

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 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

<p>1a Name of plan <u>LOCAL 1964 ILA RETIREMENT FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>LOCAL 1964 ILA RETIREMENT FUND</u></p> <p><u>11 TEANECK ROAD</u> <u>RIDGEFIELD PARK, NJ 07660-2327</u></p>	<p>1c Effective date of plan <u>11/07/1972</u></p> <p>2b Employer Identification Number (EIN) <u>22-6244648</u></p> <p>2c Plan Sponsor's telephone number <u>201-440-6599</u></p> <p>2d Business code (see instructions) <u>488990</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	06/20/2025	ADAM HARRIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2022
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)	368
	6a(2)	377
	6b	524
	6c	748
	6d	1649
	6e	83
	6f	1732
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	5

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B

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

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

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

- a Pension Schedules**
- (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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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 <u>LOCAL 1964 ILA RETIREMENT FUND</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>LOCAL 1964 ILA RETIREMENT FUND</u>	D Employer Identification Number (EIN) <u>22-6244648</u>

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

1a Enter the valuation date: Month 10 Day 01 Year 2023

b Assets		
(1) Current value of assets	1b(1)	<u>40775033</u>
(2) Actuarial value of assets for funding standard account.....	1b(2)	<u>44852536</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>42003522</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	<u>42003522</u>
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	<u>78904667</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>1184962</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>3548375</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>3525016</u>

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

SIGN HERE	
Signature of actuary	<u>05/27/2025</u>
<u>ALAN T NAHOUM</u>	Date
Type or print name of actuary	<u>23-02343</u>
<u>BACK NINE CONSULTING LLC</u>	Most recent enrollment number
Firm name	<u>561-701-0729</u>
<u>41 DUNBAR ROAD</u> <u>PALM BEACH GARDENS, FL 33418</u>	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	40775033
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	594	41084946
(2) For terminated vested participants	792	19852026
(3) For active participants:		
(a) Non-vested benefits		5827690
(b) Vested benefits		12140005
(c) Total active	350	17967695
(4) Total	1736	78904667
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	51.68 %

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	1034069				
10/15/2024	72658				
			Totals ▶	3(b)	1106727
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	106.8 %
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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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)?		<input type="checkbox"/> Yes <input type="checkbox"/> 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: • 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 <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

a <input type="checkbox"/> Attained age normal	b <input type="checkbox"/> Entry age normal	c <input checked="" type="checkbox"/> Accrued benefit (unit credit)	d <input type="checkbox"/> Aggregate
e <input type="checkbox"/> Frozen initial liability	f <input type="checkbox"/> Individual level premium	g <input type="checkbox"/> Individual aggregate	h <input type="checkbox"/> Shortfall
i <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	8
(2) Females	6c(2)	8
d Valuation liability interest rate	6d	7.50 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate.....	6f(1)	<input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> 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	11.1 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	11.5 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> 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)	660760
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-7704143	-811889

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.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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?.....	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	1152130

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)	14910373	2165867
9c(2)	0	0
9c(3)	0	0

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

9d	248850
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e Total charges. Add lines 9a through 9d.....

9e	3566847
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Credits to funding standard account:

f Prior year credit balance, if any.....

9f	
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g Employer contributions. Total from column (b) of line 3.....

9g	1106727
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h Amortization credits as of valuation date.....

	Outstanding balance	
9h	14910373	2286054

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

9i	209118
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j Full funding limitation (FFL) and credits:

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

9j(1)	2559166	
9j(2)	27102634	
9j(3)		0

k (1) Waived funding deficiency.....

9k(1)	0
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(2) Other credits.....

9k(2)	0
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l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....

9l	3601899
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m Credit balance: If line 9l is greater than line 9e, enter the difference.....

9m	35052
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....

9n	
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o Current year's accumulated reconciliation account:

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

9o(1)	0
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(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
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(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....

9o(2)(b)	0
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(3) Total as of valuation date.....

9o(3)	0
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10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....

10	
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan LOCAL 1964 ILA RETIREMENT FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL 1964 ILA RETIREMENT FUND	D Employer Identification Number (EIN) 22-6244648	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

LOOMIS SAYLES & CO

04-3200030

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

MASSACHUSETTS FINANCIAL SERVICES CO

04-2747644

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

WISDOMTREE ASSET MANAGEMENT INC

13-3487784

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

DOUBLELINE CAPITAL LP

30-0596331

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

ARTISAN PARTNERS LIMITED PARTNERSHI

30-0551775

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

THE VANGUARD GROUP INC

23-1945930

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

LORD ABBETT & CO LLC

13-5620131

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

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

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

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

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

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

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

NUCLEUS ADVISORS

512 W 22ND ST, 7TH FLR
NEW YORK, NY 10011

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	189787	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

ADAM HARRIS

22-6244648

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	98901	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RICHARD GALLO

22-6244648

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	93325	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DAVID HARRIS

22-6244648

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	92582	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NOVAK FRANCELLA LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	33758	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NANCY BONSANTI

22-6244648

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	30479	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

ERIC M HARRIS, ESQ. P.C.

485 UNDERHILL BLVD. STE 203
SYOSSET, NY 11791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	24000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BACK NINE CONSULTING, LLC

99-2224713

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	18800	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RELIANCE TRUST CO

58-1428634

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 51	NONE	17522	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

UNITED LABOR SYSTEMS

360 E PARK AVE
LONG BEACH, NY 11561

(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	12050	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

OPTIMUM TECHNOLOGIES, INC.

20-1460608

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 99 50	NONE	9600	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PNG CYBER, LLC

1 SUGAR CREEK CENTER BLVD, STE 1100
SUGAR LAND, TX 77478

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 99 50	NONE	6095	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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	
A Name of plan LOCAL 1964 ILA RETIREMENT FUND	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 LOCAL 1964 ILA RETIREMENT FUND	D Employer Identification Number (EIN) 22-6244648

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a 61695	64315
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1) 147461	128006
(2) Participant contributions	1b(2)	
(3) Other	1b(3) 124442	69378
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1) 1052309	1099963
(2) U.S. Government securities	1c(2) 5563353	5809403
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B) 2235110	2628467
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B) 7717884	1674689
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13) 23405620	35593699
(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	40307874	47067920
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	13576	17756
i Acquisition indebtedness	1i		
j Other liabilities	1j	73120	51692
k Total liabilities (add all amounts in lines 1g through 1j)	1k	86696	69448
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	40221178	46998472

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)	1587923	
(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)		1587923
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	24074	
(B) U.S. Government securities	2b(1)(B)	177329	
(C) Corporate debt instruments	2b(1)(C)	96320	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	7585	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		305308
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	142601	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	956124	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1098725
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	35289061	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	33849339	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1439722
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	782778	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		5564287
c Other income.....	2c		410
d Total income. Add all income amounts in column (b) and enter total.....	2d		10779153

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3148695	
(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)		3148695
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)	397555	
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	3758	
(4) IQPA audit fees.....	2i(4)	30000	
(5) Investment advisory and investment management fees.....	2i(5)	193787	
(6) Bank or trust company trustee/custodial fees.....	2i(6)	17522	
(7) Actuarial fees.....	2i(7)	18800	
(8) Legal fees.....	2i(8)	25238	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	166504	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		853164
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4001859

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6777294
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **NOVAK FRANCELLA, LLC**

(2) EIN: **61-1436956**

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
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 540937.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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

A Name of plan <u>LOCAL 1964 ILA RETIREMENT FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>LOCAL 1964 ILA RETIREMENT FUND</u>	D Employer Identification Number (EIN) <u>22-6244648</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1	
---	--

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 22-6244648

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year

3	0
---	---

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a	
b Enter the amount contributed by the employer to the plan for this plan year.....	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

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 **KEYSTONE FREIGHT/NRT (WALSH)**

b EIN **23-2248967** **c** Dollar amount contributed by employer **1503177**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 15 Year 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) 2.80

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

a Name of contributing employer **KINGS HARBOR CARE CENTER**

b EIN **13-3772916** **c** Dollar amount contributed by employer **13818**

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 11 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) 0.75

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

a Name of contributing employer **KINGS HARBOR DIALYSIS CENTER**

b EIN **13-4138854** **c** Dollar amount contributed by employer **7723**

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 10 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) 1.00

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

a Name of contributing employer **COMPREHENSIVE CLEANING**

b EIN **22-2376088** **c** Dollar amount contributed by employer **16880**

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 10 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) 1.55

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

a Name of contributing employer **SANS SOUCI REHAB & NURSING CENTER**

b EIN **26-2661137** **c** Dollar amount contributed by employer **46326**

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 10 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) 1.55

(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: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	0.73
b The corresponding number for the second preceding plan year	15b	0.74

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment.....

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 59.6 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 38.0 %
 High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 2.4 % Other: 0.0 %

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 _____.

LOCAL 1964 I.L.A. RETIREMENT FUND

FINANCIAL STATEMENTS

SEPTEMBER 30, 2024

LOCAL 1964 I.L.A. RETIREMENT FUND

FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION

SEPTEMBER 30, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of the
Local 1964 I.L.A. Retirement Fund

Opinion

We have audited the financial statements of the Local 1964 I.L.A. Retirement Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of September 30, 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 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 Local 1964 I.L.A. Retirement Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Local 1964 I.L.A. Retirement Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Report on Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held at End of Year, Schedule of Reportable Transactions, and Schedules of Administrative Expenses, together referred to as “supplemental information,” are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year and Schedule of Reportable Transactions are supplemental information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Plan’s management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental information, we evaluated whether the supplemental information, including their form and content, are presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA.

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

Novak Francella LLC

New York, New York
July 11, 2025

LOCAL 1964 I.L.A. RETIREMENT FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

SEPTEMBER 30, 2024 AND 2023

	2024	2023
ASSETS		
INVESTMENTS - at fair value		
United States Government and Government		
Agency obligations	\$ 5,809,403	\$ 5,563,353
Corporate obligations	2,628,467	2,235,110
Common stock	1,674,689	7,717,884
Mutual funds and exchange traded funds	35,593,699	23,405,620
Short-term investments	1,099,963	1,052,309
Total investments	46,806,221	39,974,276
RECEIVABLES		
Employer contributions	128,006	147,461
Due from related entities	10,302	44,951
Accrued interest and dividends	58,191	58,406
Other	-	20,200
Total receivables	196,499	271,018
OTHER ASSETS		
Cash	64,315	61,695
Security deposits	885	885
Total other assets	65,200	62,580
Total assets	47,067,920	40,307,874
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accrued expenses	17,756	13,576
Securities purchased and not settled	51,692	73,120
Total liabilities	69,448	86,696
NET ASSETS AVAILABLE FOR BENEFITS	\$ 46,998,472	\$ 40,221,178

See accompanying notes to financial statements.

LOCAL 1964 I.L.A. RETIREMENT FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED SEPTEMBER 30, 2024 AND 2023

	2024	2023
ADDITIONS		
Investment income		
Net appreciation in		
fair value of investments	\$ 7,786,787	\$ 3,223,463
Interest and dividends	1,404,033	1,256,043
	9,190,820	4,479,506
Less investment expenses	(211,309)	(205,252)
Investment income - net	8,979,511	4,274,254
 Contribution income		
Employer contributions	1,587,923	1,451,884
 Other income		
Class action settlement	410	-
Total additions	10,567,844	5,726,138
 DEDUCTIONS		
Pension benefits	3,148,695	2,939,143
Administrative expenses	641,855	607,147
Total deductions	3,790,550	3,546,290
 NET INCREASE	6,777,294	2,179,848
 NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	40,221,178	38,041,330
End of year	\$ 46,998,472	\$ 40,221,178

See accompanying notes to financial statements.

LOCAL 1964 I.L.A. RETIREMENT FUND

NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2024 AND 2023

NOTE 1. DESCRIPTION OF PLAN

The following brief description of the Local 1964 I.L.A. Retirement Fund (the Plan) provides only general information. Participants should refer to the summary plan description for a more complete description of the Plan's provisions.

General - The Plan was established during 1972 as a result of collective bargaining agreements between the Local 1964 I.L.A. (the Local) union and various employers to provide retirement, death and disability benefits for eligible participants. The Plan is financed by employer contributions as specified in the collective bargaining agreements. The Plan is a multi-employer defined benefit pension plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan was amended, effective July 15, 2020 to be in compliance with the qualification requirements under the Internal Revenue Service.

Pension Benefits - Under current provisions of the Plan, an employee is eligible for a normal retirement pension upon attaining age 65 with 5 years of credit service. Members are eligible for early retirement benefits, at a reduced rate, upon attaining age 55 and 15 years of credit service. Members are eligible for disability pension benefits at age 55 with 10 or 15 years of service depending on whether the member became disabled during employment or was given a social security award. Effective October 1, 2019 the Plan was amended to the monthly benefit payable at the participant's normal retirement date which reduces the percentage of all employer contributions required to be made of a participant's account on or after October 1, 2019.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The financial statements are prepared using the accrual basis of accounting.

Investments and Income Recognition - Investments are carried at fair value. The valuations for U.S. Treasuries, common stock, mutual funds and exchange traded funds are generally based on quoted market prices or the net asset value of the funds as of the last business day of the fiscal year as provided by the custodian. Government agencies and corporate obligations are valued using pricing models that maximize the use of observable inputs for similar securities, including yields, credit ratings and broker quotes, if available. The short-term investment is valued at cost, which approximates fair value.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Purchases and sales are recorded on the trade date basis. Interest and dividends are recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the year.

Employer Contributions - Employer contributions due but not paid at year end are recorded as contributions receivable. Allowance for credit losses is considered unnecessary and is not provided. Contributions are accounted for as exchange transactions.

Securities Purchased or Sold and Not Settled - This represents the amount due to or from the custodial bank for the purchase or sale of securities with trade dates prior to year end and settlement dates after year end.

Benefit Payments - Benefit payments to participants are recorded upon distribution.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service which employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

NOTE 3. FUNDING POLICY

The participating employers contribute such amounts as are specified in the collective bargaining agreements. For the year ended September 30, 2024, employer contributions ranged from \$0.75 to \$2.80 per hour. For the year ended September 30, 2023, employer contributions ranged from \$0.75 to \$3.00 per hour.

The Plan's actuary has advised that the minimum funding requirements of ERISA have been met as of October 1, 2023.

NOTE 4. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at the time and the priority of those benefits.

NOTE 4. PRIORITIES UPON TERMINATION (continued)

In addition, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided for while other benefits may not be provided at all.

NOTE 5. TAX STATUS

The Plan obtained its latest determination letter on March 23, 2016 in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) and was, therefore, exempt from Federal income taxes under the provisions of Section 501(a). The Plan's Trustees and Counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that, more likely than not, would not be sustained upon examination by the U.S. Federal, state, or local taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, plan tax years will remain open for three years; however, this may differ depending upon the circumstances of the Plan.

NOTE 6. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement:

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

Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

For the years ended September 30, 2024 and 2023, there were no transfers in or out of levels 1, 2, or 3.

The following tables set fourth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2024 and 2023:

	Fair Value Measurements at September 30, 2024			
	Total	Level 1	Level 2	Level 3
United States Government and Government Agency obligations	\$ 5,809,403	\$ 3,530,835	\$ 2,278,568	\$ -
Corporate obligations	2,628,467	-	2,628,467	-
Common stock	1,674,689	1,674,689	-	-
Mutual funds and exchange traded funds**	35,593,699	35,593,699	-	-
Short-term investments	1,099,963	1,099,963	-	-
	<u>\$ 46,806,221</u>	<u>\$ 41,899,186</u>	<u>\$ 4,907,035</u>	<u>\$ -</u>

** Two funds account for 41.2% of net assets available for benefit as of September 30, 2024.

NOTE 6. FAIR VALUE MEASUREMENTS (continued)

	Fair Value Measurements at September 30, 2023			
	Total	Level 1	Level 2	Level 3
United States Government and Government Agency obligations	\$ 5,563,353	\$ 3,230,671	\$ 2,332,682	\$ -
Corporate obligations	2,235,110	-	2,235,110	-
Common stock	7,717,884	7,717,884	-	-
Mutual funds and exchange traded funds	23,405,620	23,405,620	-	-
Short-term investments	1,052,309	1,052,309	-	-
	<u>\$ 39,974,276</u>	<u>\$ 35,406,484</u>	<u>\$ 4,567,792</u>	<u>\$ -</u>

NOTE 7. RELATED PARTIES

The Plan has three related organizations, Local 1964 I.L.A. (Local), Local 1964 I.L.A. Health & Insurance Fund (Health Fund) and Local 1964 I.L.A. Staff Plan and Trust (Staff Plan). The Plan shares facilities, equipment and staff with these related organizations.

The Plan sub-leases office space and equipment from the Health Fund on a year to year basis. Office and equipment rent are based upon allocated occupancy as approved by the Trustees. Office rent paid to the Health Fund totaled \$10,410 for years ended September 30, 2024 and 2023, respectively. Furniture and equipment rental allocated from the Health Fund totaled \$1,512 and \$1,200 for the years ended September 30, 2024 and 2023, respectively. As of September 30, 2024 and 2023, the Plan owed \$1,512 and \$1,200 to the Health Fund, respectively, for the Plan's portion of furniture and equipment rental.

The Health Fund pays personnel and certain administration expenses on behalf of the Plan. These expenses are reimbursed monthly by the Plan based on an allocation approved by the Trustees. The Plan was allocated \$421,590 and \$371,145 from the Health Fund for payroll related expenses for the years ended September 30, 2024 and 2023, respectively. As of September 30, 2024 and 2023, the Plan was due \$11,815 and \$46,151, respectively from the Health Fund for payroll related expenses.

Certain Plan investments are short-term investments managed by Fidelity through Reliance Trust, a Fidelity Information Service, LLC company. Reliance Trust is the custodian, as defined by the Plan, therefore these transactions qualify as party-in-interest transactions. These transactions have been denoted as such on the supplemental schedules of assets held at end of year and reportable transactions.

The transactions above qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA.

NOTE 8. BENEFIT PLANS

Substantially all of the Plan’s full-time employees who have completed one year of service are covered by a single-employer defined contribution pension plan (Local 1964 I.L.A. Staff Plan and Trust, a related party).

The Plan contributes 10% of an eligible employee’s annual salary. The vesting periods are the following:

First year	20%
Second year	40%
Third year	60%
Fourth year	80%
Fifth year	100%

During the years ended September 30, 2024 and 2023, the Plan contributed \$28,102 and \$27,230, respectively, to the Staff Plan.

The Plan’s full-time employees are covered by a multiemployer defined benefit health plan (Management - I.L.A. Managed Care Trust Fund). The total of health and welfare contributions for the year ended September 30, 2024 was \$53,288 and \$53,170 for 2023.

NOTE 9. ACTUARIAL INFORMATION

Actuarial valuations of the Plan were made by the consulting actuary, as of October 1, 2023. Information shown in the reports included the following:

Actuarial present value of accumulated plan benefits	
Vested benefits:	
Participants currently receiving benefits	\$ 23,093,631
Other vested benefits	16,323,834
	<hr/>
	39,417,465
Non-vested benefits	2,586,057
	<hr/>
Total actuarial present value of accumulated plan benefits	<u>\$ 42,003,522</u>

NOTE 9. ACTUARIAL INFORMATION (continued)

As reported by the actuary, the changes in the present value of accumulated plan benefits during the year ended September 30, 2023 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$ 49,888,460</u>
Increase (decrease) during the year attributable to:	
Benefits accumulated, actuarial gains or losses, and changes in valuation method	(8,687,430)
Interest	3,741,635
Benefits paid	<u>(2,939,143)</u>
Net decrease	<u>(7,884,938)</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 42,003,522</u></u>

The actuarial cost method used was the Accrued Benefit Cost Method (Unit Credit). Some of the more significant actuarial assumptions used in the valuation as of September 30, 2023 were:

Mortality rates: Valuation rates - 1994 Uninsured Pensioner, unprojected
Disabled rates - 1964 OASDI Table
RPA rates - IRS 2022 Static Table

Normal retirement age: 67

Net investment return: 7.5%

The above actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. Pension benefits in excess of the net assets of the Plan are dependent upon contributions received under collective bargaining agreements with employers and income from investments.

Since information on the actuarial present value of accumulated plan benefits as of September 30, 2024 and the changes therein for the year then ended are not included, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of September 30, 2024 and the changes in its financial status for the year then ended, but a presentation of the net assets available for benefits and the changes therein as of and for the year ended September 30, 2024. The complete financial status is presented as of September 30, 2023.

As of October 1, 2024, the actuary reported that the Plan is not expected to be in endangered or critical status as identified under the Pension Protection Act of 2006.

As of October 1, 2023, the actuary reported that the Plan is expected to be in endangered or critical status as identified under the Pension Protection Act of 2006.

NOTE 10. RISKS AND UNCERTAINTIES

The Plan invests in various investments. Investments are exposed to various risks such as interest rate, market, sectors and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and participant demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE 11. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through July 11, 2025, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

SUPPLEMENTAL INFORMATION

LOCAL 1964 I.L.A. RETIREMENT FUND

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED SEPTEMBER 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Salaries and payroll taxes	\$ 311,098	\$ 308,746
Employee benefits	86,457	88,400
Pension Benefit Guaranty Corporation	73,185	64,448
Audit and accounting fees	33,758	31,611
Office and printing expenses	27,895	19,811
Other professional fees	27,745	16,050
Legal fees	25,238	24,000
Insurance expense	21,962	19,712
Actuarial and consulting fees	18,800	18,800
Office rent, storage, utilities and maintenance	<u>15,717</u>	<u>15,569</u>
Total	<u>\$ 641,855</u>	<u>\$ 607,147</u>

LOCAL 1964 I.L.A. RETIREMENT FUND

SCHEDULE OF ASSETS HELD AT END OF YEAR

SEPTEMBER 30, 2024

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

Form 5500, Schedule H, Item 4i

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
Identity of Issuer, Borrower, Lessor or Similar Party		Type	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	Cost	Current Value
<u>1c(1) - Short-term investments:</u>							
	Chase Interest Bearing Account	IBA	Demand	Var %	789,486	\$ 789,486	\$ 789,486
*	Fidelity Cash	IBA	Demand	Var	51,692	51,692	51,692
*	Fidelity Interest Bearing Account	IBA	Demand	Var	6,812	6,812	6,812
*	Fidelity Cash Management Funds Treasur	STIF	Demand	Var	251,973	251,973	251,973
	Total short-term investments					<u>1,099,963</u>	<u>1,099,963</u>
<u>1c(2) - United States Government & Agency obligations:</u>							
	Federal Home Loan Mortgage	Pool	04/01/33	3.000	1	1	1
	Federal Home Loan Mortgage	Pool	06/01/34	3.500	506	514	500
	Federal Home Loan Mortgage	Pool	09/01/37	3.500	22	21	22
	Federal Home Loan Mortgage	Pool	11/01/40	4.000	1,093	1,081	1,082
	Federal Home Loan Mortgage	Pool	12/01/40	4.000	2,635	2,643	2,608
	Federal Home Loan Mortgage	Pool	01/01/41	4.000	4,128	4,101	4,087
	Federal Home Loan Mortgage	Pool	07/01/44	4.500	32,422	26,190	32,549
	Federal Home Loan Mortgage	Pool	02/01/45	4.000	11,105	12,046	11,002
	Federal Home Loan Mortgage	Pool	12/01/45	3.000	13,295	13,586	12,260
	Federal Home Loan Mortgage	Pool	12/01/45	3.500	17,876	18,647	16,888
	Federal Home Loan Mortgage	Pool	02/01/46	4.000	28,196	30,143	27,265
	Federal Home Loan Mortgage	Pool	03/01/46	3.000	4,825	4,928	4,444
	Federal Home Loan Mortgage	Pool	09/01/46	3.000	26,262	25,445	24,122
	Federal Home Loan Mortgage	Pool	09/01/46	3.500	33,675	35,778	32,084
	Federal Home Loan Mortgage	Pool	01/01/47	3.000	9,134	9,267	8,370
	Federal Home Loan Mortgage	Pool	10/01/48	4.000	14,384	14,417	14,006
	Federal Home Loan Mortgage	Pool	07/01/49	3.500	347	354	326
	Federal Home Loan Mortgage	Pool	08/01/49	4.000	19,906	20,662	19,363
	Federal Home Loan Mortgage	Pool	02/01/50	3.000	27,042	27,582	24,543
	Federal Home Loan Mortgage	Pool	02/01/50	2.500	37,889	37,874	33,194
	Federal Home Loan Mortgage	Pool	09/01/50	2.000	54,444	56,090	45,395
	Federal Home Loan Mortgage	Pool	11/01/51	2.500	110,337	112,863	95,602
	Federal Home Loan Mortgage	Pool	03/01/52	2.500	339,821	293,202	294,152
	Federal Home Loan Mortgage	Pool	04/01/52	3.000	105,422	94,685	94,787
	Federal Home Loan Mortgage	Pool	05/01/52	3.500	172,142	159,258	160,514
	Federal Home Loan Mortgage	Pool	07/01/52	3.500	88,432	81,593	82,858
	Federal Home Loan Mortgage	Pool	10/01/52	4.500	22,023	21,490	21,649
	Federal Home Loan Mortgage	Pool	07/01/53	5.000	83,386	81,693	83,378
	Federal Home Loan Mortgage	Pool	07/01/53	4.500	83,160	79,892	81,746
	Federal National Mortgage Association	Pool	04/01/24	3.500	572	776	563
	Federal National Mortgage Association	Note	11/15/30	6.625	56,000	79,727	64,802
	Federal National Mortgage Association	Pool	06/01/33	3.000	7,846	8,046	7,548
	Federal National Mortgage Association	Pool	07/01/33	3.000	4,393	4,421	4,226

(a)	(b)	(c)			(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				
Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	Cost	Current Value
<u>1c(2) - United States Government & Agency obligations (continued):</u>						
Federal National Mortgage Association	Pool	09/01/33	3.000 %	7,241	\$ 7,470	\$ 6,966
Federal National Mortgage Association	Pool	09/01/36	2.000	92,833	95,720	85,421
Federal National Mortgage Association	Pool	01/01/37	2.000	30,621	27,717	28,042
Federal National Mortgage Association	Pool	02/01/41	4.000	9,516	10,070	9,409
Federal National Mortgage Association	Pool	05/01/41	4.500	16,834	18,449	17,026
Federal National Mortgage Association	Pool	08/01/41	4.500	2,128	2,285	2,152
Federal National Mortgage Association	Pool	09/01/41	4.500	3,612	3,915	3,653
Federal National Mortgage Association	Pool	05/01/42	3.500	16,054	15,145	15,352
Federal National Mortgage Association	Pool	08/01/43	3.500	10,876	10,740	10,384
Federal National Mortgage Association	Pool	10/01/46	3.000	51,341	53,185	47,125
Federal National Mortgage Association	Pool	02/01/47	3.500	18,326	18,914	17,294
Federal National Mortgage Association	Pool	08/01/47	4.000	9,619	9,859	9,356
Federal National Mortgage Association	Pool	07/01/48	4.500	1,783	1,886	1,772
Federal National Mortgage Association	Pool	11/01/49	3.500	27,822	28,674	26,254
Federal National Mortgage Association	Pool	09/01/50	2.500	43,880	46,097	38,267
Federal National Mortgage Association	Pool	07/01/51	2.000	256,929	259,217	213,678
Federal National Mortgage Association	Pool	07/01/51	2.500	258,403	267,235	224,542
Federal National Mortgage Association	Pool	06/01/52	4.000	128,955	123,313	123,833
Federal National Mortgage Association	Pool	12/01/52	5.500	90,845	91,668	92,106
United States Treasury	Note	11/30/24	1.500	128,000	127,338	127,306
United States Treasury	Bond	12/31/25	4.250	242,000	240,459	243,096
United States Treasury	Bond	01/31/26	4.250	356,000	353,937	357,919
United States Treasury	Bond	11/30/26	1.250	289,000	282,305	274,822
United States Treasury	Bond	05/31/27	2.625	490,000	479,565	478,059
United States Treasury	Note	05/15/28	2.875	94,000	95,537	91,756
United States Treasury	Bond	09/30/28	4.625	269,000	268,899	279,445
United States Treasury	Bond	11/30/28	4.375	175,000	174,371	180,360
United States Treasury	Bond	01/31/29	1.750	121,000	116,535	112,171
United States Treasury	Bond	02/28/29	4.250	242,000	242,709	248,720
United States Treasury	Bond	08/31/30	2.875	101,000	96,132	103,643
United States Treasury	Bond	06/30/31	3.500	363,000	368,209	375,788
United States Treasury	Bond	02/15/41	1.875	282,000	231,605	206,785
United States Treasury	Bond	02/15/42	2.375	94,000	82,352	73,210
United States Treasury	Bond	11/15/42	4.000	94,000	96,796	92,502
United States Treasury	Bond	05/15/46	2.500	228,000	223,786	171,846
United States Treasury	Bond	02/15/51	1.875	181,000	140,928	113,407
Total United States Government and Agency obligations					6,072,038	5,809,403
<u>1c(3) - Corporate obligations:</u>						
AbbVie Inc	Note	11/21/49	4.250	74,000	85,654	66,283
Amgen Inc	Bond	02/21/30	2.450	107,000	106,851	97,726
Anheuser Busch InBev Fin Inc	Note	02/01/46	4.900	60,000	62,381	59,005
Bank of America Corp	Note	07/22/27	1.734	134,000	131,596	127,929
Capital One Financial Corp	Note	02/01/34	5.817	87,000	84,420	90,533
Citigroup Inc	Note	06/03/31	2.572	121,000	122,783	108,889
Comcast Corp	Bond	02/01/50	3.450	101,000	97,800	76,419
CVS Health Corporation	Note	08/21/40	2.700	94,000	86,081	66,749
Elevance Inc	Bond	06/15/34	5.375	101,000	102,585	106,172
Enbridge Inc	Bond	11/15/53	6.700	67,000	68,729	77,581
Enterprise Products Operating LLC	Bond	02/15/43	4.450	54,000	49,261	49,123
Fiserv Inc	Bond	07/01/29	3.500	101,000	100,830	97,580
General Motors Financial	Bond	01/07/34	6.100	101,000	103,463	105,191

(a)	(b)	(c)			(d)	(e)
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value				
Identity of Issuer, Borrower, Lessor or Similar Party	Type	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	Cost	Current Value
<u>1c(3) - Corporate obligations (continued):</u>						
Home Depot	Bond	04/15/30	2.700 %	114,000	\$ 117,364	\$ 106,048
JPMorgan Chase & Co	Note	05/01/28	3.540	74,000	73,457	72,662
JPMorgan Chase & Co	Note	11/19/31	1.764	114,000	107,351	97,992
Kinder Morgan Inc	Note	06/01/25	4.300	74,000	75,177	73,663
Lowes Companies Inc	Note	10/15/30	1.700	101,000	96,996	86,871
Mastercard	Bond	03/26/30	3.350	81,000	90,020	78,241
Morgan Stanley	Note	01/22/47	4.375	60,000	58,883	55,403
Northrop Grumman Corp	Note	01/15/25	2.930	81,000	80,598	80,497
OracleCorp	Note	04/01/30	2.950	128,000	132,481	119,024
Rogers Communications Inc	Bond	03/15/52	4.550	81,000	57,165	70,141
RTX Corp	Bond	03/15/54	6.400	87,000	89,587	102,722
T Mobile USA	Note	07/15/33	5.050	101,000	98,440	103,524
Truist Finl Corp	Bond	06/08/34	5.867	114,000	104,042	121,192
U S Bancorp	Bond	01/23/30	5.384	81,000	81,259	84,119
United Health Group	Bond	05/15/30	2.000	87,000	86,785	77,562
Verizon Communications Inc	Note	11/20/50	2.875	94,000	89,605	63,749
Wells Fargo & Co	Note	01/23/35	5.499	101,000	101,983	105,877
Total corporate obligations					<u>2,743,627</u>	<u>2,628,467</u>
<u>1c(4)(B) - Common stock:</u>						
ACI World Wide Inc				471	12,107	23,974
Amicus Therapeutics Inc				1,553	19,976	16,586
AO Smith Corp				416	21,918	37,369
Apellis Pharmaceuticals Inc				610	31,401	17,592
Applied Industrial Technologies Inc				60	11,999	13,388
Argenx Se				81	17,113	43,908
Avient Corporation				347	16,188	17,461
Avidity Biosciences Inc				196	8,985	9,002
Braze Inc				436	23,431	14,100
Brink's Co				104	11,501	12,027
BWX Technologies Inc				484	30,943	52,611
Cabot Corp				87	7,902	9,724
Championx Corporation				707	13,074	21,316
Chewy Inc				608	16,501	17,808
Confluent Inc				389	9,833	7,928
Crinetics Pharmaceuticals Inc				202	7,590	10,322
Curtiss-Wright Corp				93	17,606	30,568
Deckers Outdoor Corp				192	10,930	30,614
Dolby Laboratories Inc				296	16,207	22,653
Dorman Products Inc				106	12,512	11,991
Elastic N V				125	13,434	9,595
EMCOR Group Inc				65	4,094	27,984
Entegris Inc				306	14,572	34,434
EQT Corporation				442	17,578	16,195
Exlservice Holdings Inc				366	12,374	13,963
Expedia Inc				253	36,694	37,449
Etsy Inc				357	30,602	19,824
Gitlab Inc				620	30,186	31,955
GoDaddy Inc				322	24,066	50,483
Graco Inc				258	11,799	22,578
Hamilton Lane Inc				124	13,955	20,880
Houlihan Lokey Inc				127	19,107	20,069

(a)	(b)	(c)			(d)	(e)	
		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value					
Identity of Issuer, Borrower, Lessor or Similar Party		Type	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	Cost	Current Value
<u>1c(4)(B) - Common stock (continued):</u>							
	Hubbell Inc				79	\$ 26,466	\$ 33,840
	HubSpot Inc com				62	24,476	32,959
	Hyatt Hotels				207	12,717	31,505
	Ideaya Biosciences Inc				656	26,956	20,782
	Immunocore Hldgs Plc				429	23,467	13,355
	Inari Med Inc				308	19,642	12,702
	Insmad Inc				281	18,142	20,513
	Irhythm Technologies Inc				190	16,201	14,106
	JFrog Ltd				856	18,325	24,858
	Knight Swift Transh Hldgs Inc				215	11,169	11,599
	Lattice Semiconductor Corp				399	22,890	21,175
	Lennox International Inc				47	25,986	28,402
	Lincoln Electric Holdings Inc				107	22,239	20,546
	Madrigal Pharmaceuticals Inc				50	11,929	10,611
	Manhattan Associates Inc				81	19,626	22,792
	Modine Manufacturing Co				78	8,742	10,358
	MongoDB Inc				120	36,955	32,442
	Mueller Industries Inc				182	12,097	13,486
	Murphy USA Inc				53	26,351	26,122
	Neurocrine Biosciences Inc				267	29,283	30,764
	New York Times				606	22,053	33,736
	Nordsoncorpcom				117	10,301	30,728
	Option Care Health Inc				343	11,975	10,736
	Patrick Industries Inc				88	12,846	12,529
	Power Integrations Inc				272	10,504	17,441
	Procore Technologies Inc				364	27,109	22,466
	Renaissance Holdings Ltd				123	26,673	33,505
	Sarepta Therapeutics Inc				154	19,996	19,233
	Springworks Therapeutics Inc				541	35,547	17,334
	Sprouts Fmrs Mkt Inc				162	16,295	17,886
	Stifel Financial Corp				369	25,273	34,649
	Tapestry Inc				838	28,257	39,369
	Texas Roadhouse Inc				134	22,550	23,664
	Topbuild Corp				64	9,844	26,036
	Tyler Technologies Inc				93	32,379	54,286
	Valvoline Inc				280	11,541	11,718
	Verra Mobility Corp				408	12,146	11,346
	Viking Therapeutics Inc				138	8,766	8,737
	Wingstop Inc				127	21,827	52,842
	Wintrust Financial Corp				241	22,510	26,156
	Xenon Pharmaceuticals Inc				280	11,974	11,024
	Total common stock					1,360,203	1,674,689
<u>1c(13) - Mutual funds and exchange traded funds:</u>							
	Artisan International				79,398	3,739,441	4,142,967
	Doubleline Total Return Bond				540,574	5,680,949	4,881,382
	Loomis Sayles Investment Grade Bond				158,433	1,889,854	1,606,508
	Lord Abbett Short Duration				729,876	2,884,087	2,846,515
	MFS International Value				58,679	2,086,801	2,735,612
	Vanguard Russell 1000 Growth Index				92,208	5,057,553	8,899,916

LOCAL 1964 I.L.A. RETIREMENT FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED SEPTEMBER 30, 2024

Form 5500, Schedule H, Item 4j

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

(a)	(b)	(c)	(d)	(g)	(h)	(i)
	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset	Net Gain or (Loss)
* Fidelity Cash Management Funds Treasury		\$ 22,010,189 N/A	N/A \$ 22,222,954	\$ 22,010,189 22,222,954	\$ 22,010,189 22,222,954	N/A \$ -
WisdomTree US Dividend Growth		7,569,757 N/A	N/A 150,085	7,569,757 136,132	7,569,757 150,085	N/A 13,953

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

Attachment to Schedule MB Line 6
Summary of Plan Provisions
Local 1964 ILA Retirement Plan
EIN/PN: 22-6244648/001

1. Effective Date: November 1, 1972
2. Eligibility Requirements: Each employee of an Employer who contributes to the Fund in a classification covered by a Collective Bargaining Agreement is eligible to participate in the fund on the first day of the month following the Employer's obligation to contribute.
2. Year of Pension Eligibility: An Employee will receive 1 year of Pension credit for each Plan Year in Covered Employment that he/she works 800 hours.
3. Year of Vesting Credit: An Employee will receive 1 year of Pension credit for each Plan Year in Covered Employment that he/she works 800 hours [1/2 year for each 400 hours].
4. Normal Retirement Date: The later of the attainment of age 65 and the completion 5 Years of Participation.
5. Regular Pension: The monthly benefit payable at Normal Retirement Date in the form of a life annuity is equal to the sum of:
 - a) 7.75% multiplied by the participant's pre-9/30/88 contributions;
 - b) 3.50% multiplied by the participant's post 9/30/88 contributions prior to 10/1/09; and
 - c) 1.00% multiplied by the participant's 10/1/09 thru 9/30/14 contributions
 - d) 2.00% multiplied by the participant's post 9/30/14 contributions
 - e) 1.00% multiplied by the participants contributions after 9/30/18
6. Early Retirement Pension: A Participant who has not attained age 65, but is at least age 55 and has completed 5 years of service may receive an Early Retirement Benefit under the Plan. The amount of the Early Service Retirement Pension is the Normal Service Retirement Pension actuarially reduced by 6% for each year the Early Retirement Date precedes age 65.
7. Disability Benefit #1: A participant who becomes disabled during Covered Employment and who has attained age 55 with 5 years of pension credits will be eligible to receive a Disability Benefit equal to the accrued Normal Retirement Pension as of the date of disability actuarially reduced in the same manner as Early Retirement.
8. Disability Benefit #2: A participant who becomes disabled during Covered Employment, who is eligible for Social Security Disability benefits, and who has attained age 55 with 10 years of pension credits will be eligible to receive a Disability Benefit equal to the accrued Normal Retirement Pension as of the date of disability without actuarial reduction.
9. Deferred Pension: A participant who terminates Covered Employment with at least 5 years of vesting credits will be eligible to receive a vested pension beginning on or after his Early Retirement Age.

The Deferred Pension Benefit payable is the accrued Normal (or Early) Service Pension payable calculated as of the date the participant terminates Covered employment.

10. Pre-Retirement Survivor Benefit: In the event an active participant dies after becoming eligible for Normal or Early Retirement Age under the plan, the Participant's Surviving Spouse would receive the same benefit that would be payable if the participant had:

- a. separated service on the date of death;
- b. retired with an immediate Joint and 50% Survivor annuity at the Earliest Retirement Age;
- c. died on the next day.

11. Post-Retirement Death Benefit: All retirement benefits are payable in the form of a 50% Joint and Survivor Annuity unless this form is rejected by the Participant.

Normal Retirement benefits are actuarially reduced to reflect the Joint and Survivor coverage. If the Participant rejects the Joint and Survivor coverage, benefits will be payable for the remainder of the participant's lifetime without reduction.

12. Contributions: All contributions are made by the participating Employers. No participant contributions are required under the Plan.

**THE FINANCIAL STATEMENTS WILL BE PLACED IN THE
ATTACHMENT FOR THE ACCOUNTANT'S OPINION**

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF ASSETS HELD

**LOCAL 1964, INTERNATIONAL LONGSHOREMEN'S ASSOCIATION
RETIREMENT PLAN**

EIN/PN 22-6244648/001

Attachment to Form 5500 Schedule MB, Line 6

SCHEDULE OF ACTIVE PARTICIPANTS

Age	0-4	5-9	10-14	15-19	20-24	25-29	30 +	Total
20-24	8	0	0	0	0	0	0	8
25-29	5	1	0	0	0	0	0	6
30-34	10	5	0	0	0	0	0	15
35-39	13	4	0	3	0	0	0	20
40-44	17	4	0	0	1	0	0	22
45-49	15	4	3	3	3	1	0	29
50-54	33	7	5	3	7	1	1	57
55-59	28	15	5	1	6	5	1	61
60-64	35	10	6	7	6	5	1	70
65-69	18	6	1	4	5	2	4	40
70 +	7	1	4	4	2	1	3	22
Totals	189	57	24	25	30	15	10	350

Attachment to Schedule MB, line 8(b)(3)
Projection of Expected Employer Contributions and Withdrawal Liability Payments
Local 1964 ILA Retirement Plan
EIN/PN: 22-6244648/001

Plan Year	Projected Employer Contributions	Withdrawal Liability Payments
2023	1,101,254	0
2024	1,370,175	0
2025	1,381,719	0
2026	1,389,343	0
2027	1,398,780	0
2028	1,402,392	0
2029	1,408,340	0
2030	1,420,742	0
2031	1,433,158	0
2032	1,436,217	0
2033	1,439,039	0
2034	1,443,176	0

LOCAL 1964, INTERNATIONAL LONGSHOREMEN'S
ASSOCIATION RETIREMENT PLAN

Attachment to Schedule MB, lines 9(c) and (h)

EIN/PN 22-6244648/001

SUMMARY OF AMORTIZATION BASES
CHARGE BASES

Type of Base	Years Remaining	Minimum Annual Payment	10/1/23 Beginning of Year Balance
<i>Amendment</i>	6	5,318	26,830
<i>Amendment</i>	1	17,537	17,537
<i>Assumption</i>	2	7,746	14,955
<i>Assumption</i>	4	22,344	80,447
<i>Assumption</i>	5	5,353	23,277
<i>Loss</i>	9	7,730	53,005
<i>Loss</i>	2	49,244	95,057
<i>Loss</i>	3	203,800	569,731
<i>Loss</i>	5	281,107	1,222,620
<i>Loss</i>	7	296,226	1,686,666
<i>Loss</i>	9	29,886	204,939
<i>Loss</i>	10	90,933	670,982
<i>Loss</i>	11	92,649	728,597
<i>Loss</i>	12	99,640	828,555
<i>Loss</i>	13	103,325	902,578
<i>Loss</i>	14	853,029	7,784,597
Total Charge Bases		2,165,867	14,910,373

LOCAL 1964, INTERNATIONAL LONGSHOREMEN'S
ASSOCIATION RETIREMENT PLAN

SUMMARY OF AMORTIZATION BASES
CREDIT BASES

Type of Base	Date Began	Minimum Annual Payment	10/1/23 Beginning of Year Balance
<i>Assumption</i>	3	65,784	183,903
<i>Assumption</i>	6	6,258	31,572
<i>Gain</i>	1	192,944	192,944
<i>Gain</i>	4	469,910	1,691,926
<i>Gain</i>	6	211,800	1,068,714
<i>Gain</i>	8	88,374	556,459
<i>Assumption</i>	9	188,985	1,295,934
<i>Assumption</i>	13	250,110	2,184,778
<i>Gain</i>	14	811,889	7,704,143
Total Credit Bases		2,286,054	14,910,373

LOCAL 1964, INTERNATIONAL LONGSHOREMEN'S
ASSOCIATION RETIREMENT PLAN

EIN/PN: 22-6244648/001

Attachment to Form 5500 Schedule MB, Line 11
Justification for Change in Actuarial Assumptions

Actuarial assumption as to Current Liability Interest was changed so that rate remained in statutory range.

Attachment to Schedule MB Line 6
Actuarial Assumptions and Methods
Local 1964 ILA Retirement Plan
EIN/PN: 22-6244648/001

The cost estimates are based on the Accrued Benefit (Unit Credit) Cost Method (an immediate gain cost method) which is described in Part III C of the Bureau Bulletin on Section 23(p)(1)(A) and (B) of the 1939 Internal Revenue Code.

Initial Valuation

A normal cost estimate is determined by calculating the present value of the benefit earned by each employee's during the year and summing the results.

The initial accrued liability is the actuarial present value of all benefits accrued as of the initial valuation date.

Subsequent Valuations

After the initial valuation, the normal cost is recalculated each year to take into account the benefits accrued by all employees during the year. Thereby, the normal cost is not affected by any actuarial gains and/or losses which arise from the previous years' experience. Such actuarial gains and/or losses are determined as a dollar amount each year, by comparing the expected unfunded accrued liability with the actual unfunded accrued liability and are amortized over 15 years for minimum funding purposes. Hence any contributions made in excess of the normal cost estimate are designated as contributions to reduce the unfunded accrued liability and/or contributions to amortize actuarial losses (the plan's funding standard account will receive credits for amortized actuarial gains, if any).

Stability and Flexibility of Cost Method

This cost method splits the total liability of the plan benefits into three components - a normal cost estimate, an unfunded accrued liability amount and a net total of actuarial gains and losses.

The normal cost estimate will remain relatively level, except for changes due to new entrants, terminations, retirements, deaths, etc. to the active participant life count.

The amount of accrued liability contribution in any given plan year may vary within a relatively broad band sufficient to amortize this liability over 15 years. This flexibility in accrued liability contribution provides the ability to stabilize the total level of contributions.

The actuarial gains and/or losses that arise due to the experience under the plan are required to be amortized over 15 years. It is anticipated that the net actuarial gains and/or losses based on the actuarial assumptions as stated on page 5 will be negligible so that this element will not affect the stability of the cost method.

Unlike other methods, this method provides for splitting future plan changes between the accrued liability and the normal cost estimate thereby dampening the fluctuation in the annual contributions.

ACTUARIAL ASSUMPTIONS

- 1. Valuation Date: October 1, 2023
- 2. Actuarial Cost Method: Accrued Benefit
- 3. Assumed Normal Retirement Age: Age 67
- 4. Future Increases in Compensation: N/A
- 5. Withdrawals: Illustrative rates are as follows:

<u>Age</u>	<u>1 Year</u>
25	0.2760
30	0.2558
35	0.2352
40	0.2139
45	0.1913
50	0.1669
55	0.1455

- 6. Mortality:

Valuation Rates	1994 Uninsured Pensioner - unprojected
Disabled Rates	1964 OASDI Table
RPA Rates	IRS 2022 Static Table

- 7. Valuation Interest: 7.5% per year
- 8. RPA Current Liability Interest: 3.07% per year
- 9. RPA Maximum Interest Rate: 3.07% per year
- 10. Marriage Rate: 100%
- 11. Asset Valuation Method: 5 Year Smoothed Method with phase-in, described as Method 16 in IRS Revenue Procedure 2000-40. Under this method, a gain or loss is calculated each year equal to the difference between the expected

assets and the actual market value of assets. The expected assets are calculated by taking the prior year market value, adjusted by cash flow (contributions less benefit payments and investment expenses), and increased by the expected rate of return.

Under the five year phase-in method, the actuarial asset value is equal to the market value of the assets in the first year the method is used. In subsequent years, gains are subtracted (or losses added) to the adjusted assets in accordance with the following schedule:

- Year Two: 80% of the prior year gain is subtracted from the adjusted assets
- Year Three: 80% of the prior year gain plus 60% of the second prior year gain is subtracted
- Year Four: 80% of the prior year gain plus 60% of the second prior year gain plus 40% of the third prior year gain is subtracted
- Year Five 80% of the prior year gain plus 60% of the second prior year gain plus 40% of the third prior year gain plus 20% of the fourth prior year gain is subtracted.

The actuarial value of assets is then adjusted to fit within an 80% to 120% corridor of Market Value.

Attachment to Schedule MB, line 8(b)(1)

Projection of Expected Payments

Local 1964 ILA Retirement Plan

EIN/PN 22-6244648/001

Plan Year	Active	Term Vested	Retired	Total
1	171,825	-	3353191	3,525,016
2	240,040	60,324	3229802	3,530,166
3	375,158	126,617	3102316	3,604,091
4	445,802	173,930	2971018	3,590,750
5	474,813	231,239	2836282	3,542,334
6	547,250	300,022	2698545	3,545,817
7	657,157	420,862	2558295	3,636,314
8	730,986	518,474	2416071	3,665,531
9	794,661	644,664	2272462	3,711,787
10	819,551	740,659	2128107	3,688,317
11	845,680	821,784	1983675	3,651,139
12	898,024	942,154	1839878	3,680,056
13	907,200	1,036,557	1697480	3,641,237
14	968,518	1,065,725	1557299	3,591,542
15	998,113	1,138,418	1420187	3,556,718
16	975,539	1,153,410	1287002	3,415,951
17	950,722	1,153,577	1158584	3,262,883
18	961,043	1,182,009	1035722	3,178,774
19	927,014	1,218,295	919111	3,064,420
20	902,438	1,210,716	809332	2,922,486
21	873,811	1,170,583	706850	2,751,244
22	828,496	1,144,891	612023	2,585,410
23	785,650	1,114,434	525106	2,425,190
24	741,008	1,087,715	446250	2,274,973
25	688,623	1,036,257	375491	2,100,371
26	642,746	987,555	312744	1,943,045
27	591,305	932,679	257784	1,781,768
28	542,832	867,334	210261	1,620,427
29	500,240	808,109	169711	1,478,060
30	455,248	753,501	135576	1,344,325
31	426,125	700,352	107225	1,233,702
32	390,133	646,751	83985	1,120,869
33	351,535	586,756	65170	1,003,461
34	314,404	538,995	50114	903,513
35	282,209	487,000	38198	807,407
36	255,429	437,097	28863	721,389
37	226,665	388,355	21621	636,641
38	198,635	342,694	16055	557,384
39	175,541	301,185	11817	488,543
40	152,750	263,029	8620	424,399
41	132,869	228,557	6234	367,660
42	114,831	197,639	4470	316,940

Attachment to Schedule MB, line 8(b)(1)

Projection of Expected Payments

Local 1964 ILA Retirement Plan

EIN/PN 22-6244648/001

43	98,931	170,098	3180	272,209
44	85,072	145,716	2245	233,033
45	72,945	124,252	1572	198,769
46	62,400	105,453	1093	168,946
47	53,283	89,074	754	143,111
48	45,425	74,882	515	120,822
49	38,665	62,649	349	101,663
50	32,856	52,156	234	85,246

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

► **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210 - 0110
1210 - 0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning **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 LOCAL 1964 ILA RETIREMENT FUND	1b Three-digit plan number (PN) ► 001
	1c Effective date of plan 11/07/1972
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) LOCAL 1964 ILA RETIREMENT FUND	2b Employer Identification Number (EIN) 22-6244648
	2c Plan Sponsor's telephone number 201-440-6599
11 TEANECK ROAD	2d Business code (see instructions) 488990
RIDGEFIELD PARK NJ 07660-2327	

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

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

SIGN HERE	<input checked="" type="checkbox"/>	6/20/2025	ADAM HARRIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
--	--

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	2022
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	368
a (2) Total number of active participants at the end of the plan year	6a(2)	377
b Retired or separated participants receiving benefits	6b	524
c Other retired or separated participants entitled to future benefits	6c	748
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	1649
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	83
f Total. Add lines 6d and 6e	6f	1732
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	5

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) - Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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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 _____

SEE ACCOUNTANT'S OPINION FOR SCHEDULE
OF FIVE PERCENT TRANSACTIONS

**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.

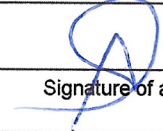
A Name of plan Local 1964 IIA Retirement Fund	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Trustees of Local 1964 IIA Retirement Fund	D Employer Identification Number (EIN) 22-6244648	
E Type of plan: (1) <input checked="" type="checkbox"/> Multiemployer Defined Benefit (2) <input type="checkbox"/> Money Purchase (see instructions)		

1a Enter the valuation date: Month 10 Day 01 Year 2023

b Assets:		
(1) Current value of assets	1b(1)	40,775,033
(2) Actuarial value of assets for funding standard account	1b(2)	44,852,536
c (1) Accrued liability for plan using immediate gain methods	1c(1)	42,003,522
(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)	42,003,522
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)	78,904,667
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	1,184,962
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	3,548,375
(3) Expected plan disbursements for the plan year	1d(3)	3,525,016

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	05/27/2025 Date
	Alan T Nahoum Type or print name of actuary	23-02343 Most recent enrollment number
	Back Nine Consulting, LLC Firm name	(561) 701-0729 Telephone number (including area code)
	41 Dunbar Road US Palm Beach Gardens FL 33418 Address of the firm	

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

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	40,775,033
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	594	41,084,946
(2) For terminated vested participants	792	19,852,026
(3) For active participants:		
(a) Non-vested benefits		5,827,690
(b) Vested benefits		12,140,005
(c) Total active	350	17,967,695
(4) Total	1,736	78,904,667
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	51.68 %

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	1,034,069				
10/15/2024	72,658				
Totals ▶			3(b)	1,106,727	3(c)

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

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	106.8 %
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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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)		<input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/>		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

- 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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	Pre-retirement		Post-retirement	
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
c Mortality table code for validation purposes:				
(1) Males	6c(1)	8		
(2) Females	6c(2)	8		
d Valuation liability interest rate	6d	7.50	%	7.50
e Salary scale	6e	%	<input checked="" type="checkbox"/> N/A	
f Withdrawal liability interest rate:				
(1) Type of interest rate	6f(1)	<input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input checked="" type="checkbox"/> 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	11.1	%	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	11.5	%	
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> 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)	660,760		
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	(7,704,143)	(811,889)
0	0	0

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.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	1,152,130

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)	14,910,373		2,165,867
(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	248,850
e Total changes. Add lines 9a through 9d			9e	3,566,847
Credits to funding standard account:				
f Prior year credit balance, if any			9f	
g Employer contributions. Total from column (b) of line 3			9g	1,106,727
h Amortization credits as of valuation date		Outstanding balance		
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9h	14,910,373		2,286,054
j Full funding limitation (FFL) and credits:			9i	209,118
(1) ERISA FFL (accrued liability FFL)	9j(1)	2,559,166		
(2) "RPA '94" override (90% current liability FFL)	9j(2)	27,102,634		
(3) FFL credit			9j(3)	0
k (1) Waived funding deficiency			9k(1)	0
(2) Other credits			9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			9l	3,601,899
m Credit balance: If line 9l is greater than line 9e, enter the difference			9m	35,052
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 2023 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)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))			9o(2)(b)	
(3) Total as of valuation date			9o(3)	0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)			10	0
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No