

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... 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: INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL-CIO SOUTH EAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 10/01/1993
2a Plan sponsor's name (employer, if for a single-employer plan): INTERNATIONAL LONGSHOREMEN'S ASSOCIATION
2b Employer Identification Number (EIN): 65-0501004
2c Plan Sponsor's telephone number: 305-377-3777
2d Business code (see instructions): 488300

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2023) v. 230707

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>BOARD OF TRUSTEES/INTERNATIONAL LONGSHOREMEN'S ASSN</p> <p>2475 HOLLYWOOD BLVD HOLLYWOOD, FL 33020</p>	<p>3b Administrator's EIN 65-0501004</p> <p>3c Administrator's telephone number 305-377-3777</p>
<p>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:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5 1898</p>
<p>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).</p> <p>a(1) Total number of active participants at the beginning of the plan year 6a(1) 1825</p> <p>a(2) Total number of active participants at the end of the plan year 6a(2) 1939</p> <p>b Retired or separated participants receiving benefits 6b 2</p> <p>c Other retired or separated participants entitled to future benefits 6c 49</p> <p>d Subtotal. Add lines 6a(2), 6b, and 6c. 6d 1990</p> <p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits 6e 3</p> <p>f Total. Add lines 6d and 6e. 6f 1993</p> <p>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)</p> <p>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 6g(2) 1993</p> <p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 6h</p>	
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....</p>	<p>7 11</p>

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2T 2J

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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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 INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL-CIO SOUTH EAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL LONGSHOREMEN'S ASSOCIATION	D Employer Identification Number (EIN) 65-0501004	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

ARTY COHN & FEUER LC

59-0718930

(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	SERVICE PROVIDER	40140	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)

SUGARMAN & SUSSKIND PA

59-2539792

(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	SERVICE PROVIDER	29535	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)

JOHN HANCOCK LIFE INSURANCE COMPANY

01-0233346

(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	SERVICE PROVIDER	144885	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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 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>INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL-CIO SOUTH EAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN</u>	B Three-digit plan number (PN)	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>INTERNATIONAL LONGSHOREMEN'S ASSOCIATION</u>	D Employer Identification Number (EIN) <u>65-0501004</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>PUTNAM STABLE VALUE FUND</u>	
b Name of sponsor of entity listed in (a):	<u>PUTNAM FIDUCIARY TRUST COMPANY LLC</u>	
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<u>04-3159710-202</u>	<u>C</u>	<u>2821426</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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 INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL-CIO SOUTH EAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL LONGSHOREMEN'S ASSOCIATION	D Employer Identification Number (EIN) 65-0501004	

Part I Asset and Liability Statement

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	1036367	1550202
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	501541	683263
(2) Participant contributions	1b(2)		263561
(3) Other	1b(3)	187935	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	563075	240002
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	2733397	2821426
(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)	33435076	36841986
(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	4454	2515
f Total assets (add all amounts in lines 1a through 1e)	1f	38461845	42402955
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	4454	2515
i Acquisition indebtedness	1i		
j Other liabilities	1j	1012570	1281782
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1017024	1284297
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	37444821	41118658

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)	6534214	
(B) Participants	2a(1)(B)	2297049	
(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)		8831263
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	11537	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	12240	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		23777
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	449643	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		449643
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(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)		7452754
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		16757437

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12671687	
(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)		12671687
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)	57196	
(2) Contract administrator fees.....	2i(2)	142701	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	30000	
(5) Investment advisory and investment management fees	2i(5)	26236	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	29535	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	126245	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		411913
j Total expenses. Add all expense amounts in column (b) and enter total	2j		13083600

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3673837
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: ARTY COHN & FEUER LC

(2) EIN: 65-0718930

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		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO)
SOUTHEAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN

FINANCIAL STATEMENTS

SEPTEMBER 30, 2024 AND 2023

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO)
SOUTHEAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN
FINANCIAL STATEMENTS
SEPTEMBER 30, 2024 AND 2023

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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of
International Longshoremen's Association (AFL-CIO)
Southeast Florida Ports Defined Contribution Plan
Miami, Florida

Opinion

We have audited the accompanying financial statements of INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO) SOUTHEAST FLORIDA PORTS DEFINED CONTRIBUTION 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 financial statements referred to above present fairly, in all material respects, the net assets available for benefits of INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO) SOUTHEAST FLORIDA PORTS DEFINED CONTRIBUTION 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. 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 INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO) SOUTHEAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO) SOUTHEAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN'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 generally accepted auditing standards 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 generally accepted auditing standards, 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 INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO) SOUTHEAST FLORIDA PORTS DEFINED CONTRIBUTION 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 INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO) SOUTHEAST FLORIDA PORTS DEFINED CONTRIBUTION 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.

Supplemental Schedules Required by ERISA

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) as of September 30, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

A handwritten signature in blue ink, appearing to read "Patty, John, & Co.", with a long horizontal flourish extending to the right.

Miami, Florida

July 14, 2025

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO)
SOUTHEAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
SEPTEMBER 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
<u>ASSETS</u>		
Investments, at Fair Value	\$ 39,903,414	\$ 36,731,548
Cash	1,550,202	1,036,367
Employers' Contributions Receivable	683,263	501,541
Participants' Contributions Receivable	263,561	187,935
Operating Lease Right-of-Use Assets	<u>2,515</u>	<u>4,454</u>
TOTAL ASSETS	42,402,955	38,461,845
<u>LIABILITIES</u>		
Interfund and Accounts Payable	1,281,782	1,012,570
Operating Lease Liabilities	<u>2,515</u>	<u>4,454</u>
TOTAL LIABILITIES	<u>1,284,297</u>	<u>1,017,024</u>
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>	<u>\$ 41,118,658</u>	<u>\$ 37,444,821</u>

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS.

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO)
SOUTHEAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED SEPTEMBER 30, 2024 AND 2023

	<u>2 0 2 4</u>	<u>2 0 2 3</u>
Additions:		
Employers' Contributions	\$ 6,534,214	\$ 5,905,103
Employees' Contributions	<u>2,297,049</u>	<u>2,010,702</u>
TOTAL CONTRIBUTIONS	<u>8,831,263</u>	<u>7,915,805</u>
Investment Income:		
Net Appreciation in Fair Value of Investments	7,452,754	2,373,719
Dividends	449,643	790,701
Interest	<u>23,777</u>	<u>20,143</u>
TOTAL INVESTMENT INCOME	<u>7,926,174</u>	<u>3,184,563</u>
TOTAL ADDITIONS	<u>16,757,437</u>	<u>11,100,368</u>
Deductions:		
Benefits Paid to Participants	12,671,687	1,697,079
Administrative Expenses	<u>411,913</u>	<u>347,713</u>
TOTAL DEDUCTIONS	<u>13,083,600</u>	<u>2,044,792</u>
Net Increase	3,673,837	9,055,576
Net Assets Available for Benefits:		
Beginning of Year	<u>37,444,821</u>	<u>28,389,245</u>
End of Year	<u>\$ 41,118,658</u>	<u>\$ 37,444,821</u>

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS.

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO)
SOUTHEAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE A DESCRIPTION OF THE PLAN

The following description of the International Longshoremen's Association (AFL-CIO) Southeast Florida Ports Defined Contribution Plan provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General – The Plan is a defined contribution plan covering all eligible participants of the International Longshoremen's Association (AFL-CIO) Employers Fringe Benefit Funds, Southeast Florida Ports, under the terms of Collective Bargaining Agreements. The Board of Trustees is responsible for oversight of the Plan.

Participants are eligible to participate in the Plan when they have accumulated a minimum of 700 hours of service in the year following initial employment in the industry.

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

John Hancock Trust Company, LLC is the custodian of the Plan. The Plan also engages John Hancock Retirement Plan Services, to provide recordkeeping and administrative services.

Participant Accounts – Each participant's account is credited with participating employers' contributions, employees' contributions, allocations of Plan earnings, and forfeitures of terminated participants' nonvested accounts and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting – Participants are vested immediately in the contributions plus actual earnings thereon.

Contributions – Participating employer contributions are determined by a Negotiating Committee composed of union and management.

Employers make contributions to the Plan based on the number of hours worked by participants. Effective August 1, 2018, the Plan allowed participants to make voluntary deferral contributions to their accounts. Participants may elect to contribute between 1% to 25% of their compensation. Employers' hourly contribution rates were \$2 in 2024 and 2023. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds and a collective investment trust fund as investment options for participants. Contributions are subject to certain IRS limitations.

Payment of Benefits – On termination of service due to death, disability, or retirement, or a year after termination of employment, a participant or a participant's beneficiary may elect to receive either a lump-sum amount equal to the value of the participant's account or an annuity contract in the form of a qualified joint and survivor annuity.

Forfeited Accounts – At September 30, 2024 and 2023 there were no significant forfeited non-vested accounts.

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO)
SOUTHEAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE A DESCRIPTION OF THE PLAN (CONTINUED)

Common Administration – The Plan shares administration costs with other related fringe benefit plans. These administration costs are accounted for in another plan and are allocated to each of the plans according to ratios based on a percentage of administrative time incurred-which were calculated to be 10% for both, 2024 and 2023. After elimination of interfund transactions, administrative expenses were consolidated into the Defined Contribution Plan. Certain identifiable expenses were directly allocated.

Plan Merger – On November 6, 2024, the Plan entered into a Merger Agreement with ILA Local 1922-1/2062 Defined Contribution Fund ("1922 Plan"). In the agreement, the Board of Trustees of the 1922 Plan and the Board of Trustees of the Plan agreed that the effective merger date would be December 20, 2024.

As of the merger date, the 1922 Plan shall be merged with and into the Plan, which shall be the surviving and successor plan. The assets of the 1922 Plan shall be transferred to the Plan on the merger date or as soon as reasonably possible after the merger date.

A "participant of the 1922 Plan" for purposes of this agreement shall mean a "Participant," as defined in the 1922 Plan document, who on the merger date is eligible for benefits under the 1922 Plan. All of the participants of the 1922 Plan shall become participants under the Plan as of the merger date and shall be governed by the Plan's benefits and eligibility rules.

On December 20, 2024, the 1922 Plan was merged into the Plan. The merger will increase the market value of assets by approximately \$6.6 million.

Termination of the Plan – Although it has not expressed any intention to do so, the Board of Trustees has the right under the Plan to discontinue contributions at any time, and to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants would become fully vested in their employer contributions.

NOTE B SUMMARY OF ACCOUNTING POLICIES

The following are the significant accounting policies followed by the Plan:

Basis of Accounting – The accompanying financial statements have been prepared using the accrual basis of accounting.

Investment Valuation and Income Recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Trustees determines the Plan's valuation policies utilizing information provided by the custodian. See Note C for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is 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.

Cash – The Plan maintains its cash balances in financial institutions, which from time to time exceed amounts covered by insurance provided by governmental agencies. As of September 30, 2024, there were approximately \$1,540,000 of deposits in excess of insured amounts.

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO)
SOUTHEAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE B SUMMARY OF ACCOUNTING POLICIES (CONTINUED)

Employers' Contributions Receivable – The amount of contributions receivable was determined by a review of subsequent collections. Therefore, an allowance for doubtful accounts was not considered necessary.

Interfund Payable – The amount due to other related Fringe Benefit Funds results from transactions in the normal course of operations.

Leases – Leases are categorized at their inception as either operating or financing leases. Leases are included as right-of-use assets and lease liabilities on the statement of net assets available for benefits. Leased assets represent the Plan's right to use an underlying asset for the lease term, and lease liabilities represent the Plan's obligation to make lease payments arising from the lease.

The Plan uses the risk-free rate as a discount rate for present value of the lease payments when the rate implicit in the contract is not readily determinable. Leases that have a term of twelve months or less upon commencement date are considered short-term in nature. Accordingly, short-term leases are not included on the statement of net assets available for benefits and are expensed on a straight-line basis over the lease term.

Tax Status – The Internal Revenue Service has determined and informed the Board of Trustees by a letter dated May 18, 2012, that the Plan and related Trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan Board of Trustees believes the Plan is currently designed and operated in compliance with the applicable requirements of the Code and continues to qualify and to operate as designed.

Tax positions are required to be more likely than not to be sustained upon examination by taxing authorities before related financial statement benefits are recognized. The Plan does not believe it has taken any uncertain tax positions.

Although none are in process, the Plan's tax filings for 2023 through 2021 are still subject to examination.

Use of Estimates – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Subsequent Events – Management has evaluated subsequent events for the Plan through July 14, 2025, the date the financial statements were available to be issued.

NOTE C INVESTMENTS AND 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:

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO)
SOUTHEAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE C INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

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; and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset'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.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2024 and 2023:

Interest Bearing Cash – Valued at fair value based on outstanding balance.

Mutual Funds – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Collective Trust Fund – The stable value fund is valued at the NAV of the units of participation in the collective trust. The NAV, as provided by the Custodian, is used as a practical expedient to estimate fair value. The stable value fund generally permits redemptions daily. If the fund experiences periods of insufficient liquidity, then the stable value fund may defer honoring any payment request until liquidity is sufficient. The Plan is permitted to redeem investment units at NAV on the measurement date.

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

<u>Assets at Fair Value as of</u> <u>September 30, 2024:</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Interest Bearing Cash	\$ 240,002	\$ -	\$ -	\$ 240,002
Mutual Funds	<u>36,841,986</u>	<u>-</u>	<u>-</u>	<u>36,841,986</u>
	<u>\$37,081,988</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 37,081,988</u>
Investments Measured at NAV as a Practical Expedient				<u>2,821,426</u>
				<u>\$ 39,903,414</u>

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO)
SOUTHEAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE C INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

<u>Assets at Fair Value as of</u> <u>September 30, 2023:</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Interest Bearing Cash	\$ 563,075	\$ -	\$ -	\$ 563,075
Mutual Funds	<u>33,435,076</u>	<u>-</u>	<u>-</u>	<u>33,435,076</u>
	<u>\$33,998,151</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 33,998,151</u>
Investments Measured at NAV as a Practical Expedient				<u>2,733,397</u>
				<u>\$ 36,731,548</u>

Fair Value of Investments that Calculate Net Asset Value

The following tables summarize investments measured at fair value based on net asset value (NAVs) per share practical expedient as of September 30, 2024 and 2023:

<u>September 30, 2024:</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Putnam Stable Value 20 BPS (a)	<u>\$ 2,821,426</u>	\$ -	Daily	None
Total Investments Measured Using NAV as a Practical Expedient	<u>\$ 2,821,426</u>			

<u>September 30, 2023:</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Putnam Stable Value 20 BPS (a)	<u>\$ 2,733,397</u>	\$ -	Daily	None
Total Investments Measured Using NAV as a Practical Expedient	<u>\$ 2,733,397</u>			

(a) Putnam Stable Value 20 BPS – is a collective investment trust that invests primarily in guaranteed and security-backed investment contracts with life insurance companies, banks, and other financial institutions. The collective trust fund provides for daily redemptions by the Plan at reported net asset values per share, with no advance notice requirement. There are no unfunded commitments with respect to this investment.

NOTE D CONCENTRATIONS

The Plan received contributions, of approximately \$5,154,000 (77%) and \$5,128,000 (87%) in 2024 and 2023, respectively, from four and five participating employers, respectively, which individually represent 10% or more of employers' contributions. The contributions receivable from these participating employers were approximately \$474,000 and \$433,000, in 2024 and 2023, respectively.

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO)
SOUTHEAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE E RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

MEMBERS
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

DANIEL ARTY, C.P.A.
JOEL L. MOSKOWITS, C.P.A.

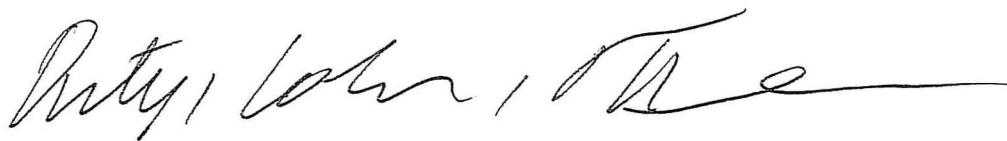
JULIA ALEMANY, C.P.A.
JACQUELINE D. GREENBERG, C.P.A.

A R T Y
C O H N
F E U E R
CERTIFIED PUBLIC
ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION

To the Board of Trustees of
International Longshoremen's Association (AFL-CIO)
Southeast Florida Ports Defined Contribution Plan
Miami, Florida

We have audited the financial statements of INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO) SOUTHEAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN as of and for the years ended September 30, 2024 and 2023, and our report thereon dated July 14, 2025, which expressed an unmodified opinion on those financial statements, appears on page one. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of employers' contributions and administrative expenses, for the years ended September 30, 2024 and 2023, are presented for the purpose of additional analysis and are not a required part of the financial statements. The supplemental schedule to Form 5500 is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



July 14, 2025

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO)
SOUTHEAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN
EMPLOYERS' CONTRIBUTIONS
YEARS ENDED SEPTEMBER 30, 2024 AND 2023

	<u>2024</u>		<u>2023</u>		<u>INCREASE (DECREASE)</u>
	<u>AMOUNT</u>	<u>% OF TOTAL</u>	<u>AMOUNT</u>	<u>% OF TOTAL</u>	
Eller-ITO Stevedoring Company LLC	\$ 2,272,624	35	\$ 2,050,675	35	\$ 221,949
Ceres Terminals Inc	1,055,856	16	909,987	15	145,869
Florida Stevedoring Inc	937,262	14	845,996	14	91,266
Florida International Terminal LLC	887,975	14	745,748	13	142,227
South Florida Container Terminal LLC	581,990	9	575,656	10	6,334
Ceres Marine Terminals Inc	487,796	7	427,109	7	60,687
Port of Miami Terminal Operating Company LC	215,714	3	211,028	3	4,686
Quality Container Terminal Inc	41,034	1	39,584	1	1,450
Logistec USA Inc	31,830	1	54,187	1	(22,357)
Other Employers	11,509	0	11,717	0	(208)
GT USA LLC	10,624	0	33,416	1	(22,792)
	<u>\$ 6,534,214</u>	<u>100</u>	<u>\$ 5,905,103</u>	<u>100</u>	<u>\$ 629,111</u>

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO)
SOUTHEAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN
ADMINISTRATIVE EXPENSES
YEARS ENDED SEPTEMBER 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Investment and Administration Fees	\$ 168,937	\$ 155,416
Salaries	57,196	58,904
Computer Services and Supplies	34,882	37,799
Audit Fees	30,000	30,000
Legal Fees	29,535	11,500
Lease Expense	22,215	17,441
Insurance	19,818	6,657
Payroll Taxes	13,032	5,633
Conferences	10,737	10,301
Other	10,600	2,484
Tax and Other Consulting Services	7,850	3,900
Stationary, Postage and Printing	2,813	1,761
Payroll Auditing	2,290	2,329
Payroll Processing Fees	1,196	1,127
Telephone and Utilities	812	2,461
	<u>\$ 411,913</u>	<u>\$ 347,713</u>

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION (AFL-CIO)
SOUTHEAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN
SUPPLEMENTAL SCHEDULE TO FORM 5500
SEPTEMBER 30, 2024

Plan Name: International Longshoremen's Association AFL-CIO Southeast Florida Ports Defined Contribution Plan
Employer Identification Number: 65-0501004
Plan Number: 002

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

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value	
Interest Bearing Cash				
	Wells Fargo	Checking account, 2.20%	\$ 240,002	\$ 240,002
Collective Trust Fund				
	Putnam	Putnam Stable Value 20 BPS	2,821,426	2,821,426
Mutual Funds				
	American Century	American Century Inf Adj Bd R6	37,194	36,530
	American	American Intl Gr & Inc R6	60,981	62,804
	BlackRock	BlackRock LP Index 2025 K	8,354,053	9,130,601
	BlackRock	BlackRock LP Index 2030 K	6,219,292	7,027,667
	BlackRock	BlackRock LP Index 2035 K	4,648,561	5,402,623
	BlackRock	BlackRock LP Index 2040 K	2,646,255	3,151,013
	BlackRock	BlackRock LP Index 2045 K	1,948,449	2,374,758
	BlackRock	BlackRock LP Index 2050 K	1,409,242	1,737,708
	BlackRock	BlackRock LP Index 2055 K	658,033	811,998
	BlackRock	BlackRock LP Index 2060 K	388,932	482,415
	BlackRock	BlackRock LP Index 2065 K	276,746	316,164
	BlackRock	BlackRock LP Index Ret K	3,343,838	3,616,970
	Carillon Scout	Carillon Scout Mid Cap R6	27,695	30,272
	Delaware Investments	Delaware Small Cap Core Fd R6	57,507	63,486
	Fidelity	Fidelity 500 Index Fd	1,149,774	1,456,180
	Fidelity	Fidelity Mid Cap Index Fund	333,093	397,841
	Fidelity	Fidelity Sm Cap Index Fund	101,687	117,083
	Fidelity	Fidelity Total Intl Index	101,403	118,682
	Fidelity	Fidelity US Bond Index Fd	71,148	71,637
	Hartford	Hartford Core Equity R6	130,110	145,392
*	John Hancock	John Hancock Disciplined Val R	65,718	73,379
	New York Life Insurance	NYLI Winslow Lrg Cap Growth R6	140,769	167,951
	Vanguard	Vanguard Fed Money Market Fund	6,834	6,834
	Western Asset	Western Asset Core Bond Fd IS	41,852	41,998
			<u>\$ 35,280,594</u>	<u>\$ 39,903,414</u>

* Represents party in interest.

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 01/01/2023 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 the DFVC program
- D** Check box if filing under: Form 5558 automatic extension 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 INTERNATIONAL LONGSHOREMEN'S ASSOCIATION, AFL-CIO SOUTH EAST FLORIDA PORTS DEFINED CONTRIBUTION PLAN	1b Three-digit plan number (PN) ▶	002
	1c Effective date of plan	10/01/1993
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) INTERNATIONAL LONGSHOREMEN'S ASSOCIATION 2475 HOLLYWOOD BLVD HOLLYWOOD FL 33020	2b Employer Identification Number (EIN)	65-0501004
	2c Plan Sponsor's telephone number	305-377-3777
	2d Business code (see instructions)	488300

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

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

SIGN HERE		07/14/2025	ANTHONY ARRUFAT, TRUSTEE
	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)

3a Plan administrator's name and address Same as Plan Sponsor

**BOARD OF TRUSTEES/INTERNATIONAL
LONGSHOREMEN ' S ASSN**

2475 HOLLYWOOD BLVD

HOLLYWOOD FL 33020

3b Administrator's EIN

65-0501004

3c Administrator's telephone number

305-377-3777

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 1898

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) 1825

a(2) Total number of active participants at the end of the plan year

6a(2) 1939

b Retired or separated participants receiving benefits

6b 2

c Other retired or separated participants entitled to future benefits

6c 49

d Subtotal. Add lines 6a(2), 6b, and 6c

6d 1990

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.

6e 3

f Total. Add lines 6d and 6e

6f 1993

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)

g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)

6g(2) 1993

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 11

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

2E 2F 2G 2T 2J

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

9a Plan funding arrangement (check all that apply)

- (1) Insurance
- (2) Code section 412(e)(3) insurance contracts
- (3) Trust
- (4) General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) Insurance
- (2) Code section 412(e)(3) insurance contracts
- (3) Trust
- (4) General assets of the sponsor

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 _____

Plan Name: International Longshoremen's Association AFL-CIO Southeast Florida Ports Defined Contribution Plan
Employer Identification Number: 65-0501004
Plan Number: 002

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

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Interest Bearing Cash			
	Wells Fargo	Checking account, 2.20%	\$ 240,002	\$ 240,002
	Collective Trust Fund			
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