054)
Administrative expenses paid	(2,049,511)
Net decrease during the year	(5,382,556)
Actuarial present value of accumulated plan benefits	<u>\$ 595,723,550</u>

4. MONEY PURCHASE BENEFIT FUND OBLIGATION

The MPB accumulated benefit obligation as of September 30, 2024 and 2023 was approximately \$127,470,000 and \$111,060,000 respectively. The MPB accumulated benefit obligation is fully funded as of September 30, 2024 and 2023.

5. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access.

Level 2 - Inputs to the valuation methodology are quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. There were no changes in methodologies for the periods presented.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. For the years ended September 30, 2024 and 2023, there were no transfers into or out of Level 3.

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

Short-term Investments: Shares in short-term investments are valued at cost, which approximates fair value.

American Maritime Officers Pension Plan
Notes to Financial Statements
September 30, 2024 and 2023

Government and Government Agency Securities and Corporate Bonds and Notes: Shares in government and government agency securities and corporate bonds and notes are valued using quoted market prices or, if available, quoted prices of like assets, corroborated market data, indices and/or yield curves.

Registered Investment Companies: Shares in registered investment companies are valued at quoted market prices. The registered investment companies held by the Plan are deemed to be actively traded.

Real Estate: Real estate consists of the Plan's investment in two wholly owned subsidiaries, AMOPT, LLC ("AMOPT"), which holds real estate valued at estimated fair value as determined by an independent appraisal using an equal emphasis on the sales comparison approach.

The Building of Dania Beach, LLC ("BDB"), holds real estate valued at estimated fair value as determined by an independent appraisal using an equal emphasis on the income capitalization approach, the sales comparison approach, and the cost approach. The remainder of the assets and liabilities of the subsidiaries are valued at book value, which approximates fair value.

Collective Investment Trust: Shares in the collective investment trust are valued using the net asset value ("NAV") per unit of the investment as a practical expedient. The unit value is calculated daily based on the underlying assets of the trust. The trust allows for daily redemption for participants; however, if the Plan initiates a full withdrawal, it must provide 60 days' advance notice, and the Plan will receive the lesser of book value or market value.

Limited Partnership: Ownership in limited partnerships are valued based on the NAV of the partnership interest owned by the Plan at year-end, as determined by the respective general partners of the limited partnership based on the fair value of the underlying investments of the limited partnership. The NAV, as provided by the investment advisor, is used as a practical expedient to estimate fair value. In establishing the fair value of partnership investment, its general partners take into consideration information from the financial statements of the companies in which they invest, as well as the currency in which the investments are denominated.

As of September 30, 2024 and 2023, assets measured at fair value on a recurring basis are summarized by level within the fair value hierarchy as follows:

	2024			
	Level 1	Level 2	Level 3	Total
Short-term investments	\$ -	\$ 3,539,092	\$ -	\$ 3,539,092
Government and government agency securities	19,455,530	16,364,148	-	35,819,678
Corporate bonds and notes	-	13,245,178	-	13,245,178
Registered investment companies	553,901,509	-	-	553,901,509
Real estate	-	-	52,088,554	52,088,554
Total investments in the fair value hierarchy	<u>\$ 573,357,039</u>	<u>\$ 33,148,418</u>	<u>\$ 52,088,554</u>	658,594,011
Investments measured at NAV *				49,223,793
Total investments at fair value				<u>\$ 707,817,804</u>

American Maritime Officers Pension Plan
Notes to Financial Statements
September 30, 2024 and 2023

	2023			
	Level 1	Level 2	Level 3	Total
Short-term investments	\$ -	\$ 8,039,122	\$ -	\$ 8,039,122
Government and government agency securities	12,106,580	1,394,098	-	13,500,678
Corporate bonds and notes	-	10,167,087	-	10,167,087
Registered investment companies	507,553,262	-	-	507,553,262
Real estate	-	-	50,668,407	50,668,407
Total investments in the fair value hierarchy	<u>\$ 519,659,842</u>	<u>\$ 19,600,307</u>	<u>\$ 50,668,407</u>	589,928,556
Investments measured at NAV *				<u>24,666,350</u>
Total investments at fair value				<u>\$ 614,594,906</u>

*In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table sets forth a summary of investments held by the Plan at NAV as of September 30, 2024 and 2023:

	Fair Value		Unfunded Commitments		Redemption Frequency	Redemption Notice Period
	2024	2023	2024	2023		
<i>Common/Collective Trust</i>						
Wtrisc CIT III Metlife Group Annuity Contract No. 25554 CL J (a)	\$ 23,690,327	\$ 24,666,350	\$ -	\$ -	N/A	N/A
<i>Limited Partnership</i>						
IFM Global Infrastructure (US), LP (b)	<u>25,533,466</u>	<u>-</u>	<u>-</u>	<u>25,000,000</u>	Quarterly	90 days
	<u>\$ 49,223,793</u>	<u>\$ 24,666,350</u>	<u>\$ -</u>	<u>\$ 25,000,000</u>		

- (a) These funds generally aim to provide safety of principal, adequate liquidity and a competitive yield with low return volatility.
- (b) This partnership's investment objective is to acquire and maintain a diversified portfolio of global infrastructure investments (with strong market positions, predictable regulatory environments, high barriers to entry, limited demand elasticity and long lives) that realizes a 10% annual return over the long term (10+ years), which will range between 8% and 12% per annum depending on the stage of the market cycle.

The following table represents a reconciliation for the years ended September 30, 2024 and 2023 for real estate investments measured at fair value on a recurring basis using Level 3 inputs:

	2024	2023
Balance at beginning of year	\$ 50,668,407	\$ 49,387,854
Unrealized gain	1,420,147	980,553
Purchases	-	300,000
Balance at end of year	<u>\$ 52,088,554</u>	<u>\$ 50,668,407</u>

American Maritime Officers Pension Plan
Notes to Financial Statements
September 30, 2024 and 2023

Investment policies, guidelines and procedures have been established by the Trustees of the Plan and may be modified or amended only at the direction of the Trustees. In establishing and determining the reasonableness of investment valuations, the Plan enlists the assistance of investment managers and fiduciaries who review the performance of investments to ensure adherence to those policies, guidelines, and procedures.

Investments are monitored by management, as assisted by the Plan's independent fiduciaries, to review pricing models and methodologies, to analyze changes in fair value from period to period, to report valuations and changes in valuations to the Trustees and to verify compliance with the presentation of investments in accordance with accounting principles generally accepted in the United States of America.

The following tables represent the Plan's Level 3 investments, the valuation techniques used to measure the fair value of those investments, and the significant unobservable inputs and the ranges of values for those inputs as of September 30, 2024 and 2023:

2024				
Investment	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values
AMOPT, LLC	\$ 12,899,803	Income capitalization approach (Parcel A only)	Capitalization rate	6.25%
		Sales comparison approach (Parcel A and B)	Sales price per square foot	\$39.99 - \$47.47 Parcel A \$62.63 - \$68.78 Parcel B
		Cost approach (Parcel A only)	Land value and cost of new building and site improvements	Land value : \$2,425,000 Cost of new buildings and site improvements : \$4,513,992
BDB, LLC	\$ 39,188,751	Income capitalization approach	Capitalization rate	6.84% - 9.42%
		Sales comparison approach	Sales price per square foot	\$219.00 - \$338.00
		Cost approach	Indirect cost	20%
2023				
Investment	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values
AMOPT, LLC	\$ 13,166,832	Sales comparison approach	Sales price per square foot	\$40.12 - \$50.42 Parcel A \$57.74 - \$74.20 Parcel B
BDB, LLC	\$ 37,501,575	Income capitalization approach	Capitalization rate	6.65% - 11.04%
		Sales comparison approach	Sales price per square foot	\$211.00 - \$295.00
		Cost approach	Indirect cost	10% - 20%

The Plan has cumulatively invested \$10,512,272 in AMOPT as of September 30, 2024 and 2023, respectively. AMOPT owns two properties held for commercial development. The fair value of the properties was \$12,950,000 and \$12,925,000 as of September 30, 2024 and 2023, respectively. The fair value of the properties net of related assets and liabilities was \$12,899,803 and \$13,166,832 as of September 30, 2024 and 2023, respectively.

The Plan cumulatively has invested \$24,551,220 in BDB as of September 30, 2024 and 2023. BDB owns a special-use educational facility, in which space is leased to the Plan and to related parties. The fair value of the property was \$39,000,000 and \$38,000,000 as of September 30, 2024 and 2023, respectively. The fair value of the property net of related assets and liabilities was \$39,188,751 and \$37,501,575 as of September 30, 2024 and 2023, respectively.

American Maritime Officers Pension Plan
Notes to Financial Statements
September 30, 2024 and 2023

6. EMPLOYER WITHDRAWAL LIABILITY

During 2018, the Plan assessed a withdrawal liability against one former contributing employer that withdrew from the Plan. During the year ended September 30, 2019, the Plan reached a settlement agreement with the employer and recognized the full amount as withdrawal liability income. The present value of expected future payments under the settlement agreement is reported as a withdrawal liability receivable on the statements of net assets available for benefits. The change in present value of expected future payments was recorded as income (loss) of \$(119,538) and \$93,165 for the years ended September 30, 2024 and 2023, respectively. Management has considered the current and forecasted economic and industry conditions that may impact the collectability of these amounts. As of September 30, 2024 and October 1, 2023, no allowance for credit loss was considered necessary. As of September 30, 2023, no provision for uncollectible amounts was considered necessary.

7. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are managed by Matrix Trust Company ("Matrix") and BMO Financial Group ("BMO"), and therefore, these transactions qualify as party-in-interest transactions.

The Plan is related to several other jointly administered, collectively bargained employee benefit plans and entities affiliated with the Union. These organizations coexist in the same premises, utilizing each other's resources, equipment, and personnel to effectuate cost-savings and to minimize duplication of efforts, interfund relationships have been established on a continuing basis.

The AMO Master Operating Trust Fund (the "MOT") serves as a central administrative body for the related organizations. The MOT pays administrative expenses on behalf of the related organizations and charges direct expenses to the appropriate organization and allocates common administrative expenses using percentages that are estimated based upon the amount of time spent servicing and supporting each of the organizations. The common administrative expenses charged and/or allocated to the Plan totaled \$1,799,344 and \$1,796,650 for the years ended September 30, 2024 and 2023, respectively.

The MOT receives contributions as provided in the collective bargaining agreements between the Union and employers. Contributions are allocated among related organizations based on the terms of the Agreement and Declaration of Trust. Each employer is required to contribute to the MOT at the rate(s) specified in its collective bargaining agreement. In accordance with the terms in the collective bargaining agreements, after retaining funds necessary to pay administrative costs of the MOT, the remaining contributions designated for the MOT are allocated to other related organizations as set forth in the Agreement and Declaration of Trust, as amended from time to time. The contributions allocated to the Plan totaled \$160,937 and \$156,406 for the years ended September 30, 2024 and 2023, respectively.

The Plan leases office space in Dania Beach, Florida, under a cancelable operating sublease terminating on October 1, 2029. Under the terms of the sublease, the Plan is obligated to pay escalation costs for certain operating expenses and real estate taxes. Additionally, the base rent is increased annually equal to the percentage increase in the Consumer Price Index for All Urban Consumers, South Region, All Items, as published by the Department of Labor, Bureau of Labor Statistics. For the years ended September 30, 2024 and 2023, the Plan paid rent totaling \$76,179 and \$74,266, respectively, to a related organization under the cancelable operating lease in Dania Beach, Florida.

American Maritime Officers Pension Plan
Notes to Financial Statements
September 30, 2024 and 2023

8. PRIORITIES UPON TERMINATION OF PLAN

Upon termination of the Plan, the Trustees shall continue in office for the purpose of distributing the remaining assets. The Trustees shall determine the most equitable and efficient manner to distribute such remaining assets as retirement benefits to participants. This shall be accomplished by the purchase of annuities or otherwise, however, the following order shall be followed:

- To provide pensions to participants who have retired under the Plan, prior to its discontinuance, or who are eligible for a pension on the date of discontinuance, in the following order:
 - To participants receiving or eligible for a regular or disability pension based on 20 or more years of credited service in the order of priority specified in the Plan.
 - To participants who have retired under, or are eligible for, any other type of pension under the Plan.
- To provide pensions, if possible, to other covered participants in the order they become eligible for the same or other equitable payments to participants, based upon pension credit, who do not meet the minimum requirements of age or service.

In no event shall any of the assets of the Plan revert to or be paid to any employer or the Union.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

9. TAX STATUS

The Plan received a determination letter from the Internal Revenue Service dated July 7, 2015, stating that the Plan, as then designed, was qualified under Section 401(a) of the Internal Revenue Code ("IRC"), and therefore, the related trust is exempt from taxation. The Plan has been amended since receiving the determination letter; however, management believes that the Plan is being operated in compliance with the applicable requirements of the IRC, and therefore, believes that the Plan, as amended, is qualified and the related trust is tax exempt as of the date of the financial statements.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Management has evaluated the tax positions taken by the Plan and concluded that as of September 30, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. In addition, there has been no tax-related interest or penalties for the periods presented in these financial statements.

American Maritime Officers Pension Plan
Notes to Financial Statements
September 30, 2024 and 2023

10. RISKS AND UNCERTAINTIES

Due to various risks (e.g., interest rate, market, credit) associated with certain investment securities and real estate and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported on the statements of net assets available for benefits.

Financial instruments that potentially subject that Plan to concentrations of credit risk include cash, accounts receivable, and investments. While management of the Plan attempts to limit any financial exposure by maintaining accounts at high quality financial institutions, cash and investment balances regularly exceed the federally insured limit of \$250,000 and \$500,000, respectively. Any loss incurred or lack of access to such funds could have a significant adverse impact on the Plan's financial condition, results of operations, and cash flows. Credit risk associated with accounts receivable is considered limited due to the historically high collection rate of receivables.

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

11. RECONCILIATION OF THE FINANCIAL STATEMENTS TO FORM 5500

The following reconciles net assets available for benefits as of September 30, 2024 and 2023, and benefits paid for the year ended September 30, 2024, to Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 724,237,248	\$ 632,330,747
Benefits payable to participants	<u>(182,969)</u>	<u>(82,181)</u>
Net assets per Form 5500	<u>\$ 724,054,279</u>	<u>\$ 632,248,566</u>
Benefits paid per the financial statements	\$ 53,348,805	
Add: Benefits payable to participants at September 30, 2024	182,969	
Less: Benefits payable to participants at September 30, 2023	<u>(82,181)</u>	
Benefits paid per Form 5500	<u>\$ 53,449,593</u>	

SUPPLEMENTARY INFORMATION

**REPORT ON SUPPLEMENTARY INFORMATION REQUIRED BY THE DEPARTMENT OF
LABOR'S RULES AND REGULATIONS FOR REPORTING AND DISCLOSURE UNDER THE
EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974**

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
American Maritime Officers Pension Plan:

We have audited the financial statements of the American Maritime Officers Pension Plan as of and for the years ended September 30, 2024 and 2023, and our report thereon, dated July 7, 2025 contained an unmodified opinion on those financial statements.

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4i - schedule of assets (held at end of year) as of September 30, 2024 and Schedule H, line 4j - schedule of reportable transactions 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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("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 auditing principles generally accepted in the United States of America.

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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules are 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.

WithumSmith+Brown, PC

July 7, 2025

American Maritime Officers Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 13-1936709, Plan Number: 001
September 30, 2024

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
CORPORATE BONDS								
	ABS CORP HEQ OOMC SER 2006 HE3	CORPORATE BOND	N/A	FLTG RATE	3/25/2036	187,723	\$ 179,294	\$ 183,131
	AEP TRANSMISSION CO LLC SR GLBL Q	CORPORATE BOND	N/A	5.15%	4/1/2034	85,000	84,944	88,092
	AERCAP IRELAND CAPITAL LIMITED SR NT	CORPORATE BOND	N/A	3.30%	1/30/2032	105,000	96,726	94,763
	AIR LEASE CORP FR	CORPORATE BOND	N/A	2.88%	1/15/2026	100,000	99,884	97,947
	AMERICAN ASSETS TRUST L P SR GLBL NT	CORPORATE BOND	N/A	3.38%	2/1/2031	30,000	26,394	26,088
	AMERICAN ASSETS TRUST L P SR NT	CORPORATE BOND	N/A	6.15%	10/1/2034	15,000	14,951	15,173
	AMERICAN HOMES 4 RENT L P SR NT	CORPORATE BOND	N/A	3.63%	4/15/2032	10,000	9,752	9,244
	AMERICAN HOMES 4 RENT L P SR NT	CORPORATE BOND	N/A	5.50%	2/1/2034	55,000	54,845	56,792
	AMERICAN TOWER CORP SR NT	CORPORATE BOND	N/A	2.70%	4/15/2031	19,000	26,997	29,458
	AMERICAN TOWER CORP SR NT	CORPORATE BOND	N/A	2.30%	9/15/2031	33,000	14,026	16,349
	AMERICAN TOWER CORP SR NT	CORPORATE BOND	N/A	5.65%	3/15/2033	105,000	24,378	26,409
	AMERICAN TOWER CORP SR NT	CORPORATE BOND	N/A	5.55%	7/15/2033	25,000	104,538	110,018
	AMGEN INC SR NT	CORPORATE BOND	N/A	5.60%	3/2/2043	25,000	24,860	26,265
	AON CORP SR NT	CORPORATE BOND	N/A	2.80%	5/15/2030	45,000	46,319	41,426
	APIDOS CLO SER 2013 12RR CL A RR	CORPORATE BOND	N/A	FLTG RATE	4/15/2031	106,248	106,248	106,251
	APIDOS CLO XXV/APIDOS CLO XXV LLC	CORPORATE BOND	N/A	FLTG RATE	10/20/2031	84,841	84,841	84,897
	APPALACHIAN PWR CO SR CC	CORPORATE BOND	N/A	5.65%	4/1/2034	10,000	10,025	10,515
	APPALACHIAN PWR CO SR GLBL X NT	CORPORATE BOND	N/A	3.30%	6/1/2027	70,000	66,694	68,331
	APPALACHIAN PWR CO SR NT	CORPORATE BOND	N/A	4.45%	6/1/2045	70,000	69,494	60,814
	ARIZONA PUB SVC CO SR GLBL NT	CORPORATE BOND	N/A	6.35%	12/15/2032	5,000	5,481	5,497
	ARTHUR J GALLAGHER & CO SR NT	CORPORATE BOND	N/A	3.05%	3/9/2052	30,000	29,555	19,892
	ATHENE GLOBAL FUNDING 144A	CORPORATE BOND	N/A	3.21%	3/8/2027	15,000	15,000	14,391
	ATHENE GLOBAL FUNDING 144A NT	CORPORATE BOND	N/A	1.99%	8/19/2028	30,000	29,817	27,222
	AVOLON HLDGS FDG LTD SR 144A NT	CORPORATE BOND	N/A	2.88%	2/15/2025	137,000	89,905	89,060
	AVOLON HLDGS FDG LTD SR 144A NT	CORPORATE BOND	N/A	2.53%	11/18/2027	90,000	120,459	127,932
	BACARDI LTD BACARDI MARTINI 144A NT	CORPORATE BOND	N/A	5.40%	6/15/2033	55,000	53,645	55,998
	BACARDI LTD SR GLBL 144A	CORPORATE BOND	N/A	4.45%	5/15/2025	40,000	44,424	39,822
	BAE SYS HLDGS INC SR 144A	CORPORATE BOND	N/A	3.80%	10/7/2024	20,000	19,832	19,993
	BALTIMORE GAS & ELEC CO SR GLBL	CORPORATE BOND	N/A	5.40%	6/1/2053	30,000	29,985	31,086
	BAMLL COML MTG TR SER 2018 PARK CL A	CORPORATE BOND	N/A	FLTG RATE	8/12/2038	65,000	67,195	62,323
	BANK AMER CORP NT N VAR	CORPORATE BOND	N/A	VAR RATE	2/13/2031	5,000	4,259	4,533
	BANK AMER CORP SR NT	CORPORATE BOND	N/A	VAR RATE	3/5/2029	10,000	11,292	9,882
	BANK ONE CORP SR GLBL NT	CORPORATE BOND	N/A	VAR RATE	2/24/2028	20,000	20,000	19,397
	BARINGS CLO LTD 2018-IV /BARINGS CLO	CORPORATE BOND	N/A	FLTG RATE	10/15/2030	116,820	116,820	116,937
	BAT CAP CORP SR GLBL NT	CORPORATE BOND	N/A	4.54%	8/15/2047	19,000	15,117	16,049

See Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

American Maritime Officers Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 13-1936709, Plan Number: 001
September 30, 2024

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	BAT CAP CORP SR NT	CORPORATE BOND	N/A	5.28%	4/2/2050	35,000	\$ 35,000	\$ 32,774
	BAYER US FIN II LLC	CORPORATE BOND	N/A	4.38%	12/15/2028	155,000	153,870	152,973
	BAYER US FIN II LLC	CORPORATE BOND	N/A	4.63%	6/25/2038	15,000	16,371	13,636
	BAYER US FIN LLC SR 144A	CORPORATE BOND	N/A	6.50%	11/21/2033	55,000	54,948	59,529
	BAYER US FIN LLC SR 144A NT	CORPORATE BOND	N/A	6.88%	11/21/2053	45,000	44,217	50,430
	BAYVIEW MSR OPPORT SER 2021 INV4 CL	CORPORATE BOND	N/A	FLTG RATE	10/25/2051	175,447	147,896	156,674
	BAYVW OP MS FD VI TR SER 2021 INV6	CORPORATE BOND	N/A	2.50%	10/25/2051	234,101	201,048	207,965
	BEAR STEARNS ALT A SER 2004 12	CORPORATE BOND	N/A	FLTG RATE	1/25/2035	31,893	31,654	31,771
	BERRY GLOBAL ESCROW CORP	CORPORATE BOND	N/A	4.88%	7/15/2026	12,000	12,705	11,981
	BERRY GLOBAL INC SR SEC GLBL NT	CORPORATE BOND	N/A	1.57%	1/15/2026	50,000	49,512	48,114
	BERRY GLOBAL INC SR SEC GLBL NT	CORPORATE BOND	N/A	5.50%	4/15/2028	55,000	54,425	56,357
	BK OF AMERICA CORP FR	CORPORATE BOND	N/A	VAR RATE	3/11/2027	95,000	93,808	91,316
	BK OF AMERICA CORP FR	CORPORATE BOND	N/A	VAR RATE	7/22/2027	45,000	43,482	42,961
	BK OF AMERICA CORP FR	CORPORATE BOND	N/A	VAR RATE	6/14/2029	60,000	60,000	55,408
	BK OF AMERICA CORP SR NT	CORPORATE BOND	N/A	VAR RATE	7/21/2032	140,000	111,118	121,191
	BNK SER 2022 BNK42 CL A 5	CORPORATE BOND	N/A	FLTG RATE	6/17/2055	68,000	69,687	67,463
	BOEING CO CR SEN SR 144A	CORPORATE BOND	N/A	STEP CPN	5/1/2034	20,000	20,000	21,465
	BOEING CO CR SEN SR NT	CORPORATE BOND	N/A	STEP CPN	5/1/2050	45,000	41,727	43,475
	BOEING CO SR NT	CORPORATE BOND	N/A	4.88%	5/1/2025	15,000	16,804	14,943
	BPR TR SER 2022 OANA CL A	CORPORATE BOND	N/A	FLTG RATE	4/15/2037	190,000	186,438	190,594
	BX TR 2019-OC11 COML MTG PASS THRU	CORPORATE BOND	N/A	3.20%	12/9/2041	125,000	109,091	116,149
	CAL FDG IV LTD SER 2020 1 CL A	CORPORATE BOND	N/A	2.22%	9/25/2045	165,000	145,857	153,834
	CENTENE CORP DEL SR NT	CORPORATE BOND	N/A	3.00%	10/15/2030	73,000	67,078	65,352
	CHARTER COMMUNICATIONS OPER SR NT	CORPORATE BOND	N/A	5.47%	4/1/2038	5,000	5,336	4,562
	CHARTER COMMUNICATIONS OPER SR SEC	CORPORATE BOND	N/A	3.70%	4/1/2051	128,000	79,250	81,714
	CHARTER COMMUNICATIONS OPER SR SEC	CORPORATE BOND	N/A	3.90%	6/1/2052	77,000	48,338	50,484
	CIFC FDG 2021-VII LTD/CIFC FDG 2021	CORPORATE BOND	N/A	FLTG RATE	1/23/2035	75,000	75,000	75,037
	CIGNA CORP NEW GLBL NT	CORPORATE BOND	N/A	3.40%	3/1/2027	20,000	20,732	19,636
	CIGNA CORP NEW SR NT	CORPORATE BOND	N/A	3.40%	3/15/2051	25,000	24,994	18,271
	CITIGROUP INC NEW NT	CORPORATE BOND	N/A	VAR RATE	11/5/2030	20,000	18,105	18,612
	CITIGROUP INC SR NT	CORPORATE BOND	N/A	VAR RATE	5/1/2032	65,000	52,554	57,130
	CITIGROUP MTG LN TR SER 2018 RP1 CL	CORPORATE BOND	N/A	FLTG RATE	9/25/2064	165,187	156,567	160,606
	CITIGRP COML MTG TR SER 2020 420K CL	CORPORATE BOND	N/A	2.46%	11/13/2042	100,000	84,938	87,703
	COMM MTG TR SER 2015 CCRE27 CL A 3	CORPORATE BOND	N/A	3.35%	10/13/2048	85,312	90,924	84,324
	COMMONSPIRIT HEALTH SR GLBL	CORPORATE BOND	N/A	2.78%	10/1/2030	30,000	30,539	27,293
	CPTS 2019-CPT MTG TR COML MTG	CORPORATE BOND	N/A	2.87%	11/13/2039	25,000	25,750	22,343

See Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

American Maritime Officers Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 13-1936709, Plan Number: 001
September 30, 2024

(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value								
(a)	(b) Identity of Issue, Borrower, or Similar Party	Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value	(d) Cost	(e) Current Value
	CSFB MTG PTC SER 2005 8 CL VIII A1	CORPORATE BOND	N/A	7.00%	9/25/2035	251,669	\$ 153,708	\$ 33,738
	CSMC MTG TRUST SER 2007 3	CORPORATE BOND	N/A	5.00%	4/25/2037	13,400	13,058	10,703
	CVS HEALTH CORP SR GBLB NT	CORPORATE BOND	N/A	5.13%	7/20/2045	25,000	27,169	23,292
	CVS HEALTH CORP SR NT	CORPORATE BOND	N/A	5.05%	3/25/2048	10,000	10,709	9,127
	DC OFFICE TR 2019-MTC COML MTG	CORPORATE BOND	N/A	2.97%	9/15/2045	30,000	30,898	26,583
	DOMINOS PIZZA MASTER ISSUER LL	CORPORATE BOND	N/A	4.12%	7/25/2048	170,550	164,181	169,167
	DUKE ENERGY CAROLINAS LLC 1M BD	CORPORATE BOND	N/A	5.35%	1/15/2053	14,000	14,904	14,445
	DUKE ENERGY CAROLINAS LLC 1M GBLB BD	CORPORATE BOND	N/A	2.85%	3/15/2052	5,000	4,984	3,852
	DUKE ENERGY FLA LLC 1M BD	CORPORATE BOND	N/A	5.88%	11/15/2033	5,000	4,991	5,471
	DUKE ENERGY PROGRESS INC 1M GBLB BD	CORPORATE BOND	N/A	5.35%	3/15/2053	25,000	25,056	25,867
	DUKE ENERGY PROGRESS LLC 1M BD	CORPORATE BOND	N/A	4.20%	8/15/2045	115,000	103,524	101,053
	EATON VANCE CLO LTD SER 2013 1RRR CL	CORPORATE BOND	N/A	FLTG RATE	1/17/2034	100,000	99,830	100,029
	ELP COMMERCIAL MTG TR SER 2021 ELP	CORPORATE BOND	N/A	FLTG RATE	11/15/2038	99,884	95,576	99,444
	ENERGY TRANSFER L P SR GBLB NT	CORPORATE BOND	N/A	6.55%	12/1/2033	9,000	8,990	9,936
	ENERGY TRANSFER PRTRNS L P SR NT	CORPORATE BOND	N/A	5.15%	3/15/2045	40,000	38,856	37,275
	EVERSOURCE ENERGY SR CC	CORPORATE BOND	N/A	5.95%	2/1/2029	30,000	29,966	31,746
	EVERSOURCE ENERGY SR GBLB Y NT	CORPORATE BOND	N/A	4.60%	7/1/2027	25,000	24,970	25,157
	EXTRA SPACE STORAGE LP SR GBLB	CORPORATE BOND	N/A	2.20%	10/15/2030	8,000	6,329	7,009
	EXTRA SPACE STORAGE LP SR GBLB	CORPORATE BOND	N/A	2.40%	10/15/2031	40,000	32,012	34,412
	EXTRA SPACE STORAGE LP SR NT	CORPORATE BOND	N/A	3.90%	4/1/2029	4,000	3,675	3,906
	FARMERS EXCHANGE CAP SURPLUS NT144A	CORPORATE BOND	N/A	7.05%	7/15/2028	100,000	123,641	105,297
	FIRST FRANKLIN MTG SER 2004 FF5 CL A	CORPORATE BOND	N/A	FLTG RATE	8/25/2034	29,256	28,948	26,786
	FIRSTENERGY TRANSMISSION LLC SR 144A	CORPORATE BOND	N/A	2.87%	9/15/2028	180,000	170,070	170,255
	FIRSTENERGY TRANSMISSION LLC SR 144A	CORPORATE BOND	N/A	5.00%	1/15/2035	55,000	54,907	55,843
	FRESENIUS MED CARE US FIN III SR	CORPORATE BOND	N/A	1.88%	12/1/2026	30,000	30,128	28,234
	GAMING & LEISURE P SR SB GBLB NT	CORPORATE BOND	N/A	5.38%	4/15/2026	5,000	5,063	5,020
	GLOBAL PMTS INC SR NT	CORPORATE BOND	N/A	5.30%	8/15/2029	45,000	44,997	46,256
	GLP CAP FING II INC SR NT	CORPORATE BOND	N/A	4.00%	1/15/2030	7,000	15,379	14,323
	GLP CAP FING II INC SR NT	CORPORATE BOND	N/A	4.00%	1/15/2031	15,000	5,954	6,562
	GOLDEN TREE LN MGMT US SER 2021 11	CORPORATE BOND	N/A	FLTG RATE	10/20/2034	75,000	75,000	75,205
	GOLDMAN SACHS GROUP INC SR NT	CORPORATE BOND	N/A	VAR RATE	3/9/2027	10,000	59,947	57,391
	GOLDMAN SACHS GROUP INC SR NT	CORPORATE BOND	N/A	6.25%	9/10/2027	65,000	62,476	61,602
	GOLDMAN SACHS GROUP INC SR NT	CORPORATE BOND	N/A	2.38%	7/21/2032	60,000	8,008	8,673
	GS MBS TRUST SER 2021 PJ10 CL A 8	CORPORATE BOND	N/A	FLTG RATE	3/25/2052	152,951	130,743	136,312
	GS MRTG BCK SEC TR SER 2021 INV1 CL	CORPORATE BOND	N/A	FLTG RATE	12/25/2051	145,584	127,226	130,174
	GS MRTG BCK SEC TR SER 2022 PJ2 CL A	CORPORATE BOND	N/A	FLTG RATE	6/25/2052	271,848	212,212	228,435

See Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

American Maritime Officers Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 13-1936709, Plan Number: 001
September 30, 2024

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	GSAA HEQ TR SER 2007 2 CL AF5A	CORPORATE BOND	N/A	FLTG RATE	3/25/2037	319,506	\$ 237,233	\$ 73,417
	HCA INC SR SEC GLBL NT	CORPORATE BOND	N/A	5.25%	6/15/2026	20,000	22,726	20,147
	HCA INC SR SEC GLBL NT	CORPORATE BOND	N/A	5.50%	6/15/2047	25,000	27,888	24,848
	HCA SR SEC GLBL NT	CORPORATE BOND	N/A	3.50%	7/15/2051	62,000	41,214	44,674
	HEALTHCARE TRUST OF AMER HLDGS SR	CORPORATE BOND	N/A	3.50%	8/1/2026	10,000	9,958	9,829
	HEALTHCARE TRUST OF AMER HLDGS SR NT	CORPORATE BOND	N/A	3.10%	2/15/2030	30,000	28,494	27,565
	HILT COML MTG TR SER 2024 ORL CL A	CORPORATE BOND	N/A	FLTG RATE	5/15/2037	85,000	84,788	84,841
	HPS LN MGMT 2021-16 LTD/HPS LN MGMT	CORPORATE BOND	N/A	FLTG RATE	1/23/2035	75,000	75,000	75,111
	HSBC HLDGS PLC SR NT	CORPORATE BOND	N/A	VAR RATE	9/22/2028	70,000	69,895	65,311
	HUDSON PAC PPTYS L P SR GLBL NT	CORPORATE BOND	N/A	4.65%	4/1/2029	5,000	3,763	4,152
	HUDSON PAC PPTYS L P SR NT	CORPORATE BOND	N/A	3.95%	11/1/2027	50,000	45,328	45,195
	HUDSON YARDS MTG TR SER 2019 30HY CL	CORPORATE BOND	N/A	3.23%	7/10/2039	135,000	121,539	124,839
	HUMANA INC SR NT	CORPORATE BOND	N/A	3.70%	3/23/2029	75,000	74,904	72,978
	IMPAC CMB TR SER 2007 A CL	CORPORATE BOND	N/A	FLTG RATE	5/25/2037	184,647	175,645	175,263
	IMPERIAL TOB FIN PLC SR 144A NT	CORPORATE BOND	N/A	6.13%	7/27/2027	40,000	40,261	41,607
	INTERNATIONAL FLAVORS&FRAGRANC SR	CORPORATE BOND	N/A	2.30%	11/1/2030	76,000	64,742	66,654
	INTERNATIONAL FLAVORS&FRAGRANC SR	CORPORATE BOND	N/A	4.38%	6/1/2047	10,000	3,525	4,202
	INTERNATIONAL FLAVORS&FRAGRANC SR	CORPORATE BOND	N/A	5.00%	9/26/2048	5,000	27,822	32,221
	INTERNATIONAL FLAVORS&FRAGRANC SR	CORPORATE BOND	N/A	3.47%	12/1/2050	35,000	6,678	7,098
	INTERSTATE PWR & LT CO SR NT	CORPORATE BOND	N/A	5.45%	9/30/2054	45,000	44,826	46,532
	INVITATION HOMES OPER PARTNERS SR NT	CORPORATE BOND	N/A	2.30%	11/15/2028	35,000	3,299	3,665
	INVITATION HOMES OPER PARTNERS SR NT	CORPORATE BOND	N/A	2.00%	8/15/2031	4,000	26,613	29,376
	INVITATION HOMES OPER PARTNERS SR NT	CORPORATE BOND	N/A	4.15%	4/15/2032	20,000	17,813	19,104
	INVITATION HOMES OPER PARTNERS SR NT	CORPORATE BOND	N/A	5.50%	8/15/2033	10,000	9,749	10,296
	IQVIA INC SR SEC GLBL NT	CORPORATE BOND	N/A	6.25%	2/1/2029	100,000	100,926	106,292
	J P MORGAN CHASE COML MTG SECS TR	CORPORATE BOND	N/A	3.40%	6/5/2039	45,000	46,350	41,432
	J.P.MORGAN MTG TR SER 2021 10 CL A 3	CORPORATE BOND	N/A	FLTG RATE	12/25/2051	260,817	204,252	219,830
	JBS USA LUX S A JBS USA FOOD SR 144A	CORPORATE BOND	N/A	6.75%	3/15/2034	56,000	56,171	62,042
	JBS USA LUX S A JBS USA FOOD SR GLBL	CORPORATE BOND	N/A	3.75%	12/1/2031	25,000	9,425	9,197
	JBS USA LUX S A JBS USA FOOD SR GLBL	CORPORATE BOND	N/A	3.00%	5/15/2032	35,000	34,548	30,351
	JBS USA LUX S A JBS USA FOOD SR GLBL	CORPORATE BOND	N/A	6.50%	12/1/2052	10,000	24,682	26,668
	JGWPT XXX LLC ASSET BACKED NT	CORPORATE BOND	N/A	4.08%	7/15/2041	23,904	23,885	23,001
	JGWPT XXXII LLC ASSET BACKED NT	CORPORATE BOND	N/A	3.61%	1/17/2073	32,084	32,064	29,653
	JP MORG CHASE CMBS SER 2016 NINE CL	CORPORATE BOND	N/A	FLTG RATE	9/9/2038	169,000	146,647	159,567
	JP MORGAN CHASE BANK NA SR NT	CORPORATE BOND	N/A	2.18%	6/1/2028	5,000	4,575	4,741
	JP MORGAN CHASE BANK NA SR NT	CORPORATE BOND	N/A	VAR RATE	10/15/2030	20,000	17,730	18,528

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American Maritime Officers Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 13-1936709, Plan Number: 001
September 30, 2024

(a)	(b) Identity of Issue, Borrower, or Similar Party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value					(d) Cost	(e) Current Value
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	JP MORGAN MRT TR SER 2021 INV5 CL A	CORPORATE BOND	N/A	FLTG RATE	12/25/2051	71,754	\$ 63,323	\$ 66,054
	JP MORGAN MRTG TR SER 2021 INV3 CL A	CORPORATE BOND	N/A	FLTG RATE	12/25/2051	162,972	140,684	146,228
	JP MORGAN MTG TR SER 2007 S3	CORPORATE BOND	N/A	7.50%	8/25/2037	103,777	86,560	35,330
	JPMORGAN CHASE & CO SR GLBL NT	CORPORATE BOND	N/A	VAR RATE	2/4/2027	15,000	14,074	14,341
	JPMORGAN CHASE & CO SR NT	CORPORATE BOND	N/A	VAR RATE	12/10/2025	45,000	45,000	44,658
	JPMORGAN CHASE & CO SR NT	CORPORATE BOND	N/A	VAR RATE	11/19/2026	10,000	14,428	14,414
	JPMORGAN CHASE & CO SR NT	CORPORATE BOND	N/A	1.58%	4/22/2027	15,000	45,000	43,109
	JPMORGAN CHASE & CO SR NT	CORPORATE BOND	N/A	2.07%	6/1/2029	45,000	8,700	9,252
	JPMORGAN CHASE & CO SR NT	CORPORATE BOND	N/A	ZERO CPN	1/25/2033	90,000	74,684	80,991
	KEYSPAN GAS EAST CORP MTN SR 144A NT	CORPORATE BOND	N/A	3.59%	1/18/2052	100,000	91,348	72,693
	LXP INDUSTRIAL TRUST SR NT	CORPORATE BOND	N/A	6.75%	11/15/2028	10,000	9,942	10,699
	MADISON PARK FDG SER 2021 48 CL A	CORPORATE BOND	N/A	FLTG RATE	4/19/2033	64,116	64,276	64,123
	MADISON PK FDG XXIX LTD/MADISON PK	CORPORATE BOND	N/A	FLTG RATE	10/18/2030	93,195	93,195	93,279
	MERRILL LYNCH MTG INVS INC 2003-D	CORPORATE BOND	N/A	FLTG RATE	8/25/2028	17,103	16,851	16,334
	META PLATFORMS INC SR NT	CORPORATE BOND	N/A	5.60%	5/15/2053	15,000	14,958	16,263
	MF SER 2020 FL4 CL A	CORPORATE BOND	N/A	FLTG RATE	12/17/2035	27,092	27,245	27,059
	MORGAN STANLEY FR	CORPORATE BOND	N/A	VAR RATE	10/21/2025	35,000	25,000	24,949
	MORGAN STANLEY FR	CORPORATE BOND	N/A	VAR RATE	5/4/2027	20,000	30,763	33,491
	MORGAN STANLEY FR	CORPORATE BOND	N/A	VAR RATE	7/20/2027	25,000	20,000	19,019
	MORGAN STANLEY SR NT	CORPORATE BOND	N/A	VAR RATE	4/28/2032	60,000	47,259	50,907
	MORTGAGE IT TR 2005 1 MTG BACKED NT	CORPORATE BOND	N/A	FLTG RATE	2/25/2035	31,712	31,721	32,144
	NATIONWIDE MUT INS CO SUB 144A NT	CORPORATE BOND	N/A	VAR RATE	12/15/2024	100,000	90,000	100,170
	NEW ENGLAND POWER CO SR GLBL 144A	CORPORATE BOND	N/A	2.81%	10/6/2050	25,000	14,314	16,262
	NEW YORK LIFE INS CO 144A NT	CORPORATE BOND	N/A	3.75%	5/15/2050	15,000	15,288	12,021
	OBX TRUST SER 2024 NQM14 CL A 1	CORPORATE BOND	N/A	4.94%	9/25/2064	115,000	115,000	114,699
	OCEANVIEW MTG TR SER 2021 INV3 CL A	CORPORATE BOND	N/A	FLTG RATE	7/25/2051	134,626	119,470	120,620
	OCP CLO 2014-6 LTD/OCP CLO 2014-6	CORPORATE BOND	N/A	FLTG RATE	10/17/2030	65,401	65,401	65,437
	OCTAGON INV PNRS SER 2016 27R CL A 2	CORPORATE BOND	N/A	FLTG RATE	7/15/2030	75,000	74,348	75,428
	OCTAGON INVST SER 2012 14RR CL A 1A	CORPORATE BOND	N/A	FLTG RATE	7/16/2029	9,231	9,231	9,231
	ONCOR ELEC DELIVERY CO LLC SR SEC	CORPORATE BOND	N/A	4.95%	9/15/2052	10,000	9,521	9,743
	ONE BRYANT PARK TRUST SER 2019 OBP	CORPORATE BOND	N/A	2.52%	9/15/2054	145,000	125,871	128,997
	OPEN TEXT CORP SR SEC 144A NT	CORPORATE BOND	N/A	6.90%	12/1/2027	60,000	62,275	63,286
	OPTION ONE MTG LN TR SER 2006 1 CL	CORPORATE BOND	N/A	FLTG RATE	1/25/2036	25,365	25,048	25,117
	ORACLE CORP SR NT	CORPORATE BOND	N/A	2.80%	4/1/2027	20,000	20,812	19,364
	ORACLE CORP SR NT	CORPORATE BOND	N/A	4.30%	7/8/2034	180,000	166,954	174,208
	PALMER SQUARE LN FDG 2022-3 LTD	CORPORATE BOND	N/A	FLTG RATE	4/15/2031	100,000	100,000	99,670

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	PETROLEOS MEXICANOS GBLB NT	CORPORATE BOND	N/A	6.75%	9/21/2047	20,000	\$ 16,987	\$ 14,330
	PETROLEOS MEXICANOS SR GBLB C BD	CORPORATE BOND	N/A	6.35%	2/12/2048	6,000	3,656	4,155
	PHYSICIANS RLTY LP SR NT	CORPORATE BOND	N/A	3.95%	1/15/2028	1,000	918	984
	PIEDMONT NAT GAS CO INC SR NT	CORPORATE BOND	N/A	5.10%	2/15/2035	55,000	55,913	55,763
	PNC FINL SVCS GROUP INC SR NT	CORPORATE BOND	N/A	VAR RATE	1/24/2034	10,000	33,573	35,485
	PNC FINL SVCS GROUP INC SR NT	CORPORATE BOND	N/A	VAR RATE	10/20/2034	35,000	4,997	5,725
	PNC FINL SVCS GROUP INC SR NT	CORPORATE BOND	N/A	VAR RATE	1/22/2035	5,000	10,000	10,601
	PRKCM TRUST SER 2021 AFC2 CL A 1	CORPORATE BOND	N/A	FLTG RATE	11/25/2056	170,631	138,318	150,555
	PROGRESS RES SER 2021 SFR4 CL C	CORPORATE BOND	N/A	2.04%	5/19/2038	200,000	180,281	190,774
	PUBLIC SERVICE CO COLO 1ST MTG BD	CORPORATE BOND	N/A	5.25%	4/1/2053	30,000	29,789	30,248
	REXFORD INDUSTRIAL REALTY L P SR NT	CORPORATE BOND	N/A	2.15%	9/1/2031	5,000	3,848	4,213
	REYNOLDS AMERICAN INC SR NT	CORPORATE BOND	N/A	5.85%	8/15/2045	15,000	16,684	15,007
	ROCKIES EXPRESS PIPELINE LLC SR GBLB	CORPORATE BOND	N/A	4.95%	7/15/2029	45,000	44,852	43,038
	SANTANDER UK GROUP HOLDINGS GBLB	CORPORATE BOND	N/A	VAR RATE	8/21/2026	20,000	20,033	19,409
	SANTANDER UK GROUP HOLDINGS SR GBLB	CORPORATE BOND	N/A	VAR RATE	6/14/2027	55,000	54,345	52,317
	SFAVE COML MTG TR SER 2015 5AVE	CORPORATE BOND	N/A	3.87%	1/8/2043	17,500	16,905	15,156
	SMITHFIELD FOODS INC SR 144A NT	CORPORATE BOND	N/A	2.63%	9/13/2031	45,000	44,406	38,132
	SPRINT SPECTRUM CO CL A	CORPORATE BOND	N/A	4.74%	9/20/2029	6,875	6,961	6,857
	SPRINT SPECTRUM CO CL A	CORPORATE BOND	N/A	5.15%	9/20/2029	73,500	74,786	74,230
	STRUCTURED ASSET ADJ SER 2005 1	CORPORATE BOND	N/A	FLTG RATE	2/25/2035	60,442	58,770	57,543
	STRUCTURED ASSET MTG SER 2004 AR1	CORPORATE BOND	N/A	FLTG RATE	3/19/2034	42,988	41,914	40,317
	STRUCTURED ASSET MTG SER 2005 AR2	CORPORATE BOND	N/A	FLTG RATE	5/25/2045	63,062	63,339	55,828
	SUNOCO LOGISTICS PARTNERS SR NT	CORPORATE BOND	N/A	5.40%	10/1/2047	39,000	37,308	37,138
	T MOBILE USA INC SR NT	CORPORATE BOND	N/A	3.38%	4/15/2029	25,000	22,201	23,994
	T MOBILE USA INC SR NT	CORPORATE BOND	N/A	4.70%	1/15/2035	65,000	64,904	64,772
	T MOBILE USA INC SR SEC GBLB NT	CORPORATE BOND	N/A	3.75%	4/15/2027	15,000	16,462	14,820

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	TAKE TWO INTERACTIVE SOFTWARE SR NT	CORPORATE BOND	N/A	4.00%	4/14/2032	30,000	\$ 29,582	\$ 28,730
	TEACHERS INS & ANNUITY ASSN AM 144A	CORPORATE BOND	N/A	3.30%	5/15/2050	40,000	41,622	29,262
	THORNBURG MTG TR SER 2003 4	CORPORATE BOND	N/A	FLTG RATE	9/25/2043	63,105	62,651	60,203
	TIME WARNER CABLE INC DEB	CORPORATE BOND	N/A	5.88%	11/15/2040	165,000	44,096	40,807
	TIME WARNER CABLE INC DEB	CORPORATE BOND	N/A	5.50%	9/1/2041	45,000	153,442	143,067
	TOWD PT MTG TR 2017-4 NT CL A1 144A	CORPORATE BOND	N/A	2.75%	6/25/2057	32,770	32,064	31,773
	TOWD PT MTG TR 2024-1 ASSET BACKED	CORPORATE BOND	N/A	FLTG RATE	3/25/2064	138,397	137,263	139,867
	TRESTLES CLO SER 2021 4 CL B 1	CORPORATE BOND	N/A	FLTG RATE	7/21/2034	75,000	75,000	75,254
	U S BANCORP MEDIUM TERM NTS	CORPORATE BOND	N/A	4.84%	2/1/2034	35,000	33,225	34,976
	UBER TECHNOLOGIES INC SR NT	CORPORATE BOND	N/A	4.80%	9/15/2034	70,000	69,950	69,903
	UNITED AIR LINES INC SR SEC NT	CORPORATE BOND	N/A	5.80%	7/15/2037	53,771	53,771	56,433
	UNITEDHEALTH GROUP INC SR NT	CORPORATE BOND	N/A	5.15%	7/15/2034	130,000	131,857	135,680
	US BANCORP FR	CORPORATE BOND	N/A	VAR RATE	10/21/2033	5,000	20,000	21,333
	US BANCORP FR	CORPORATE BOND	N/A	VAR RATE	1/23/2035	20,000	5,000	5,300
	VICI PPTYS INC SR GLBL 144A	CORPORATE BOND	N/A	4.50%	1/15/2028	10,000	9,438	9,865
	VICI PROPERTIES LP GLBL NT	CORPORATE BOND	N/A	5.63%	5/15/2052	42,000	36,935	41,095
	VOYA CLO LTD SER 2014 4R CL A 1 RB	CORPORATE BOND	N/A	FLTG RATE	7/14/2031	75,000	74,633	74,851
	VOYA CLO SER 2016 3R2 CL A 1 R2	CORPORATE BOND	N/A	FLTG RATE	10/18/2031	109,746	109,746	109,861
	WAMU MTG CERT SER 2005 AR2 CL 2A 2A3	CORPORATE BOND	N/A	FLTG RATE	1/25/2045	138,447	136,370	139,605
	WAMU MTG CERT SER 2005 AR8	CORPORATE BOND	N/A	FLTG RATE	7/25/2045	201,311	188,540	195,925
	WARNERMEDIA HLDGS INC SR GLBL NT	CORPORATE BOND	N/A	4.28%	3/15/2032	38,000	34,019	33,757
	WARNERMEDIA HLDGS INC SR GLBL NT	CORPORATE BOND	N/A	5.05%	3/15/2042	50,000	48,555	40,816
	WARNERMEDIA HLDGS INC SR GLBL NT	CORPORATE BOND	N/A	5.14%	3/15/2052	218,000	184,951	168,139
	WELLS FARGO & CO FR	CORPORATE BOND	N/A	VAR RATE	2/11/2026	5,000	5,161	4,946
	WELLS FARGO & CO FR	CORPORATE BOND	N/A	VAR RATE	7/25/2029	5,000	137,651	140,455
	WELLS FARGO & CO FR	CORPORATE BOND	N/A	VAR RATE	10/30/2030	135,000	151,187	134,489
	WELLS FARGO & CO FR	CORPORATE BOND	N/A	VAR RATE	2/11/2031	145,000	4,265	4,540
	WELLS FARGO & CO SR NT	CORPORATE BOND	N/A	VAR RATE	6/2/2028	10,000	10,133	9,508
	WELLS FARGO & CO SR NT	CORPORATE BOND	N/A	VAR RATE	7/25/2033	10,000	9,709	10,115
	WELLS FARGO & CO SR NT	CORPORATE BOND	N/A	VAR RATE	4/24/2034	10,000	9,448	10,372
	WILLIS NORTH AMER INC SR NT	CORPORATE BOND	N/A	2.95%	9/15/2029	20,000	20,608	18,556
	WILLIS NORTH AMER INC SR NT	CORPORATE BOND	N/A	5.35%	5/15/2033	30,000	29,057	30,881
	WISCONSIN PWR & LT CO SR GLBL DEB	CORPORATE BOND	N/A	5.38%	3/30/2034	85,000	84,839	88,979
							13,526,264	13,245,178

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GOVERNMENT AND GOVERNMENT AGENCY SECURITIES								
	CALIFORNIA HEALTH FACS FING AU BDS	BOND	N/A	3.00%	08/15/2051	15,000	\$ 11,267	\$ 12,131
	FEDERAL HOME LN MTG CORP MULTICLASS	BOND	N/A	4.00%	02/15/2047	135,368	141,486	130,535
	FEDERAL HOME LN MTG CORP MULTICLASS	BOND	N/A	FLTG RATE	01/25/2042	58,012	57,137	57,867
	FEDERAL HOME LN MTG CORP MULTICLASS	BOND	N/A	1.08%	06/15/2038	51,627	26,417	4,668
	FEDERAL HOME LN MTG CORP MULTICLASS	BOND	N/A	0.88%	11/15/2037	48,138	15,722	3,641
	FEDERAL HOME LN MTG CORP MULTICLASS	BOND	N/A	1.35%	11/15/2037	25,260	9,670	2,444
	FEDERAL HOME LN MTG CORP PARTN CTF	BOND	N/A	2.50%	12/01/2050	466,180	388,750	404,793
	FEDERAL HOME LN MTG CORP PARTN CTF	BOND	N/A	3.50%	02/01/2053	287,493	254,835	267,894
	FEDERAL HOME LN MTG CORP PARTN CTF	BOND	N/A	3.00%	06/01/2052	265,379	236,550	238,557
	FEDERAL HOME LN MTG CORP PARTN CTF	BOND	N/A	3.50%	11/01/2052	248,134	218,610	231,090
	FEDERAL HOME LN MTG CORP PARTN CTF	BOND	N/A	4.50%	11/01/2052	224,154	218,323	220,427
	FEDERAL HOME LN MTG CORP PARTN CTF	BOND	N/A	4.00%	11/01/2052	223,063	212,564	214,203
	FEDERAL HOME LN MTG CORP PARTN CTF	BOND	N/A	3.00%	06/01/2052	222,901	196,362	200,415
	FEDERAL HOME LN MTG CORP PARTN CTF	BOND	N/A	2.00%	02/01/2052	175,940	156,057	145,870
	FEDERAL HOME LN MTG CORP PARTN CTF	BOND	N/A	2.50%	02/01/2052	147,575	135,746	127,819
	FEDERAL HOME LN MTG CORP PARTN CTF	BOND	N/A	2.50%	05/01/2052	132,414	122,066	114,517
	FEDERAL HOME LN MTG CORP PARTN CTF	BOND	N/A	4.50%	04/01/2053	108,421	101,941	106,714
	FEDERAL HOME LN MTG CORP PARTN CTF	BOND	N/A	2.50%	10/01/2051	121,696	110,838	105,443
	FEDERAL HOME LN MTG CORP PARTN CTF	BOND	N/A	2.00%	05/01/2052	97,741	79,854	80,883
	FEDERAL HOME LN MTG CORP PARTN CTF	BOND	N/A	4.00%	08/01/2052	45,905	42,745	44,110
	FEDERAL HOME LN MTG CORP PARTN CTF	BOND	N/A	4.00%	01/01/2049	41,561	44,522	40,353
	FEDERAL HOME LN MTG CORP PARTN GOLD	BOND	N/A	3.50%	01/01/2048	124,994	126,722	118,732
	FEDERAL HOME LN MTG CORP PARTN GOLD	BOND	N/A	3.50%	08/01/2045	47,872	50,218	45,930
	FEDERAL HOME LN MTG CORP PARTN GOLD	BOND	N/A	4.00%	03/01/2048	41,144	41,963	40,298
	FEDERAL HOME LN MTG CORP PARTN GOLD	BOND	N/A	3.00%	02/01/2047	42,657	42,426	39,243
	FEDERAL HOME LN MTG CORP PARTN GOLD	BOND	N/A	4.00%	03/01/2041	36,335	36,510	35,966
	FEDERAL HOME LN MTG CORP PARTN GOLD	BOND	N/A	3.00%	11/01/2046	36,045	37,252	33,108
	FEDERAL HOME LN MTG CORP PARTN GOLD	BOND	N/A	3.00%	10/01/2046	33,420	34,633	30,697
	FEDERAL HOME LN MTG CORP PARTN GOLD	BOND	N/A	3.00%	06/01/2046	29,486	30,322	27,108
	FEDERAL HOME LN MTG CORP PARTN GOLD	BOND	N/A	3.50%	08/01/2046	25,744	27,158	24,486
	FEDERAL HOME LN MTG CORP PARTN GOLD	BOND	N/A	3.50%	03/01/2046	25,458	26,597	24,051
	FEDERAL HOME LN MTG CORP PARTN GOLD	BOND	N/A	3.00%	08/01/2046	23,590	24,509	21,603
	FEDERAL HOME LN MTG CORP PARTN GOLD	BOND	N/A	3.50%	10/01/2047	18,985	18,752	17,952
	FEDERAL HOME LN MTG CORP PARTN GOLD	BOND	N/A	5.00%	11/01/2048	14,170	14,702	14,438
	FEDERAL HOME LN MTG CORP PARTN GOLD	BOND	N/A	3.00%	03/01/2047	12,804	12,845	11,759

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		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	FEDERAL HOME LN MTG CORP PARTN GOLD	BOND	N/A	3.50%	02/01/2044	6,865	\$ 7,201	\$ 6,545
	FEDERAL HOME LN MTG CORP PARTN GOLD	BOND	N/A	3.00%	09/01/2046	3,775	3,916	3,467
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	4.50%	02/01/2053	485,579	464,089	477,548
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.00%	03/01/2052	472,302	384,915	391,114
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	5.00%	07/01/2053	324,233	313,721	324,201
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.00%	04/01/2052	390,983	321,721	323,668
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	4.50%	12/01/2052	316,485	302,193	311,222
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	4.00%	12/01/2052	297,630	270,587	285,867
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	5.50%	09/01/2053	276,911	273,557	280,156
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	3.00%	05/01/2052	306,898	259,640	275,477
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	4.00%	10/01/2052	268,002	253,754	257,517
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.50%	01/01/2051	293,133	244,629	253,191
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	4.00%	07/01/2052	259,494	238,410	249,267
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	4.00%	05/01/2052	233,763	212,505	224,852
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.00%	02/01/2052	217,554	168,961	180,128
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	4.50%	09/01/2052	178,807	174,477	175,868
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.50%	04/01/2052	178,822	153,703	155,348
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.50%	05/01/2051	150,524	129,404	132,260
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.00%	04/01/2051	158,907	119,751	132,156
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.00%	03/01/2052	155,086	128,164	128,400
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	3.00%	12/01/2051	140,583	122,329	126,362
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.50%	01/01/2052	145,536	131,642	126,012
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.00%	10/01/2051	145,888	127,572	121,023
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	3.00%	05/01/2052	131,089	120,852	117,851
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	3.00%	05/01/2052	127,844	111,424	114,941
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.50%	04/01/2052	131,131	120,200	113,907
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	3.00%	05/01/2052	122,818	116,754	111,043
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.50%	02/01/2052	126,603	117,810	109,538
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.00%	04/01/2052	131,932	112,823	109,187
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.00%	12/01/2051	127,166	112,532	105,561
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	3.50%	12/01/2041	103,275	105,786	98,988
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.00%	04/01/2052	110,530	90,359	91,500
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.00%	01/01/2052	105,356	83,116	87,230
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.00%	01/01/2052	103,520	91,817	86,319
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.00%	11/01/2040	87,802	90,560	76,767
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.00%	01/01/2052	87,415	81,146	72,500

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American Maritime Officers Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 13-1936709, Plan Number: 001
September 30, 2024

(a)	(b) Identity of Issuer, Borrower, or Similar Party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	4.00%	10/01/2052	75,262	\$ 70,449	\$ 72,272
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.00%	02/01/2052	83,334	68,569	69,133
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	4.50%	10/01/2052	64,797	60,990	63,777
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.50%	12/01/2051	62,204	50,550	53,777
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.00%	12/01/2051	64,370	56,851	53,289
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	4.00%	06/01/2047	49,501	52,072	48,331
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	3.00%	08/01/2033	49,909	49,550	48,013
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	4.50%	05/01/2048	38,082	39,560	37,871
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	3.50%	05/01/2047	31,467	32,426	29,695
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	4.50%	12/01/2048	21,385	22,207	21,296
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	3.50%	01/01/2048	18,636	18,461	17,656
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	3.50%	04/01/2043	17,824	18,754	16,974
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.00%	10/01/2040	18,441	19,042	16,192
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	ARM RATE	05/01/2033	13,276	13,370	13,398
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	3.00%	10/01/2049	14,941	14,997	13,338
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	4.50%	08/01/2048	9,885	10,277	9,804
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	6.50%	11/01/2031	5,402	5,633	5,559
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	ARM RATE	05/01/2033	5,135	5,154	5,161
	FEDERAL NATL MTG ASSN GTD REMIC	BOND	N/A	5.50%	03/25/2036	16,199	15,220	17,012
	FEDERAL NATL MTG ASSN GTD REMIC	BOND	N/A	3.50%	12/25/2048	15,712	15,639	14,794
	FEDERAL NATL MTG ASSN GTD REMIC	BOND	N/A	3.50%	05/25/2046	4,394	4,403	4,359
	FEDERAL NATL MTG ASSN GTD REMIC	BOND	N/A	2.01%	03/25/2038	30,538	17,117	3,192
	FEDERAL NATL MTG ASSN SF TBA 30 YRS	BOND	N/A	3.50%	10/25/2043	1,100,000	1,026,498	1,013,612
	FEDERAL NATL MTG ASSN SF TBA 30 YRS	BOND	N/A	5.00%	10/25/2042	550,000	551,250	546,135
	FEDERAL NATL MTG ASSN SF TBA 30 YRS	BOND	N/A	3.00%	10/25/2042	550,000	495,000	488,648
	FEDERAL NATL MTG ASSN SF TBA 30 YRS	BOND	N/A	4.50%	10/25/2052	500,000	492,686	487,012
	FEDERAL NATL MTG ASSN SF TBA 30 YRS	BOND	N/A	2.50%	10/25/2048	430,000	374,184	367,197
	FEDERAL NATL MTG ASSN SF TBA 30 YRS	BOND	N/A	5.50%	10/25/2052	325,000	329,202	327,296
	FEDERAL NATL MTG ASSN SF TBA 30 YRS	BOND	N/A	2.00%	10/25/2050	300,000	249,516	245,953
	FEDERAL NATL MTG ASSN SF TBA 30 YRS	BOND	N/A	4.00%	10/25/2045	25,000	24,151	23,747
	GINNIE MAE II POOL	BOND	N/A	2.50%	12/31/2049	650,000	579,510	568,802
	GNMA GTD PASSTHRU CTF POOL #439430	BOND	N/A	8.00%	10/15/2026	503	512	504
	GNMA GTD PASSTHRU CTF POOL #484962	BOND	N/A	7.50%	12/15/2028	6,567	6,611	6,596
	GNMA II MTG ASSN SF TBA 30 YRS OCT	BOND	N/A	4.00%	10/20/2044	500,000	486,836	478,324
	GNMA II MTG ASSN SF TBA 30 YRS OCT	BOND	N/A	4.50%	10/20/2052	400,000	396,637	392,262
	GNMA II MTG ASSN SF TBA 30 YRS OCT	BOND	N/A	5.50%	10/20/2052	300,000	303,834	301,979
	GNMA II PASSTHRU CTF POOL #MA3521	BOND	N/A	3.50%	3/20/2046	16,365	17,295	15,598
	GNMA II PASSTHRU CTF POOL #MA3663	BOND	N/A	3.50%	5/20/2046	8,813	9,329	8,395

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American Maritime Officers Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 13-1936709, Plan Number: 001
September 30, 2024

(a)	(b) Identity of Issuer, Borrower, or Similar Party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	GNMA II PASSTHRU CTF POOL #MA3937	BOND	N/A	3.50%	9/20/2046	27,125	\$ 28,761	\$ 25,808
	GNMA II PASSTHRU CTF POOL #MA4003	BOND	N/A	3.00%	10/20/2046	41,243	43,129	37,974
	GNMA II PASSTHRU CTF POOL #MA4196	BOND	N/A	3.50%	1/20/2047	7,685	7,996	7,308
	GNMA II PASSTHRU CTF POOL #MA4262	BOND	N/A	3.50%	2/20/2047	11,645	12,079	11,067
	GNMA II PASSTHRU CTF POOL #MA4263	BOND	N/A	4.00%	2/20/2047	6,812	7,016	6,680
	GNMA II PASSTHRU CTF POOL #MA4320	BOND	N/A	3.00%	3/20/2047	12,419	12,642	11,475
	GNMA II PASSTHRU CTF POOL #MA4382	BOND	N/A	3.50%	4/20/2047	43,590	45,388	41,324
	GNMA II PASSTHRU CTF POOL #MA4511	BOND	N/A	4.00%	6/20/2047	5,686	5,845	5,552
	GNMA II PASSTHRU CTF POOL #MA4588	BOND	N/A	4.50%	7/20/2047	30,310	31,547	30,373
	GNMA II PASSTHRU CTF POOL #MA4589	BOND	N/A	5.00%	7/20/2047	4,686	5,015	4,767
	GNMA II PASSTHRU CTF POOL #MA4838	BOND	N/A	4.00%	11/20/2047	13,319	13,962	13,035
	GNMA II PASSTHRU CTF POOL #MA4961	BOND	N/A	3.00%	1/20/2048	12,949	12,917	11,942
	GNMA II PASSTHRU CTF POOL #MA4962	BOND	N/A	3.50%	1/20/2048	7,745	7,776	7,343
	GNMA II PASSTHRU CTF POOL #MA5399	BOND	N/A	4.50%	8/20/2048	20,095	20,801	20,093
	GNMA II PASSTHRU CTF POOL #MA5467	BOND	N/A	4.50%	9/20/2048	11,800	12,213	11,800
	GNMA II PASSTHRU CTF POOL #MA5530	BOND	N/A	5.00%	10/20/2048	16,861	17,608	17,131
	GNMA II PASSTHRU CTF POOL #MA6209	BOND	N/A	3.00%	10/20/2049	12,460	12,534	11,175
	GNMA II PASSTHRU CTF POOL #MA8201	BOND	N/A	4.50%	8/20/2052	217,219	207,045	214,795
	GOVERNMENT NATL MTG ASSN GTD REMIC	BOND	N/A	FLTG RATE	6/20/2054	89,669	89,389	90,009
	GOVERNMENT NATL MTG ASSN GTD REMIC	BOND	N/A	FLTG RATE	8/20/2053	17,914	17,847	17,933
	NEW YORK N Y CITY TRANSITIONAL	BOND	N/A	5.51%	08/01/2037	60,000	74,886	62,751
	NEW YORK N Y GO BDS 2010 D TAXABLE	BOND	N/A	5.99%	12/01/2036	50,000	53,980	53,610
	NEW YORK ST DORM AUTH ST PERS INCOME	BOND	N/A	5.29%	03/15/2033	75,000	87,985	76,289
	SLM STUDENT LN TR SER 2003 7	BOND	N/A	FLTG RATE	12/15/2033	37,034	37,494	36,577
	SLM STUDENT LN TR SER 2008 2	BOND	N/A	FLTG RATE	01/25/2029	25,000	21,673	25,711
	SLM STUDENT LN TR SER 2008 3	BOND	N/A	FLTG RATE	4/26/2083	25,000	22,159	25,495
	SLM STUDENT LN TR SER 2008 4	BOND	N/A	FLTG RATE	04/25/2029	25,000	22,591	25,950
	SLM STUDENT LN TR SER 2008 5	BOND	N/A	FLTG RATE	7/25/2073	25,000	24,250	25,552
	SLM STUDENT LN TR SER 2008 6	BOND	N/A	FLTG RATE	07/25/2029	25,000	23,889	25,600
	SLM STUDENT LN TR SER 2008 7	BOND	N/A	FLTG RATE	07/25/2029	25,000	24,017	25,350
	US TREASURY BOND	BOND	N/A	ZERO CPN	8/15/2054	2,464,000	2,477,367	2,516,360
	US TREASURY BOND	BOND	N/A	4.13%	8/15/2044	1,665,000	1,655,618	1,652,263
	US TREASURY BOND	BOND	N/A	4.63%	5/15/2044	90,000	90,365	95,414
	US TREASURY NOTE	BOND	N/A	3.50%	09/30/2026	7,715,000	7,706,214	7,693,784
	US TREASURY NOTE	BOND	N/A	3.50%	09/30/2029	3,975,000	3,970,202	3,963,353
	US TREASURY NOTE	BOND	N/A	3.38%	09/15/2027	1,255,000	1,250,836	1,248,675
	US TREASURY NOTE	BOND	N/A	3.75%	08/31/2026	1,165,000	1,163,385	1,166,782
	US TREASURY NOTE	BOND	N/A	4.13%	08/15/2034	1,111,000	1,110,104	1,118,899
							19,562,670	35,819,678

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American Maritime Officers Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 13-1936709, Plan Number: 001
September 30, 2024

(a)	(b) Identity of Issuer, Borrower, or Similar Party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
INTEREST-BEARING CASH								
	CASH	CASH	N/A	N/A	N/A	N/A	\$ 2,796	\$ 2,796
	COLLECTIVE STIF	STIF	N/A	N/A	N/A	3,399,425	3,399,425	3,399,425
	FUNDS-IN-TRANSFER ACCOUNT	CASH	N/A	N/A	N/A	N/A	36,871	36,871
	MORGAN STANLEY CASH COLLATERAL	CASH	N/A	N/A	N/A	N/A	100,000	100,000
							3,539,092	3,539,092
MUTUAL FUNDS								
	AMERICAN FUNDS EUROPACIFIC GROWTH F3	MUTUAL FUND	N/A	N/A	N/A	12,352	709,202	746,454
	BLACKROCK HY	MUTUAL FUND	N/A	N/A	N/A	3,977,163	30,029,887	28,754,889
	CHAMPLAIN SMALL CAP EQUITY	MUTUAL FUND	N/A	N/A	N/A	1,159,678	29,195,536	26,788,553
	EATON VANCE	MUTUAL FUND	N/A	N/A	N/A	3,195,590	28,136,119	26,747,087
	VANGUARD DEV MARKETS INDEX	MUTUAL FUND	N/A	N/A	N/A	3,452,508	44,242,871	58,692,628
	VANGUARD EMIF	MUTUAL FUND	N/A	N/A	N/A	1,694,443	55,376,474	51,256,908
	VANGUARD RUSSELL 1000 GROWTH FD	MUTUAL FUND	N/A	N/A	N/A	73,828	20,079,962	54,863,090
	VANGUARD RUSSELL 1000 VALUE IN	MUTUAL FUND	N/A	N/A	N/A	187,854	37,086,485	61,125,885
	VANGUARD S&P 500 INST INDEX FD	MUTUAL FUND	N/A	N/A	N/A	138,748	35,570,332	65,787,280
	VANGUARD ST TIPS INSTITUTIONAL	MUTUAL FUND	N/A	N/A	N/A	1,343,796	33,226,151	33,043,951
	VANGUARD TOTAL BOND MKT INDEX	MUTUAL FUND	N/A	N/A	N/A	4,456,571	48,371,381	43,986,351
	BLACKROCK INFLATION PROTECTED BOND K	MUTUAL FUND	N/A	N/A	N/A	40,326	429,102	396,003
	CAUSEWAY INTERNATL VALUE INS	MUTUAL FUND	N/A	N/A	N/A	295,598	5,567,856	6,514,984
	CLEARBRIDGE LARGE CAP GROWTH IS	MUTUAL FUND	N/A	N/A	N/A	191,193	11,202,094	14,551,709
	COLUMBIA BALANCED FUND INSTL 3	MUTUAL FUND	N/A	N/A	N/A	368,431	16,678,736	20,282,135
	COLUMBIA CONTRARIAN CORE FUND INSTL 3	MUTUAL FUND	N/A	N/A	N/A	29,603	926,071	1,152,750
	COLUMBIA SMALL CAP VALUE FUND I INSTL 3	MUTUAL FUND	N/A	N/A	N/A	35,903	1,615,446	1,859,433
	DODGE & COX STOCK CL I	MUTUAL FUND	N/A	N/A	N/A	53,714	10,872,503	14,733,223
	FEDERATED HERMES MDT MID CAP GROWTH R6	MUTUAL FUND	N/A	N/A	N/A	19,887	854,195	989,982
	INVESCO DEVELOPING MARKETS FUND R6	MUTUAL FUND	N/A	N/A	N/A	88,496	3,819,313	3,661,983
	LEGG MASON CLEARBRIDGE SMALL CAP GROWTH FUND IS	MUTUAL FUND	N/A	N/A	N/A	63,636	2,642,856	2,658,059
	NUVEEN REAL ESTATE SECUR-R6	MUTUAL FUND	N/A	N/A	N/A	22,586	416,306	393,230
	NYLI MACKAY HIGH YIELD CORPORATE BOND R6	MUTUAL FUND	N/A	N/A	N/A	164,696	875,828	864,655
	OAKMARK INTERNATIONAL INSTITUTIONAL	MUTUAL FUND	N/A	N/A	N/A	4	101	107
	PIMCO COMMODITY REAL RET STRAT INSTL	MUTUAL FUND	N/A	N/A	N/A	22,105	393,575	297,755
	PIMCO INTERNATIONAL BOND (USD-HDG) INSTL	MUTUAL FUND	N/A	N/A	N/A	133,957	1,342,021	1,339,569
	TCW METWEST TOTAL RETURN BD PLAN	MUTUAL FUND	N/A	N/A	N/A	575,418	5,493,007	5,034,908
	VANGUARD INSTITUTIONAL INDEX I	MUTUAL FUND	N/A	N/A	N/A	17,935	4,771,069	8,504,089

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American Maritime Officers Pension Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN: 13-1936709, Plan Number: 001
September 30, 2024

(a)	(b) Identity of Issuer, Borrower, or Similar Party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	VANGUARD MID CAP INDEX INSTITUTIONAL	MUTUAL FUND	N/A	N/A	N/A	24,146	\$ 1,214,998	\$ 1,742,885
	VANGUARD SMALL CAP INDEX ADM	MUTUAL FUND	N/A	N/A	N/A	7,890	706,282	897,071
	VANGUARD TARGET RETIREMENT 2020 INV	MUTUAL FUND	N/A	N/A	N/A	17,726	489,428	521,511
	VANGUARD TARGET RETIREMENT 2025 INV	MUTUAL FUND	N/A	N/A	N/A	25,302	478,544	517,421
	VANGUARD TARGET RETIREMENT 2030 INV	MUTUAL FUND	N/A	N/A	N/A	41,658	1,504,702	1,663,419
	VANGUARD TARGET RETIREMENT 2035 INV	MUTUAL FUND	N/A	N/A	N/A	27,894	642,574	700,975
	VANGUARD TARGET RETIREMENT 2040 INV	MUTUAL FUND	N/A	N/A	N/A	15,746	614,791	709,201
	VANGUARD TARGET RETIREMENT 2045 INV	MUTUAL FUND	N/A	N/A	N/A	24,788	680,906	763,961
	VANGUARD TARGET RETIREMENT 2050 INV	MUTUAL FUND	N/A	N/A	N/A	10,025	448,900	518,368
	VANGUARD TARGET RETIREMENT 2055 INV	MUTUAL FUND	N/A	N/A	N/A	11,518	557,733	664,722
	VANGUARD TARGET RETIREMENT 2060 INV	MUTUAL FUND	N/A	N/A	N/A	13,818	609,130	734,677
	VANGUARD TARGET RETIREMENT 2065 INV	MUTUAL FUND	N/A	N/A	N/A	48,715	1,437,168	1,698,189
	VANGUARD TARGET RETIREMENT 2070 FUND	MUTUAL FUND	N/A	N/A	N/A	6,191	154,565	170,752
	VANGUARD TARGET RETIREMENT INCOME INV	MUTUAL FUND	N/A	N/A	N/A	26,706	365,911	369,344
	VANGUARD TOTAL INTL STOCK INDEX ADMIRAL	MUTUAL FUND	N/A	N/A	N/A	8,531	262,032	296,980
	VICTORY SYCAMORE ESTABLISHED VALUE R6	MUTUAL FUND	N/A	N/A	N/A	40,987	1,731,128	2,157,120
	WESTERN ASSET CORE PLUS BOND IS	MUTUAL FUND	N/A	N/A	N/A	497,096	5,422,161	4,747,263
							<u>447,245,432</u>	<u>553,901,509</u>
REAL ESTATE								
*	2 WEST DIXIE HIGHWAY, DANIA BEACH, FL	REAL ESTATE	N/A	N/A	N/A	N/A	24,551,220	39,188,751
*	992 S. FEDERAL HIGHWAY, DANIA BEACH, FL	REAL ESTATE	N/A	N/A	N/A	N/A	10,512,272	12,899,803
							<u>35,063,492</u>	<u>52,088,554</u>
LIMITED PARTNERSHIP								
	IFM Global Infrastructure (US), L.P.	LP	N/A	N/A	N/A	1,000	25,000,000	25,533,466
COMMON/COLLECTIVE TRUSTS								
*	Great Gray CIT III for MetLife Group Annuity Contract No.	CCT	N/A	N/A	N/A	1,113,791	22,081,891	23,690,327
							<u>22,081,891</u>	<u>23,690,327</u>
TOTAL INVESTMENTS								<u>\$ 707,817,804</u>

* Denotes party in interest.

See Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

American Maritime Officers Pension Plan
Schedule H, Line 4j - Schedule of Reportable Transactions
EIN: 13-1936709, Plan Number: 001
Year Ended September 30, 2024

(a)	(b) Identity of Party Involved	(c) Description of Asset (include interest rate and maturity in case of a loan)	(d) Purchase Price	(e) Selling Price	(f) Lease Rental	(g) Expenses Incurred with Transaction	(h) Cost of Asset	(i) Current Value of Asset on Transaction Date	(j) Net Gain or (Loss)
<i>Single reportable security transactions exceeding 5% of Plan assets</i>									
BMO		GS FIN SQ GOV #465	N/A	\$ 153,274,693	N/A	N/A	\$ 153,274,693	\$ 153,274,693	\$ -
BMO		GS FIN SQ GOV #465	\$ 151,102,869	N/A	N/A	N/A	\$ 151,102,869	\$ 151,102,869	\$ -

See Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

American Maritime Officers Pension Plan
EIN 13-1936709
Plan No. 001
Plan Year Ended September 30, 2024

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

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

American Maritime Officers Pension Plan
EIN 13-1936709
Plan No. 001
Plan Year Ended September 30, 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

American Maritime Officers Pension Plan

EIN 13-1936709

Plan No. 001

Plan Year Ended September 30, 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

Attachment to Form 5500

2023 Schedule R, Additional Information for Multiemployer Plan

Part V, Line 13e - Contribution Rate Information

Plan name: American Maritime Officers Pension Plan

EIN: 13-1936709

Plan sponsor: Board of Trustees American Maritime Officers Pension Plan

PN: 001

Line 13e – Contribution rate - Due to competitive nature of bidding process, contribution rates made public could be detrimental to the Organization if obtained by competitors; therefore, various contribution rates are kept confidential. The contribution rate is based on a daily rate.

Schedule MB – Statement by the Enrolled Actuary

Plan Sponsor:	Trustees of American Maritime Officers Pension Plan
EIN / PN:	13-1936709 / 001
Plan Year:	Beginning October 1, 2023 and ending September 30, 2024
Plan Name:	American Maritime Officers Pension Plan (the "Plan")
Enrolled Actuary:	Kevin M. Culp
Enrollment Number:	23-07423

The actuarial assumptions and methods are individually reasonable and, in combination, represent the enrolled actuary's best estimate of anticipated experience under the plan.

The actuarial valuation, on which the information in this Schedule MB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the auditor. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years.

The amounts of contributions and dates paid shown in Line 3 of Schedule MB were listed in reliance on information as reported to Horizon Actuarial Services, LLC by the plan administrator and/or auditor during the period October 1, 2023 to September 30, 2024.

Attached as separate exhibits are:

1. A schedule of withdrawal liability amounts, as required under Line 3.
2. A statement of actuarial assumptions and cost methods, as required under Line 6, including justification of changes in actuarial assumptions and an identification of benefits not included in the valuation.
3. A summary of principal eligibility and benefit provisions, as required under Line 6, including a summary of changes in principal eligibility or benefit provisions.
4. A schedule of projection of expected benefit payments, as required under Line 8b(1).
5. A schedule of active participant data, as required under Line 8b(2).
6. A schedule of projection of employer contributions and withdrawal liability payments, as required under Line 8b(3).
7. A schedule of amortization bases, as required under Lines 9c and 9h.
8. A justification for the change in assumptions, as required under Line 11.

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Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases

Charges

[Schedule MB, Line 9c]

Type	Date Established	Initial Period	Initial Balance	Outstanding at 10/1/2023		Annual Payment
				Period	Balance	
Amendment	10/1/2003	30.00	\$ 15,219,768	10.00	\$ 8,783,506	\$ 1,168,760
Amendment	10/1/2004	30.00	8,631,165	11.00	5,314,586	662,371
Amendment	10/1/2005	30.00	10,381,852	12.00	6,766,715	796,208
Amendment	10/1/2006	30.00	22,716,794	13.00	15,556,336	1,739,559
Amendment	10/1/2007	30.00	10,873,642	14.00	7,780,270	831,434
Exper Loss	10/1/2009	15.00	65,982,474	1.00	6,907,822	6,907,822
Assumption	10/1/2009	15.00	13,084,678	1.00	1,369,856	1,369,856
Exper Loss	10/1/2010	15.00	98,434,917	2.00	19,894,895	10,283,835
Exper Loss	10/1/2011	15.00	18,175,390	3.00	5,321,161	1,894,988
Assumption	10/1/2013	15.00	29,890,758	5.00	13,619,200	3,104,296
Exper Loss	10/1/2015	15.00	405,651	7.00	242,042	41,973
Exper Loss	10/1/2016	15.00	7,328,899	8.00	4,836,638	756,991
Assumption	10/1/2018	15.00	2,126,290	10.00	1,644,925	218,879
Amendment	10/1/2019	15.00	14,556,164	11.00	12,003,109	1,495,979
Exper Loss	10/1/2020	15.00	2,852,076	12.00	2,487,194	292,657
Assumption	10/1/2020	15.00	26,742,512	12.00	23,321,189	2,744,097
Exper Loss	10/1/2022	15.00	13,965,152	14.00	13,409,414	1,432,989
Exper Loss	10/1/2023	15.00	15,027,782	15.00	15,027,782	1,542,028
Total Charges					\$ 164,286,640	\$ 37,284,722

Credits

[Schedule MB, Line 9h]

Type	Date Established	Initial Period	Initial Balance	Outstanding at 10/1/2023		Annual Payment
				Period	Balance	
Exper Gain	10/1/2017	15.00	\$ 3,980,844	9.00	\$ 2,861,504	\$ 410,470
Exper Gain	10/1/2018	15.00	18,800,213	10.00	14,544,086	1,935,281
Exper Gain	10/1/2019	15.00	7,351,447	11.00	6,062,053	755,529
Exper Gain	10/1/2021	15.00	14,927,495	13.00	13,697,844	1,531,737
Total Credits					\$ 37,165,487	\$ 4,633,017
Net Total					\$ 127,121,153	\$ 32,651,705

See the comments following this Exhibit.



Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases

The table above shows the outstanding amortization bases in the funding standard account as of the valuation date. The amortization bases are grouped as charges, which represent increases in the unfunded actuarial liability, and credits, which represent decreases in the unfunded actuarial liability.

Different types of amortization bases are as follows:

Abbreviation	Description
Initial Liab	Initial unfunded actuarial accrued liability
Exper Loss	Actuarial experience loss (charge only)
Exper Gain	Actuarial experience gain (credit only)
ENIL (2008)	Eligible net investment loss under the Pension Relief Act of 2010
Amendment	Plan amendment
Assumption	Change in actuarial assumptions
Method	Change in the actuarial cost method or asset valuation method
Combined	Combined charge base or combined credit base
Offset	Combined and offset charge and credit bases

The "ENIL (2008)" bases do not apply as the Trustees elected not to apply the special amortization rule provided in the Pension Relief Act of 2010.

Schedule MB, Line 11 – Justification for Change in Actuarial Assumptions

Changes in Assumptions

Since the prior valuation, the following assumptions have been changed:

Current Liability:

The interest rate and mortality assumptions used to determine the RPA '94 current liability were updated in accordance with the changes in the IRS prescribed assumptions.

Justification for Changes in Assumptions

The changes in the interest rate and mortality tables used to determine the RPA '94 current liability were mandated legislative changes.



Schedule MB, Line 8b(2) – Schedule of Active Participant Data

Measurement Date: October 1, 2023

[Form 5500 Sch. MB, Line 8b(2)]

Age	Stat	Years of Credited Service										Total
		Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	
Under 25	Count	-	-	-	-	-	-	-	-	-	-	-
	Avg Ben											
25 - 29	Count	-	-	-	-	-	-	-	-	-	-	-
	Avg Ben											
30 - 34	Count	-	-	-	-	-	-	-	-	-	-	-
	Avg Ben											
35 - 39	Count	-	-	2	9	34	-	-	-	-	-	45
	Avg Ben					\$181						\$154
40 - 44	Count	-	-	1	10	81	42	1	-	-	-	135
	Avg Ben					\$389	\$623					\$451
45 - 49	Count	-	-	-	7	32	83	22	-	-	-	144
	Avg Ben					\$384	\$876	\$1,230				\$785
50 - 54	Count	-	-	4	8	38	51	56	29	-	-	186
	Avg Ben					\$406	\$815	\$1,484	\$2,327			\$1,141
55 - 59	Count	-	-	1	8	30	43	33	55	16	-	186
	Avg Ben					\$523	\$817	\$1,409	\$2,156			\$1,418
60 - 64	Count	-	-	1	7	29	39	27	40	28	3	174
	Avg Ben					\$388	\$793	\$1,219	\$2,235	\$3,614		\$1,586
65 - 69	Count	-	-	-	4	14	25	12	18	12	10	95
	Avg Ben						\$839					\$1,538
70 +	Count	-	-	-	3	6	2	2	-	1	-	14
	Avg Ben											
Total	Count	-	-	9	56	264	285	153	142	57	13	979
	Avg Ben				\$231	\$387	\$806	\$1,358	\$2,204	\$3,198		\$1,112

Stat Description:

- Count: Number of active participants as of the valuation date
- Avg Ben: The average accrued monthly benefit for active participants as of the valuation date



Schedule MB, Line 8b(1) – Schedule of Projection of Expected Benefit Payments

Measurement Date: October 1, 2023

[Form 5500 Sch. MB, Line 8b(1)]

Plan Year Beginning October 1	Expected Benefit Payments			
	Active Participants	Inactive Vested Participants	Retired Participants and Beneficiaries	Total
2023	2,719,429	934,413	42,005,622	45,659,464
2024	4,239,718	1,392,980	41,201,426	46,834,124
2025	5,450,230	1,687,976	40,360,226	47,498,432
2026	6,442,196	2,093,260	39,518,816	48,054,272
2027	7,320,361	2,419,552	38,628,339	48,368,252
2028	7,990,070	2,495,892	37,762,492	48,248,454
2029	8,531,333	2,815,844	36,801,820	48,148,997
2030	9,014,723	3,094,169	35,763,049	47,871,941
2031	9,389,712	3,245,954	34,677,023	47,312,689
2032	9,677,478	3,443,313	33,561,517	46,682,308
2033	9,918,218	3,729,057	32,392,893	46,040,168
2034	10,118,259	4,104,399	31,181,121	45,403,779
2035	10,231,877	4,284,968	29,929,514	44,446,359
2036	10,271,250	4,432,184	28,665,562	43,368,996
2037	10,267,482	4,640,617	27,347,427	42,255,526
2038	10,235,960	4,743,653	26,002,333	40,981,946
2039	10,168,241	4,895,297	24,637,109	39,700,647
2040	10,065,955	4,916,691	23,233,881	38,216,527
2041	9,932,517	5,072,407	21,823,919	36,828,843
2042	9,781,748	5,074,754	20,409,066	35,265,568
2043	9,597,251	5,090,478	18,996,979	33,684,708
2044	9,391,056	5,099,038	17,597,529	32,087,623
2045	9,155,850	5,049,566	16,220,258	30,425,674
2046	8,895,582	4,950,813	14,872,392	28,718,787
2047	8,609,994	4,850,540	13,561,257	27,021,791



Schedule MB, Line 8b(1) – Schedule of Projection of Expected Benefit Payments

Measurement Date: October 1, 2023

[Form 5500 Sch. MB, Line 8b(1)]

Plan Year Beginning October 1	Expected Benefit Payments			
	Active Participants	Inactive Vested Participants	Retired Participants and Beneficiaries	Total
2048	8,301,476	4,665,048	12,296,527	25,263,051
2049	7,972,152	4,459,986	11,086,115	23,518,253
2050	7,623,567	4,236,075	9,935,180	21,794,822
2051	7,259,257	3,998,942	8,850,495	20,108,694
2052	6,881,179	3,750,122	7,836,681	18,467,982
2053	6,492,608	3,507,705	6,897,089	16,897,402
2054	6,096,678	3,264,549	6,033,735	15,394,962
2055	5,696,684	3,025,539	5,247,088	13,969,311
2056	5,295,944	2,791,892	4,536,212	12,624,048
2057	4,897,799	2,564,742	3,898,991	11,361,532
2058	4,505,447	2,344,530	3,332,159	10,182,136
2059	4,121,875	2,132,482	2,831,767	9,086,124
2060	3,749,869	1,929,293	2,393,338	8,072,500
2061	3,391,937	1,735,719	2,011,996	7,139,652
2062	3,050,248	1,552,416	1,682,740	6,285,404
2063	2,726,617	1,379,908	1,400,461	5,506,986
2064	2,422,457	1,218,570	1,160,092	4,801,119
2065	2,138,773	1,068,634	956,717	4,164,124
2066	1,876,191	930,224	785,693	3,592,108
2067	1,634,975	803,384	642,698	3,081,057
2068	1,415,031	688,046	523,784	2,626,861
2069	1,215,954	584,027	425,422	2,225,403
2070	1,037,087	491,051	344,484	1,872,622
2071	877,589	408,754	278,237	1,564,580
2072	736,501	336,669	224,301	1,297,471



Schedule MB, Line 6 – Summary of Plan Provisions

<i>Plan Name</i>	American Maritime Officers Pension Plan
<i>Plan Sponsor</i>	Trustees of the American Maritime Officers Pension Plan
<i>EIN / PN</i>	13-1936709/001
<i>Effective Date and Most Recent Amendment</i>	The original effective date of the Plan is October 25, 1955. The most recent amendment to the Plan is effective January 1, 2020.
<i>Plan Year</i>	The twelve-month period beginning October 1 and ending September 30.
<i>Benefit Accruals</i>	Benefit accruals ceased effective January 1, 2010. Pension Credits earned after December 31, 2009 are for eligibility purposes only. Effective January 1, 2020, for participants that retire on or after January 1, 2019 with one day of covered employment between January 1, 2019 and October 31, 2019, accrued benefits earned as of December 31, 2009 are increased by ten percent (10%).

This appendix summarizes the major provisions of the Plan that were reflected in the actuarial valuation. This summary of provisions is not intended to be a comprehensive statement of all provisions of the Plan. A complete description of the Plan provisions can be found in the Plan Document or Summary Plan Description.



Schedule MB, Line 6 – Summary of Plan Provisions

Deep Sea, Great Lakes and Inland Waters

Normal Retirement Age

The Normal Retirement Age is:

- a. Age 65, or the 5th anniversary of participation if later, or,
- b. Age 70 and either 200 days in each of the two calendar years preceding retirement; or an accumulation of 500 days after age 65; or,
- c. Age 72 and one day of covered employment after January 1, 1956.

(b. and c. above apply only to participants over age 60 and with three or more years of credit on June 15, 1972.)

Alternate Normal Retirement Age

For Deep Sea and Great Lakes members, the Alternate Normal Retirement Age is:

- a. 20 years of credited service under a Deep Sea and/or Great Lakes agreement; and,
 - b. The combination of age and years of credited service equals 75.
-

Regular Pension

Eligibility 20 years (80 quarters) of service

The Regular Pension is not available for participants in the Default Schedule of the Rehabilitation Plan.

Benefit The Accrued Benefit as of December 31, 2009

For participants that retire on or after January 1, 2019 with one day of covered employment between January 1, 2019 and October 31, 2019, the Accrued Benefit as of December 31, 2009 increased by ten percent (10%)



Schedule MB, Line 6 – Summary of Plan Provisions

<i>Reduced Pension</i>	<i>Eligibility</i>	Attainment of Normal Retirement Age
	<i>Benefit</i>	The Accrued Benefit as of December 31, 2009 For participants that retire on or after January 1, 2019 with one day of covered employment between January 1, 2019 and October 31, 2019, the Accrued Benefit as of December 31, 2009 increased by ten percent (10%)
<i>Early Retirement</i>	<i>Eligibility</i>	Age 60 and 15 years (60 quarters) of service.
	<i>Benefit</i>	The Accrued Benefit as of December 31, 2009 reduced actuarially from age 65 For participants that retire on or after January 1, 2019 with one day of covered employment between January 1, 2019 and October 31, 2019, the Accrued Benefit as of December 31, 2009 increased by ten percent (10%) and reduced actuarially from age 65.
<i>Disability Retirement</i>	<i>Eligibility</i>	20 years (80 quarters) of service
	<i>Benefit</i>	The Accrued Benefit as of December 31, 2009 For participants that commence a disability pension on or after January 1, 2019 with one day of covered employment between January 1, 2019 and October 31, 2019, the Accrued Benefit as of December 31, 2009 increased by ten percent (10%)



Schedule MB, Line 6 – Summary of Plan Provisions

<i>Vesting</i>	<i>Eligibility</i>	100% after 5 years of vesting service (ten years for collectively bargained participants without one hour of credited service on or after October 1, 1999)
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	<i>Benefit</i>	The Accrued Benefit as of December 31, 2009 For participants that retire on or after January 1, 2019 with one day of covered employment between January 1, 2019 and October 31, 2019, the Accrued Benefit as of December 31, 2009 increased by ten percent (10%)
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<i>Pre-Retirement Survivor Benefit</i>	<i>Eligibility</i>	5 years of service
---	---------------------------	--------------------

	<i>Benefit</i>	50% of the Accrued Benefit as of December 31, 2009 reduced for form and early commencement For participants with one day of covered employment between January 1, 2019 and October 31, 2019, 50% of the Accrued Benefit as of December 31, 2009 increased by ten percent (10%) and reduced for form and early commencement
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<i>Form of Payment</i>	If married, pension benefits are paid in the form of a Joint and Survivor (J&S) annuity unless this form is rejected. If not rejected, the benefit amount otherwise payable is reduced to reflect the Joint and Survivor coverage.
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Schedule MB, Line 6 – Summary of Plan Provisions

Pension Credit

An employee shall be given a year's pension credit for each calendar year in which he is employed at least 200 days in Covered Employment (1,000 hours for non-maritime employees). If in a calendar year, he was employed for less than 200 days of Covered Employment he shall receive pension credit in quarter year units as follows:

Days of Covered Employment in a Calendar Year	Number of Quarters Credited
Less than 50	None
50 to 99	1
100 to 149	2
150 to 199	3
200 or more	4

Cost of Living Adjustment

Effective January 1, 2011, cost-of-living adjustments have been eliminated.

Former D2A Participants

Normal Retirement

Eligibility

The earlier of:

1. 30 years (120 quarters) of service or,
2. Age 65 or 5th anniversary of Plan participation, if later

Benefit

The Accrued Benefit as of December 31, 2009

For participants that retire on or after January 1, 2019 with one day of covered employment between January 1, 2019 and October 31, 2019, the Accrued Benefit as of December 31, 2009 increased by ten percent (10%)

Schedule MB, Line 6 – Summary of Plan Provisions

Early Retirement	Eligibility	Age 62 and 10 years (40 quarters) of service
	Benefit	The Accrued Benefit as of December 31, 2009 reduced actuarially from age 65 For participants that retire on or after January 1, 2019 with one day of covered employment between January 1, 2019 and October 31, 2019, the Accrued Benefit as of December 31, 2009 increased by ten percent (10%) and reduced actuarially from age 65
Disability Retirement	Eligibility	20 years (80 quarters) of service
	Benefit	The Accrued Benefit as of December 31, 2009 For participants that commence a disability pension on or after January 1, 2019 with one day of covered employment between January 1, 2019 and October 31, 2019, the Accrued Benefit as of December 31, 2009 increased by ten percent (10%)
Vesting	Eligibility	100% after 5 years of vesting service or at Normal Retirement Age
	Benefit	The Accrued Benefit as of December 31, 2009 For participants that retire on or after January 1, 2019 with one day of covered employment between January 1, 2019 and October 31, 2019, the Accrued Benefit as of December 31, 2009 increased by ten percent (10%)

Schedule MB, Line 6 – Summary of Plan Provisions

***Pre-Retirement
Survivor Benefit***

Eligibility 5 years of service

Benefit 50% of the Accrued Benefit as of December 31, 2009 reduced for form and early commencement.

For participants with one day of covered employment between January 1, 2019 and October 31, 2019, 50% of the Accrued Benefit as of December 31, 2009 increased by ten percent (10%) and reduced for form and early commencement.

***Changes in Plan
Provisions***

None.



Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

Plan Name American Maritime Officers Pension Plan

Plan Sponsor Trustees of the American Maritime Officers Pension Plan

EIN / PN 13-1936709 / 001

Interest Rates 7.00% per annum, compounded annually, net of investment expense for determining costs and liabilities.

The valuation interest rate was chosen in consideration of the purpose of the measurement (long-term contribution budgeting), current and historical investment data, and the Plan's asset allocation as set by the Plan Sponsor. As a part of the analysis, we considered the results of the current and prior editions of our Survey of Capital Market Assumptions and the expectations of the Plan's investment advisor.

The highest rate within the IRS allowable range for determining Current Liability, which is 3.07% per annum as of the valuation date.

Future Increases in Maximum Benefits Limitations It is assumed that maximum benefit limitations under the Internal Revenue Code will not increase in the future.

Assumed Cost of Living Adjustment None.

Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

Disabled Mortality The sex-distinct RP-2014 Disabled Retiree Mortality Tables; future generational improvements at 100% of Scale MP-2018 from 2006 through 2018 and 25% of Scale MP-2018 beyond 2018.

For determining the RPA '94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.

The disabled mortality table was chosen upon review of available tables and projection scales, the underlying demographic basis of those tables in relation to the demographics of the Plan, the Plan's definition of disabled, expectations regarding future mortality improvement, analysis of actual vs. expected experience as well as liability gains and losses in recent years resulting from deviations from expected experience.

Non-disabled Mortality The sex-distinct RP-2014 Employee and Annuitant Mortality Tables; Blue Collar adjustment; future generational improvements at 100% of Scale MP-2018 from 2006 through 2018 and 25% of Scale MP-2018 beyond 2018.

For determining the RPA '94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.

The non-disabled mortality tables were chosen upon review of available tables and projection scales, the underlying demographic basis of those tables in relation to the demographics of the Plan, expectations regarding future mortality improvement, analysis of actual vs. expected experience as well as liability gains and losses in recent years resulting from deviations from expected experience.

Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

Retirement Age Active participants: Per the rates in the table below.

Retirement Rates

Age	60/15 Retirement	20 Year Retirement	62/10 Retirement (D2A)	30 Year Retirement (D2A)
Under 50	0.00	0.10	0.00	0.00
50-59	0.00	0.10	0.00	0.10
60	0.05	0.10	0.00	0.10
61	0.05	0.20	0.00	0.10
62	0.20	0.25	0.20	0.25
63	0.15	0.25	0.15	0.20
64	0.15	0.25	0.15	0.20
65+	1.00	1.00	1.00	1.00

Inactive vested participants are assumed to retire at age 65.

The weighted average retirement age for active participants is age 59.8. This average is based on the active population in the October 1, 2023 valuation. All decrements are considered when projecting the current population to retirement. The weighted average retirement age is the average age at which the lives that reach the retirement decrement retire.

The retirement assumptions were selected based on analysis of actual vs. expected experience as well as liability gains and losses in recent years resulting from deviations from expected experience.

Operating Expenses Expenses are assumed to be \$2,000,000, as of the beginning of the plan year, based on the actual expenses paid in the prior year. Investment counseling fees are not included in assumed operating expenses.

The expense assumption was selected based on a review of past experience as well as expectations for the upcoming year.



Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

Contributions

Contributions are assumed to equal contributions made to the plan in the prior year, increased by 3.0%, and adjusted for contracts that include contributions diverted to the American Maritime Officers Defined Contribution Plan. Contributions include contributions paid directly to the Pension Plan and contributions allocated from the Master Operating Trust.

The contribution assumption was selected based on a review of past experience as well as input from the Trustees regarding future work levels.

Active Participant

For valuation purposes, an active participant is a participant who worked at least fifty man days during the year prior to the valuation date, provided they have not retired or terminated prior to the valuation date.

Disability

Illustrations of the annual rates of disablement are shown in the table below for selected ages (the same rates are used for males and females):

Representative Disability Rates

Age	Deep Sea Great Lakes Inland Waters	Former D2A
37	0.0010	0.0019
42	0.0010	0.0027
47	0.0020	0.0046
52	0.0060	0.0083
57	0.0110	0.0145
62	0.0320	0.0237

The disability rate assumptions were selected based on analysis of actual vs. expected experience as well as liability gains and losses in recent years resulting from deviations from expected experience.



Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

Withdrawal

Illustrations of the annual rates of withdrawal (for reasons other than mortality or disablement) prior to vesting are shown in the table below for selected ages:

Representative Withdrawal Rates

Age	Deep Sea Great Lakes Inland Waters	Former D2A
22	0.059	0.177
27	0.050	0.168
32	0.047	0.150
37	0.042	0.128
42	0.036	0.102
47	0.027	0.072
52	0.009	0.036
57	0.001	0.009

The withdrawal rate assumptions were selected based on analysis of actual vs. expected experience as well as liability gains and losses in recent years resulting from deviations from expected experience.

Reemployment

It is assumed that participants will not be reemployed following a break in service.

Form of Payment

Participants are assumed to elect the normal form.

Marriage

80% of non-retired participants are assumed to be married.

Spouse Ages

Females are assumed to be three years younger than their spouses.

Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

Cost Method

The Unit Credit Cost Method is used to determine the normal cost and the actuarial accrued liability. The actuarial accrued liability is the present value of the accrued benefits as of the beginning of the year for active participants and is the present value of all benefits for other participants. The normal cost is the present value of the difference between the accrued benefits as of the beginning and end of the year. The normal cost and actuarial accrued liability for the plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all plan participants.

Rate of Service Credit

Service, for benefit eligibility purposes only, is assumed to be credited in accordance with the following table:

Deep Sea Great Lakes	Inland Waters	Former D2A
0.875	N/A	1.000

Asset Valuation Method

The actuarial value of assets is determined by adjusting the market value of assets to reflect the investment gains and losses (the difference between the actual investment return and the expected investment return) during each of the last 3 years at the rate of 33% per year. Expected investment return is calculated using the actuarial value of assets as of the beginning of the plan year and the benefit payments, employer contributions and operating expenses, weighted based on the timing of the transactions during the year.

The actuarial value is subject to a restriction that it be not less than 80% nor more than 120% of the market value.

Pension Relief Act of 2010

The Trustees elected not to apply special rules under the Pension Relief Act of 2010.

Participant Data

Participant census data was provided by the Fund Office.

Missing or Incomplete Participant Data

Assumptions were made to adjust for participants and beneficiaries with missing or incomplete data, based on those exhibited by participants with similar known characteristics.

Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

***Benefits Not
Included in
Valuation***

None.

***Future Increases in
Maximum Benefits***

It is assumed that the maximum benefit under the Internal Revenue Code will not increase in the future.

***Assumed Cost of
Living Adjustments***

None.

***Financial
Information***

Financial information was obtained from the audited financial statements.

***Nature of Actuarial
Calculations***

The valuation results presented in this report are estimates. The results are based on data that may be imperfect and on assumptions made about future events. Certain plan provisions may be approximated or deemed immaterial for the purposes of the valuation. Assumptions may be made about missing or incomplete participant census data or other factors. Reasonable efforts were made to ensure that significant items and factors are included in the valuation and treated appropriately. A range of results different from those presented in this report could also be considered reasonable.

The actuarial assumptions selected for this valuation – including the valuation interest rate – generally reflect average expectations over the long term. If overall future demographic or investment experience is less favorable than assumed, the relative level of plan costs determined in this valuation will likely increase in future valuations. Investment returns and demographic factors may fluctuate significantly from year to year. The deterministic actuarial models used in this valuation do not take into consideration the possibility of such volatility.

Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

Actuarial Models

The information presented in this report is based on actuarial models, the intended purpose of which is the calculation and projection of the Plan's liabilities and assets under ERISA. Horizon Actuarial relies on third party actuarial modeling software to perform the liability calculations for our annual actuarial valuations. We also use internally developed models to project and present results. We have a robust review process to confirm the appropriateness of the inputs, check the calculations, and validate the results of the models to ensure they are consistent with the intended purpose. Overall, we believe the models are reasonable for their intended purpose.

Changes in Assumptions and Methods

Since the prior valuation, the following assumptions have been changed:

Current Liability:

- The interest rate and mortality assumptions used to determine the RPA '94 current liability were updated in accordance with the changes in the IRS prescribed assumptions.



Schedule MB, Line 3d – Withdrawal Liability Amounts

Withdrawal liability payments represented \$1,500,000 of the \$22,012,665 in contributions shown on Line 3 for the plan year. Withdrawal liability payments were made throughout the year.

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
10/4/2023	\$375,000	\$0	\$375,000
1/3/2024	\$375,000	\$0	\$375,000
4/3/2024	\$375,000	\$0	\$375,000
7/2/2024	\$375,000	\$0	\$375,000



Schedule MB, Line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Measurement Date: October 1, 2023

[Form 5500 Sch. MB, Line 8b(3)]

Plan Year Beginning October 1	Employer Contributions	Withdrawal Liability Payments	Total
2023	\$ 22,300,000	\$ 1,500,000	\$ 23,800,000
2024	22,300,000	1,500,000	23,800,000
2025	22,300,000	13,375,000	35,675,000
2026	22,300,000	0	22,300,000
2027	22,300,000	0	22,300,000
2028	22,300,000	0	22,300,000
2029	22,300,000	0	22,300,000
2030	22,300,000	0	22,300,000
2031	22,300,000	0	22,300,000
2032	22,300,000	0	22,300,000



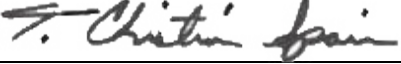
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
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
1a Name of plan AMERICAN MARITIME OFFICERS PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 10/22/1955
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 AMERICAN MARITIME OFFICERS PENSION PLAN 2 WEST DIXIE HIGHWAY DANIA BEACH FL 33004	2b Employer Identification Number (EIN) 13-1936709 2c Plan Sponsor's telephone number (954) 922-7428 2d Business code (see instructions) 483000

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			T. CHRISTIAN SPAIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			F. ANTHONY NACCARATO
	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 ☒ 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 4,653
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) 967 6a(2) 916 6b 1,988 6c 1,031 6d 3,935 6e 559 6f 4,494 6g(1) 4,653 6g(2) 4,494 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 36
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I 2C 2H 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
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached _____
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

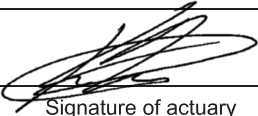
11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

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

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

11c Enter the Receipt Confirmation Code for the 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 MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024		
▶ Round off amounts to nearest dollar. ▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.		
A Name of plan American Maritime Officers Pension Plan		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Board of Trustees - American Maritime Officers Pension Plan		D Employer Identification Number (EIN) 13-1936709
E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)		
1a Enter the valuation date: Month 10 Day 01 Year 2023		
b Assets		
(1) Current value of assets	1b(1)	506,013,692
(2) Actuarial value of assets for funding standard account.....	1b(2)	526,736,779
c (1) Accrued liability for plan using immediate gain methods	1c(1)	565,152,121
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	565,152,121
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	891,428,413
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	2,000,000
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	48,498,231
(3) Expected plan disbursements for the plan year	1d(3)	46,165,930
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.		
SIGN HERE	 Signature of actuary	6/4/2025 Date 2307423
Kevin M. Culp Type or print name of actuary Horizon Actuarial Services, LLC Firm name 8601 Georgia Avenue, Suite 905 Silver Spring MD 20910 Address of the firm		Most recent enrollment number 240-247-4600 Telephone number (including area code)
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.		Schedule MB (Form 5500) 2023 v. 230728

Line 3(a): Contributions made throughout the year.

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method

5m

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability **6a** 3.07 %

b Rates specified in insurance or annuity contracts ☐ Yes ☐ No ☒ N/A ☐ Yes ☐ No ☒ N/A

c Mortality table code for valuation purposes:

(1) Males **6c(1)** A A

(2) Females **6c(2)** A A

d Valuation liability interest rate **6d** 7.00 % 7.00 %

e Salary scale **6e** % ☒ N/A

f Withdrawal liability interest rate:

(1) Type of interest rate **6f(1)** ☐ Single rate ☒ ERISA 4044 ☐ Other ☐ N/A

(2) If "Single rate" is checked in (1), enter applicable single rate **6f(2)** %

g Estimated investment return on actuarial value of assets for year ending on the valuation date **6g** 3.8 %

h Estimated investment return on current value of assets for year ending on the valuation date **6h** 12.7 %

i Expense load included in normal cost reported in line 9b **6i** ☐ N/A

(1) If expense load is described as a percentage of normal cost, enter the assumed percentage **6i(1)** %

(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b **6i(2)** 2,000,000

(3) If neither (1) nor (2) describes the expense load, check the box **6i(3)** ☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	15,027,782	1,542,028

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval.....

8a

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ☒ Yes ☐ No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ☒ Yes ☐ No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ☐ Yes ☒ No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code? ☐ Yes ☐ No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended.. **8d(2)**

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ☐ Yes ☐ No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))..... **8d(4)**

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension **8d(5)**

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ☐ Yes ☐ No

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)

8e**9** Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any

9a

0

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

9b

2,000,000

c Amortization charges as of valuation date:

Outstanding balance

(1) All bases except funding waivers and certain bases for which the amortization period has been extended

9c(1)

164,286,640

37,284,722

(2) Funding waivers

9c(2)

0

0

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

9c(3)

0

0

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

9d

2,749,931

e Total charges. Add lines 9a through 9d

9e

42,034,653

Credits to funding standard account:

f Prior year credit balance, if any

9f

88,705,811

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

9g

22,012,665

Outstanding balance

h Amortization credits as of valuation date

9h

37,165,487

4,633,017

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

9i

7,304,161

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)

9j(1)

160,333,337

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

9j(2)

270,911,783

(3) FFL credit

9j(3)

0

k (1) Waived funding deficiency

9k(1)

0

(2) Other credits

9k(2)

0

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

9l

122,655,654

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

9m

80,621,001

n Funding deficiency: If line 9e is greater than line 9l, enter the difference

9n**o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the current plan year

9o(1)

0

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a)

0

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))

9o(2)(b)

0

(3) Total as of valuation date

9o(3)

0

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)

10

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions



Yes



No