

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan TMA-ILA PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 10/01/1956
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) TAMPA MARITIME ASSOCIATION- INTERNATIONAL LONGSHOREMEN'S ASSOC P. O. BOX 1769 SALEM, VA 24153
2b	Employer Identification Number (EIN) 59-6145175
2c	Plan Sponsor's telephone number 540-345-1135
2d	Business code (see instructions) 488300

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/09/2025	MARTHA K. BOONE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/09/2025	MARTHA K. BOONE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 374
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) 194 6a(2) 218 6b 90 6c 7 6d 315 6e 73 6f 388 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 3

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

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

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

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

A Name of plan TMA-ILA PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TAMPA MARITIME ASSOCIATION- INTERNATIONAL LONGSHOREMEN'S ASSOC	D Employer Identification Number (EIN) 59-6145175

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) 31252946
(2) Actuarial value of assets for funding standard account	1b(2) 32577356
c (1) Accrued liability for plan using immediate gain methods	1c(1)
(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) 30668357
(c) Normal cost under entry age normal method	1c(2)(c) 1201602
(3) Accrued liability under unit credit cost method	1c(3) 26582183
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) 43078593
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 2941164
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)
(3) Expected plan disbursements for the plan year	1d(3) 2198502

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	05/29/2025
Signature of actuary J. SCOTT HAYNSWORTH	Date 23-06106
Type or print name of actuary BHA CONSULTING, LLC	Most recent enrollment number 678-456-6200
Firm name 5400 LAUREL SPRINGS PARKWAY SUITE 1306 SUWANEE, GA 30024	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	31252946
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	174	20358453
(2) For terminated vested participants	6	547629
(3) For active participants:		
(a) Non-vested benefits		2583821
(b) Vested benefits		19588690
(c) Total active	187	22172511
(4) Total	367	43078593
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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
	2981206				
Totals ▶			3(b)	2981206	3(c)

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 0**4** Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	122.6 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a		3.07 %
	Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	9+2	9+2
(2) Females	6c(2)	9F+2	9F+2
d Valuation liability interest rate	6d	6.50 %	6.50 %
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.50 %	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.1 %	
h Estimated investment return on current value of assets for year ending on the valuation date	6h	10.0 %	
i Expense load included in normal cost reported in line 9b	6i	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	250000	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐	

7 New amortization bases established in the current plan year:

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

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	2629015

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)**9c(2)****9c(3)****d** Interest as applicable on lines 9a, 9b, and 9c**9d**

170886

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

2799901

Credits to funding standard account:**f** Prior year credit balance, if any**9f**

12848439

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

2981206

Outstanding balance

h Amortization credits as of valuation date**9h****i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i**

930512

j Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL)**9j(1)**

14340707

(2) "RPA '94" override (90% current liability FFL)**9j(2)**

8254457

(3) FFL credit**9j(3)****k (1)** Waived funding deficiency**9k(1)****(2)** Other credits**9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l**

16760157

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

13960256

n Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year**9o(1)****(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)****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☐ Yes☒ No

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

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

A Name of plan TMA-ILA PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TAMPA MARITIME ASSOCIATION- INTERNATIONAL LONGSHOREMEN'S ASSOC	D Employer Identification Number (EIN) 59-6145175

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).....

No

Yes

☒
- b

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

(b)

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

(b)

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

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

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

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

LAWRENCE C. MUSGROVE ASSOC., INC.

20-1935452

(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?
13	ADMINISTRATOR	85740	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BHA CONSULTING, LLC

26-1384808

(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	ACTUARY	56440	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOGAN CAPITAL MANAGEMENT, INC.

(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	INVESTMENT MANAGEMENT	70889	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NEW TOWER TRUST COMPANY

(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	INVESTMENT MANAGEMENT	26845	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KAYNE ANDERSON RUDNICK

(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	INVESTMENT MANAGEMENT	22196	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANDERSON & REED, LLP

54-0617257

(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	AUDITOR	20000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ANDCO CONSULTING, LLC

20-3900884

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT MANAGER	18750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REGIONS BANK

(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	INVESTMENT MANAGEMENT	35150	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIG, WILLIAMS & DAVIDSON

23-2416488

(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	ATTORNEY	17130	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SEGALL, BRYANT & HAMILL

(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		13120	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2023 This Form is Open to Public Inspection.	
For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024					
A Name of plan TMA-ILA PENSION PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TAMPA MARITIME ASSOCIATION- INTERNATIONAL LONGSHOREMEN'S ASSOC				D Employer Identification Number (EIN) 59-6145175	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: MULTI-EMPLOYER PROPERTY TRUST					
b Name of sponsor of entity listed in (a): NEW TOWER TRUST COMPANY					
c EIN-PN 52-6218800-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2978438	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or	

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection
For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024		
A Name of plan TMA-ILA PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TAMPA MARITIME ASSOCIATION- INTERNATIONAL LONGSHOREMEN'S ASSOC		D Employer Identification Number (EIN) 59-6145175

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	486879	538168
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	244228	306254
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	36263	42377
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1998573	1098630
(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)	18433270	24589870
(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)	3291636	2978438
(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)	6769031	8931420
(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	31259880	38485157
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	6934	13682
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	6934	13682
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	31252946	38471475

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)	2981206	
(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)		2981206
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	375611	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	502943	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	3498088	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2525661	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		972427
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	4744270	
(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)		-397202
(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)		693391
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		9872646

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2216398	
(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)		2216398
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)		
(2) Contract administrator fees.....	2i(2)	85740	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	20000	
(5) Investment advisory and investment management fees	2i(5)	186950	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	56440	
(8) Legal fees	2i(8)	17130	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	71459	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		437719
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2654117

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7218529
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: **ANDERSON & REED, LLP**

(2) EIN: **54-0617257**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 532209.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024		
A Name of plan TMA-ILA PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TAMPA MARITIME ASSOCIATION- INTERNATIONAL LONGSHOREMEN'S ASSOC		D Employer Identification Number (EIN) 59-6145175
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): _____ 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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2023 v. 230707		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **PORTSAMERICA**

b EIN **65-0544469**

c Dollar amount contributed by employer **2115742**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **09** Day **30** Year **2030**

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) **8.15**

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

a Name of contributing employer **CERES TERMINALS, INC.**

b EIN **52-0903206**

c Dollar amount contributed by employer **956504**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **09** Day **30** Year **2030**

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) **8.00**

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)

14a

7

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)

14b

6

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)

14c

10

- 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

1.17

b The corresponding number for the second preceding plan year

15b

0.70

- 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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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 _____.

**TAMPA MARITIME ASSOCIATION –
INTERNATIONAL LONGSHOREMEN’S
ASSOCIATION PENSION PLAN**

FINANCIAL STATEMENTS

**For the Years Ended
September 30, 2024 and 2023**

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**TAMPA MARITIME ASSOCIATION –
INTERNATIONAL LONGSHOREMEN’S
ASSOCIATION PENSION PLAN**

TRUSTEES

Employer:

Mr. Fred Castonguay, Co-Chairman
Mr. Matt Young
Mr. Travis Rhodes

Employee:

Mr. Andre Davis, Co-Chairman
Mr. Nicholas DiFresco
Mr. Leroy Green

ALTERNATE TRUSTEES

Employer:

Mr. Manny Fernandez
Ms. Victoria Durand

Employee:

Mr. Joe Hall
Mr. Trennell Johnson

ADMINISTRATORS

Lawrence C. Musgrove Associates, Inc.

INDEPENDENT AUDITOR'S REPORT

Trustees, Tampa Maritime Association –
International Longshoremen's
Association Pension Plan
Salem, Virginia

Opinion

We have audited the accompanying financial statements of the Tampa Maritime Association – International Longshoremen's Association Pension Plan (the "Plan"), an employee benefit plan subject to the Employer 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, the statement of accumulated plan benefits as of September 30, 2023, and the related statement of changes in accumulated plan benefits for the year 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 the Tampa Maritime Association – International Longshoremen's Association Pension Plan as of September 30, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of September 30, 2023 and the changes in its accumulated plan benefits for the year 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 the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

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

Responsibilities of Management for the Financial Statements (Continued)

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 is therefore 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 substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgement and maintain professional skepticism throughout the audit.
- Identify and assess 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 judgement, 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.

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) and Schedule of Contributions by Employers, together referred to as "supplemental information" are presented for purposes of additional analysis and are not a required part of the financial statements, but the Schedule of Assets (Held at End of Year) is supplemental 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.

Supplemental Schedules Required by ERISA (Continued)

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 schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules 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.

Anderson + Reed, LLP

Roanoke, Virginia
July 9, 2025

**TAMPA MARITIME ASSOCIATION –
INTERNATIONAL LONGSHOREMEN’S
ASSOCIATION PENSION PLAN**

**Statements of Net Assets Available for Benefits
September 30, 2024 and 2023**

<u>ASSETS</u>	<u>2024</u>	<u>2023</u>
Investments – at fair value:		
Cash and cash equivalents	\$ 1,098,630	\$ 1,998,573
Common stock	24,589,870	18,433,270
Mutual funds	8,931,420	6,769,031
Common/collective trust funds	<u>2,978,438</u>	<u>3,291,636</u>
Total investments	<u>37,598,358</u>	<u>30,492,510</u>
Receivables:		
Employer contributions	306,254	244,228
Accrued interest and dividends	<u>42,377</u>	<u>36,263</u>
Total receivables	<u>348,631</u>	<u>280,491</u>
Cash on deposit:		
Checking:		
Wells Fargo Bank, N.A. (noninterest bearing)	<u>538,168</u>	<u>486,879</u>
Total assets	<u>38,485,157</u>	<u>31,259,880</u>
<u>LIABILITIES and NET ASSETS</u>		
Accounts payable	<u>13,682</u>	<u>6,934</u>
Total liabilities	<u>13,682</u>	<u>6,934</u>
Net Assets Available for Benefits	<u>\$ 38,471,475</u>	<u>\$ 31,252,946</u>

The accompanying notes are an integral part of these financial statements and should be read in connection therewith.

**TAMPA MARITIME ASSOCIATION –
INTERNATIONAL LONGSHOREMEN’S
ASSOCIATION PENSION PLAN**

**Statements of Changes in Net Assets Available for Benefits
For the Years Ended September 30, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Additions to Net Assets		
Investment Income:		
Net appreciation/(depreciation) in fair value of investments	\$ 6,012,886	\$ 2,291,573
Dividends	<u>878,554</u>	<u>710,315</u>
Total investment income	6,891,440	3,001,888
Less investment expenses	<u>(186,950)</u>	<u>(161,498)</u>
Net investment income	6,704,490	2,840,390
Contributions – Employer	<u>2,981,206</u>	<u>2,569,679</u>
Total additions to net assets	<u>9,685,696</u>	<u>5,410,069</u>
Deductions From Net Assets		
Benefits Paid to Participants	2,216,398	2,191,464
Administrative Expenses:		
Management services	85,740	85,740
Actuarial fees	56,440	62,605
Accounting	20,000	20,000
Legal fees	17,130	11,288
Customer service payroll and taxes	14,320	20,650
Fringes	4,065	14,185
Other customer service office expenses	5,885	4,062
Pension guaranty insurance	13,090	11,415
Fiduciary insurance	19,750	19,691
Administrative office expenses	1,349	1,740
Miscellaneous	2,853	423
Trustee meetings/conferences	<u>10,147</u>	<u>9,048</u>
Total deductions from net assets	<u>2,467,167</u>	<u>2,452,311</u>
Net Increase/(Decrease)	7,218,529	2,957,758
Net Assets Available for Benefits		
Beginning of year	<u>31,252,946</u>	<u>28,295,188</u>
End of year	<u>\$ 38,471,475</u>	<u>\$ 31,252,946</u>

The accompanying notes are an integral part of these financial statements and should be read in connection therewith.

**TAMPA MARITIME ASSOCIATION –
INTERNATIONAL LONGSHOREMEN’S
ASSOCIATION PENSION PLAN**

**Statement of Accumulated Plan Benefits
September 30, 2023**

Actuarial Present Value of Accumulated Plan Benefits:

Vested benefits:

Retirees and beneficiaries receiving benefits	\$ 14,230,212
Terminated vested participants	306,899
Active participants	<u>10,973,600</u>

Total vested benefits	25,510,711
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Nonvested benefits	<u>1,071,472</u>
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Total actuarial present value of accumulated plan benefits	<u>\$ 26,582,183</u>
--	----------------------

The accompanying notes are an integral part of these financial statements and should be read in connection therewith.

**TAMPA MARITIME ASSOCIATION –
INTERNATIONAL LONGSHOREMEN’S
ASSOCIATION PENSION PLAN**

**Statement of Changes in Accumulated Plan Benefits
For the Year Ended September 30, 2023**

Actuarial Present Value of Accumulated Plan Benefits at October 1, 2022			\$ 25,465,690
Increase (Decrease) During the Plan Year Attributable to:			
Benefits accumulated and actuarial experience (gain)/loss	\$	1,722,789	
Benefits paid		(2,191,464)	
Interest		<u>1,585,168</u>	
Net increase			<u>1,116,493</u>
Actuarial Present Value of Accumulated Plan Benefits at September 30, 2023			<u>\$ 26,582,183</u>

The accompanying notes are an integral part of these financial statements and should be read in connection therewith.

**TAMPA MARITIME ASSOCIATION –
INTERNATIONAL LONGSHOREMEN’S
ASSOCIATION PENSION PLAN**

**Notes to Financial Statements
September 30, 2024 and 2023**

Note 1. Description of Plan

The following brief description of the Tampa Maritime Association – International Longshoremen’s Association Pension Plan (Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General:

The Plan is a defined benefit plan covering participants in the Maritime shipping industry for the Port of Tampa. The Plan and related trust were established in 1956, pursuant to a collective bargaining agreement between the Tampa Maritime Association (TMA) and International Longshoremen’s Association (ILA) Locals 1402 and 1691. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Board of Trustees oversees governance of the Plan.

Pension, Death and Disability Benefits:

Normal Pension:

A participant who has attained at least age 62 and who has at least five years of qualified service, including at least 800 hours of employment in the industry during the previous year is eligible for a monthly pension benefit. Effective October 1, 2020, the amount of the monthly pension benefit was increased from \$50 to \$67 multiplied by the participant’s qualified years of service, plus an annual supplement based on years of service, not to exceed \$1,000. Effective October 1, 2022, the amount of the monthly pension benefit is equal to \$67 multiplied by total Tier 1 credits (800 hours of service in a plan year) plus \$63 multiplied by Tier 2 credits (1,300 hours of service in a plan year, plus an annual supplement.) Effective October 1, 2023, the amount of the Tier 1 benefit was increased from \$67 to \$77.

The form of benefit payment is a life annuity. Married participants may elect to have benefits paid as either a 50% or 75% joint and survivor annuity.

Disability Pension:

An active participant over the age of 45, with at least 15 years of service, who has been determined to be permanently and totally disabled by the Social Security Administration is eligible for a monthly disability benefit of \$900 per month plus an annual supplement calculated the same as for a normal pension up to the date of disability. Upon the participant reaching normal retirement age, benefit amounts are recalculated based on total qualified service. Additional accrued benefits earned after reaching 25 years of service are reduced by 5% for every twelve-month period that the participant received a disability pension benefit.

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**Notes to Financial Statements
September 30, 2024 and 2023**

Note 1. Description of Plan (Continued)

Pension, Death and Disability Benefits: (Continued)

Death Benefit:

Surviving spouses of vested participants who would be entitled to normal retirement benefits upon reaching age 62, but die before receiving such benefits, shall receive monthly benefits in the form of a 50% joint and survivor annuity. Surviving spouses of participants who die while receiving disability benefits shall receive 50% of the disability benefit until the participant’s theoretical retirement date, at which point they will receive normal monthly benefits in the form of a 50% joint and survivor annuity.

Participation and Vesting:

An employee who is employed in the industry for 800 hours or more becomes a participant in the Plan. A participant may become fully vested at any age by having at least five years of credited employment in the industry.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting:

The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates:

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Accordingly, actual results may vary from those estimates.

Employer Receivables and Allowance for Credit Losses:

Employer receivables represent contributions due from participating employers under collective bargaining agreements. These receivables are short-term in nature and are not considered financing receivables. Based on historical collection experience and current information, these short-term receivables are considered fully collectible and thus no allowance has been recorded.

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**Notes to Financial Statements
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Note 2. Summary of Significant Accounting Policies (Continued)

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. See Note 3 for a 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. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan’s gains and losses on investments bought and sold as well as held during the year.

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 employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees’ years of credited service. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from BHA Consulting, LLC and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The actuarial cost method used in the valuation as of September 30, 2023 was the Aggregate Cost Actuarial Cost Method. Under this method, the Actuarial Present Value of the benefits earned by each participant included in the valuation as of the valuation date is calculated using all decrements. The excess of the present value of projected benefits at the end of the Plan year over the Actuarial Accrued Liability is the normal cost. The significant actuarial assumptions used in the valuation as of September 30, 2023 were (a) life expectancy of participants (the Pri-2012 Blue Collar Mortality Table with fully generational projection using Scale MP-2021 set forward two years); (b) retirement age assumption (weighted average based on age between 62 and 70); and (c) investment return (the assumed rate was 6.5%). There were no changes in actuarial assumptions used in the valuation as of September 30, 2023 from those used in the prior year.

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

The Plan was certified by an actuary to be in the Green Zone for the years ending September 30, 2024 and 2023.

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**Notes to Financial Statements
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Note 2. Summary of Significant Accounting Policies (Continued)

Payment of Benefits:

Benefit payments to participants are recorded upon distribution.

Administrative Expenses:

The Plan’s expenses are paid by the Plan, as provided by the plan document. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

Date of Management Review:

Subsequent events were evaluated through July 9, 2025, which is the date the financial statements were available to be issued.

Note 3. Fair Value Measurements

The Plan’s investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. The fair value measurements authoritative literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets and may include inputs that are derived principally from or corroborated by observable market data by correlation or other means, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

Level 1 Fair Value Measurements:

The fair value of common stock is based on the closing price reported on the active market where the individual securities are traded. The fair value of mutual funds is based on the quoted net

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Note 3. Fair Value Measurements (Continued)

Level 1 Fair Value Measurements: (Continued)

asset values of the shares as reported by the fund. The mutual funds held by the Plan are open-ended mutual funds registered with the U. S. Securities and Exchange Commission. The funds must publish their daily net asset value and transact at that price. The mutual funds held by the Plan are considered to be actively traded.

The following table sets forth, by level within the fair value hierarchy, the Plan’s investments at September 30, 2024 and 2023:

	<u>Fair Value</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>
September 30, 2024:		
Cash Equivalents	\$ 1,098,630	\$ 1,098,630
Common Stock	24,589,870	24,589,870
Mutual Funds:		
Equity	1,216,015	1,216,015
Fixed Income	<u>7,715,405</u>	<u>7,715,405</u>
Total Mutual Funds	<u>8,931,420</u>	<u>8,931,420</u>
Total Assets in the Fair Value Hierarchy	34,619,920	\$ <u>34,619,920</u>
*Investments Measured at Net Asset Value	<u>2,978,438</u>	
Total	<u>\$ 37,598,358</u>	
September 30, 2023:		
Cash Equivalents	\$ 1,998,573	\$ 1,998,573
Common Stock	18,433,270	18,433,270
Mutual Funds:		
Equity	996,350	996,350
Fixed Income	<u>5,772,681</u>	<u>5,772,681</u>
Total Mutual Funds	<u>6,769,031</u>	<u>6,769,301</u>
Total Assets in the Fair Value Hierarchy	27,200,874	\$ <u>27,200,874</u>
*Investments Measured at Net Asset Value	<u>3,291,636</u>	
Total	<u>\$ 30,492,510</u>	

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**Notes to Financial Statements
September 30, 2024 and 2023**

Note 3. Fair Value Measurements (Continued)

*In accordance with ASU 2015-07, investments whose fair value is determined by net asset value are excluded from categorization within the fair value hierarchy. Total fair value amounts presented in the above tables are intended to permit reconciliation of the fair value hierarchy to amounts presented in the Statements of Net Assets Available for Benefits.

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the years ending September 30, 2024 and 2023 are reported in net appreciation (depreciation) in fair value of investments.

Fair Value of Investments in Entities that Use Net Asset Value:

The Plan invests in one common/collective trust fund, which is valued at net asset value. The fair value/net asset value of the Multi-Employer Property Trust (Newtower Trust Company, trustee) was \$2,978,438 and \$3,291,636 as of September 30, 2024 and 2023, respectively. The primary investment strategy of the fund is to establish a means for collective investment in real estate loans and properties. Unit value is determined at the end of each calendar quarter, based on independent third-party appraisals of the funds underlying investments at period end. Investors are subsequently admitted to and from the fund on that basis. There were no unfunded commitments or significant redemption restrictions related to the investment as of September 30, 2024 or 2023.

Changes in Fair Value Levels:

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. The Plan administrator determines fair value measurement policies and procedures, subject to oversight by the Plan’s board of trustees. These policies and procedures are reassessed at least annually to determine if the current valuation techniques are still appropriate. There have been no changes in the methodologies used as of September 30, 2024 and 2023.

We evaluated the significance of the transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended September 30, 2024 and 2023, there were no significant transfers in or out of levels 1, 2, or 3.

Note 4. Funding Policy

Benefits are funded by contributions from contributing employers and income earned on savings and investments. Participating employers contribute a certain dollar amount per hour

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**Notes to Financial Statements
September 30, 2024 and 2023**

Note 4. Funding Policy (Continued)

worked in the industry pursuant to the current collective bargaining agreement between the employers and Longshoremen (expiring September 30, 2030). In accordance with the agreement, the Plan receives contributions in excess of the \$5.00 allocated to the TMA-ILA Welfare Plan for payment of MILA premiums and amounts allocated to SADEF, the Vacation and Holiday Plan, and the newly created Money Purchase Pension Plan. The average rate contributed to the Plan was \$7.09 and \$6.97 for the years ending September 30, 2024 and 2023, respectively. Effective July 1, 2019, the Board of Trustees voted to redirect an additional \$0.25 per hour of employer contributions from the Pension Plan to the Welfare Plan to be used for the payment of administrative expenses. This amount is netted against Employer Contributions on the Statement of Net Assets Available for Benefits and amounted to \$107,360 and \$91,865 for the years ended September 30, 2024 and 2023, respectively. Employer contributions exceeded the minimum funding requirements of ERISA for each of the years ending September 30, 2024 and 2023.

Note 5. Plan Termination

Although it has not expressed any intention to do so, the Board of Trustees has the right to terminate the Plan at any time, subject to the provisions set forth in ERISA.

In the event of termination, the assets then remaining in the Plan after providing for any administrative expenses will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former participants or their beneficiaries have been receiving for at least three years, or benefits that participants eligible to retire for that three-year period would have been receiving had they retired, subject to certain limitations.
2. All other benefits (if any) of the individuals under the Plan guaranteed under Title IV of ERISA.
3. Other vested benefits insured by the Pension Guaranty Corporation (PBGC), a U. S. Government agency, up to applicable limitations (discussed below).
4. All other benefits under the Plan.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor’s pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan’s termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual’s monthly benefit that the PBGC guarantees.

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**Notes to Financial Statements
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Note 5. Plan Termination (Continued)

For Plan terminations occurring during the years ending September 30, 2024 and 2023, that ceiling was \$35.75 multiplied by years of credited service per month. This ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan’s net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

Note 6. Lease Commitment and Other Customer Service Expenses

The Plan is related to the TMA-ILA Welfare Plan and TMA-ILA Container Royalty Plan through a common board of trustees. A customer service office is maintained in Tampa, Florida for the benefit of the participants of the three plans. The Plan was signatory to a lease agreement with ILA Local 1402 for office space at 707 E. Harrison Street, Tampa for the twelve months ending September 30, 2024 and 2023 at a rate of \$200 per month.

The Plan also pays other expenses related to the office, such as salary and fringes for office personnel, and is reimbursed for a certain percentage of rent and other office expenses by the Welfare and Container Royalty Plans. Expenses paid by the Plan totaled \$60,674 and \$97,241 for the years ending September 30, 2024 and 2023, respectively, of which the Plan received reimbursements of \$24,270 and \$38,897 from the Welfare Plan and \$12,134 and \$19,447 from the Container Royalty Plan for the years ending September 30, 2024 and 2023, respectively.

Joint expenses for the year ending September 30, 2024 were allocated as follows:

	September 30, 2024			
	<u>Total</u>	<u>Pension</u>	<u>Welfare</u>	<u>Container</u>
Salary	\$ 32,685	\$ 13,074	\$ 13,074	\$ 6,537
Payroll Taxes	2,367	947	947	473
Unemployment Tax	747	299	299	149
Fringes	4,800	1,920	1,920	960
MILA Premium	5,363	2,145	2,145	1,073
Telephone Expense	2,305	922	922	461
Computer Maintenance	940	376	376	188
Insurance	9,067	3,627	3,627	1,813
Rent	<u>2,400</u>	<u>960</u>	<u>960</u>	<u>480</u>
	<u>\$ 60,674</u>	<u>\$ 24,270</u>	<u>\$ 24,270</u>	<u>\$ 12,134</u>

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**Notes to Financial Statements
September 30, 2024 and 2023**

Note 7. Tax Status

The Plan (and related trust) is exempt from income taxes under Section 401 of the Internal Revenue Code (IRC). The Plan was restated as amended effective October 1, 2014, and a favorable determination letter was issued by the Internal Revenue Service on January 13, 2016. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator notes no such positions. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

Note 8. Concentration of Risk

The Plan maintains deposits in a financial institution that at times may exceed federally-insured limits. The Plan has not experienced losses in this account and believes there is no significant risk with respect to these deposits.

Note 9. 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 the amounts reported in the statement of net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the 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 10. Related-Party and Party-in-Interest Transactions

The Plan is related to the TMA-ILA Welfare Plan and TMA-ILA Container Royalty Plan through a common board of trustees. The Plan is reimbursed by the Welfare Plan and the Container Royalty Plan for expenses related to maintaining a customer service office in Tampa, Florida (see Note 6). Effective July 1, 2019, the Plan transfers \$.25 per hour of employer contributions to the Welfare Plan (see Note 4).

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**Notes to Financial Statements
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Note 10. Related-Party and Party-in-Interest Transactions (Continued)

The Plan had \$1,906 and \$4,971 invested in the Regions Trust Cash Sweep account as of September 30, 2024 and 2023, respectively. Regions Bank serves as custodian for the Plan’s investments, and as such, this investment and transactions in this investment qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

Note 11. Plan Amendments

Effective October 1, 2022, the Plan was amended to provide a Tier 1 benefit of \$67 based on a participant’s adjusted 800-hour average and an additional Tier 2 benefit of \$63 for participants earning 1,300 hours of service. (see Note 1) Effective October 1, 2023, the Plan was amended to increase the Tier 1 benefit amount from \$67 to \$77.

Note 12. Recent Changes in Accounting Standards

The Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2016-13, *Financial Instruments – Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*, effective for fiscal years beginning after December 15, 2022. ASU 2016-13 introduced the current expected credit loss (CECL) model for financial assets measured at amortized cost, which requires recognition of expected credit losses over the life of applicable financial instruments measured at amortized cost. The Plan has adopted ASU 2016-13 and evaluated the impact of Topic 326 on its financial statements. The Plan’s financial assets consist primarily of investments measured at fair value, which are excluded from the scope of CECL. See Note 2 for a discussion of the application of the CECL model to employer contributions receivable.

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**Schedule H, Line 4i – Plan 001 EIN 59-6145175
Schedule of Assets (Held at End of Year)
Plan Year Ended September 30, 2024**

(a)	(b & c) Issue and Description	Face Value	(d) Cost 9-30-24	(e) Current Value 9-30-24
	<u>CASH EQUIVALENTS:</u>			
*	Cash	\$ 1,906	\$ 1,906	\$ 1,906
	Fidelity Investments Money Mkt. Funds – Govt. Portfolio	1,096,724	1,096,724	1,096,724
	TOTAL CASH EQUIVALENTS		1,098,630	1,098,630
	(b & c) Issue and Description	Shares	(d) Cost 9-30-24	(e) Current Value 9-30-24
	<u>COMMON STOCK:</u>			
	AbbVie, Inc.	2,404	259,447	474,742
	Accenture, PLC	504	130,578	178,154
	Adobe, Inc.	221	117,133	114,429
	Advanced Energy Industries, Inc.	302	31,585	31,782
	Agilysys, Inc.	260	19,015	28,332
	Allegiant Travel Co.	216	31,517	11,893
	Allegion, PLC	667	71,726	97,209
	Alphabet, Inc.	1,225	69,261	203,166
	Amazon.com, Inc.	1,988	187,117	370,424
	Amentum Holdings, Inc.	163	3,729	5,257
	Ameris Bancorp	649	28,747	40,491
	Apple, Inc.	2,475	96,832	576,675
	AppLovin Corp.	2,062	138,891	269,194
	Aspen Technology, Inc.	544	83,254	129,918
	AT&T, Inc.	27,969	600,030	615,318
	AZEK Co., Inc.	541	10,772	25,319
	Badger Meter, Inc.	98	8,695	21,404
	Balchem Corp.	135	17,451	23,760
	Bentley Systems, Inc.	2,694	84,340	136,882
	Berry Global Group, Inc.	340	17,574	23,113
	Bio Techne Corp.	692	49,349	55,312
	BJ’s Wholesale Club Holdings, Inc.	882	60,123	72,747
	Bright Horizons Family Solutions, Inc.	714	83,637	100,053

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**Schedule H, Line 4i – Plan 001 EIN 59-6145175
Schedule of Assets (Held at End of Year)
Plan Year Ended September 30, 2024**

(a)	(b & c) Issue and Description	Shares	(d) Cost 9-30-24	(e) Current Value 9-30-24
	<u>COMMON STOCK:</u> (Continued)			
	Broadcom, Inc.	3,597	\$ 104,765	620,483
	Broadridge Financial Solutions, Inc.	557	49,129	119,772
	CACI International, Inc.	148	44,941	74,675
	Capital One Financial Corp.	100	5,615	14,973
	Carlisle Cos., Inc.	85	17,835	38,229
	Casella Waste Systems, Inc.	338	27,191	33,628
	Casey’s General Stores, Inc.	503	171,092	188,983
	Ccc Intelligent Solutions	2,959	28,361	32,697
	CH Robinson Worldwide, Inc.	513	45,635	56,620
	Charles River Laboratories International, Inc.	434	55,098	85,485
	Chemed Corp.	176	80,689	105,771
	Chevron Corp.	3,292	398,093	484,813
	Choice Hotels International, Inc.	794	92,602	103,458
	Chord Energy Corp.	155	24,650	20,186
	Churchill Downs, Inc.	2,114	257,715	285,834
	Cisco Systems, Inc.	10,986	485,319	584,675
	Civitas Resources, Inc.	519	36,582	26,298
	Clean Harbors, Inc.	273	46,831	65,987
	Coca-Cola Company	5,378	281,583	406,375
	Cooper Cos., Inc.	1,340	69,743	147,856
	Crane Co.	429	23,352	67,902
	Crane NXT Co.	593	23,449	33,267
	Deckers Outdoor Corp.	900	107,011	143,505
	Descartes Systems Group, Inc.	672	52,232	69,189
	Diamondback Energy, Inc.	146	14,630	25,170
	Dick’s Sporting Goods, Inc.	1,114	125,304	232,492
	Eagle Materials, Inc.	137	20,166	39,408
	Element Solutions, Inc.	2,022	36,343	54,918
	Eli Lilly & Co.	333	109,406	295,018
	elf Beauty, Inc.	912	151,941	99,435
	EMCOR Group, Inc.	88	11,029	37,887
	Encompass Health Corp.	350	22,006	33,824
	EnPro, Inc.	294	25,664	47,681
	Ensign Group, Inc.	345	33,088	49,618
	Equifax, Inc.	417	65,434	122,540

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**Schedule H, Line 4i – Plan 001 EIN 59-6145175
Schedule of Assets (Held at End of Year)
Plan Year Ended September 30, 2024**

(a)	(b & c) Issue and Description	Shares	(d) Cost 9-30-24	(e) Current Value 9-30-24
	<u>COMMON STOCK:</u> (Continued)			
	Exponent, Inc.	749	\$ 58,636	\$ 86,345
	Fair Isaac Corp.	65	19,889	126,329
	First Industrial Realty Trust, Inc.	669	34,929	37,451
	Fiserv, Inc.	2,065	96,652	370,977
	Five9, Inc.	292	21,519	8,389
	Fox Factory Holding Corp.	395	33,064	16,393
	Gentex Corp.	975	27,123	28,948
	Gildan Activewear, Inc.	944	32,529	44,472
	Glacier Bancorp, Inc.	733	29,020	33,498
	Globus Medical, Inc.	579	32,846	41,422
	Graphic Packaging Holding Co.	6,368	140,114	188,430
	Griffon Corp.	405	24,984	28,350
	Guidewire Software, Inc.	524	43,108	95,861
	Halozyne Therapeutics, Inc.	660	25,485	37,778
	Hancock Whitney Corp.	701	34,370	35,870
	HashiCorp., Inc.	487	12,640	16,490
	Home Depot, Inc.	356	76,033	144,251
	Hub Group, Inc.	630	27,577	28,634
	Hubbell, Inc.	398	143,725	170,483
	Insight Enterprises, Inc.	101	19,014	21,754
	Insulet Corp.	141	29,586	32,818
	International Business Machines Corp.	2,258	317,154	499,199
	Interactive Brokers Group, Inc.	860	52,858	119,850
	iRhythm Technologies, Inc.	293	33,752	21,752
	ITT, Inc.	408	32,284	61,000
	Jack Henry & Associates, Inc.	565	62,606	99,745
	Jacobs Solutions, Inc.	163	18,141	21,337
	JPMorgan Chase & Co.	1,646	170,476	347,076
	Kadant, Inc.	69	23,146	23,322
	KBR, Inc.	1,051	44,212	68,452
	Lamb Weston Holdings, Inc.	249	23,384	16,120
	Landstar System, Inc.	155	27,660	29,275
	Lantheus Holdings, Inc.	1,982	144,536	217,525
	Lennox International, Inc.	283	46,575	171,014
	Littelfuse, Inc.	638	107,049	169,230

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**Schedule H, Line 4i – Plan 001 EIN 59-6145175
Schedule of Assets (Held at End of Year)
Plan Year Ended September 30, 2024**

(a)	(b & c) Issue and Description	Shares	(d) Cost 9-30-24	(e) Current Value 9-30-24
	<u>COMMON STOCK:</u> (Continued)			
	LPL Financial Holdings, Inc.	1,166	\$ 199,955	\$ 271,247
	Lululemon Athletica, Inc.	315	142,823	85,475
	Marriott International, Inc.	1,091	155,918	271,223
	Masco Corp.	276	17,269	23,167
	Masimo Corporation	1,168	130,632	155,729
	Mastercard, Inc.	1,023	144,695	505,157
	Matador Resources Co.	836	46,832	41,315
	Materion Corp.	317	32,361	35,460
	Maximus, Inc.	240	17,687	22,358
	Medpace Holdings, Inc.	60	18,142	20,028
	Medtronic, PLC	5,235	422,958	471,307
	Meta Platforms, Inc.	1,010	177,139	578,164
	Microsoft Corp.	711	127,405	305,943
	Modine Manufacturing Co.	245	9,387	32,534
	Mondelez International, Inc.	5,203	344,438	383,305
	Morningstar, Inc.	140	22,833	44,677
	Netflix, Inc.	382	162,512	270,941
	Neurocrine Biosciences, Inc.	155	21,458	17,859
	Nordson Corp.	455	26,238	119,497
	NVIDIA Corp.	5,228	221,822	634,888
	Old Dominion Freight Line, Inc.	1,187	129,407	235,786
	ON Semiconductor Corp.	3,290	103,781	238,887
	Onto Innovation, Inc.	197	18,463	40,889
	Pfizer, Inc.	15,242	526,359	441,103
	Philip Morris International, Inc.	6,454	579,796	783,516
	Pool Corporation	344	47,800	129,619
	Primerica, Inc.	907	86,276	240,491
	PulteGroup, Inc.	1,077	126,060	154,582
	Q2 Holdings, Inc.	569	29,136	45,389
	Qiagen NV	589	27,947	26,841
	REV Group, Inc.	2,054	48,514	57,635
	Rollins, Inc.	2,248	59,908	113,704
	Rush Enterprises, Inc.	557	24,538	29,426
	Saia, Inc.	192	52,925	83,954
	Seacoast Banking Corp. of Florida	1,317	33,405	35,098

**TAMPA MARITIME ASSOCIATION –
INTERNATIONAL LONGSHOREMEN’S
ASSOCIATION PENSION PLAN**

**Schedule H, Line 4i – Plan 001 EIN 59-6145175
Schedule of Assets (Held at End of Year)
Plan Year Ended September 30, 2024**

(a)	(b & c) Issue and Description	Shares	(d) Cost 9-30-24	(e) Current Value 9-30-24
	<u>COMMON STOCK:</u> (Continued)			
	ServiceNow, Inc.	241	\$ 169,454	\$ 215,548
	Scotts Miracle-Gro Company	879	68,969	76,209
	Shell PLC	7,171	323,870	472,927
	Sherwin-Williams Company	1,163	118,941	443,882
	Silgen Holdings, Inc.	1,031	44,687	54,128
	Silicon Laboratories, Inc.	165	21,510	19,069
	SiteOne Landscape Supply, Inc.	501	29,932	75,606
	SouthState Corp.	525	41,302	51,020
	STAG Industrial, Inc.	1,001	36,717	39,129
	Starbucks Corp.	1,556	61,005	151,694
	Steven Madden, Ltd	614	21,354	30,080
	Summit Materials, Inc.	1,162	45,882	45,353
	S&P Global, Inc.	559	78,338	288,791
	Teledyne Technologies, Inc.	183	83,474	80,092
	Teradyne, Inc.	929	31,127	124,421
	Texas Roadhouse, Inc.	1,010	93,169	178,366
	Thor Industries, Inc.	993	63,979	109,121
	Timken Co.	316	25,897	26,636
	TopBuild Corp.	50	12,854	20,341
	Trade Desk, Inc.	3,940	140,841	432,021
	Tyler Technologies, Inc.	46	14,938	26,851
	UFP Industries, Inc.	231	22,572	30,310
	UnitedHealth Group, Inc.	467	116,297	273,046
	United Parcel Service, Inc.	3,587	580,265	489,052
	Universal Display Corp.	721	134,798	151,338
	US Bancorp	10,161	395,475	464,663
	Valmont Industries, Inc.	158	43,464	45,812
	Veracyte, Inc.	792	26,822	26,960
	Waste Connections, Inc.	235	29,244	42,022
	Waters Corp.	128	41,185	46,065
	Watsco, Inc.	256	66,506	125,920
	Wells Fargo & Co.	7,652	326,058	432,260
	WNS Holdings, Ltd.	305	21,132	16,076
	WR Berkley Corp.	2,091	44,883	118,621

**TAMPA MARITIME ASSOCIATION –
INTERNATIONAL LONGSHOREMEN’S
ASSOCIATION PENSION PLAN**

**Schedule H, Line 4i – Plan 001 EIN 59-6145175
Schedule of Assets (Held at End of Year)
Plan Year Ended September 30, 2024**

(a)	(b & c) Issue and Description	Shares	(d) Cost 9-30-24	(e) Current Value 9-30-24
	<u>COMMON STOCK: (Continued)</u>			
	Zebra Technologies Corp.	617	\$ 208,779	\$ 228,487
	Zoetis, Inc.	882	93,127	172,324
	Zurn Elkay Water Solutions Corp.	2,904	64,837	104,369
	TOTAL COMMON STOCK		15,492,506	24,589,870
	<u>MUTUAL FUNDS:</u>			
	Equity Funds:			
	iShares MSCI EAFE ETF	13,676	758,659	1,143,724
	Vanguard S&P 500 ETF	137	31,798	72,291
	Fixed Income Funds:			
	Vanguard Intermediate Term Bond Fund	36,420	3,030,688	2,854,235
	Vanguard Intermediate Term Inv. Grade Fund	325,598	3,116,706	2,901,076
	Vanguard Short-Term Investment Grade Fund	187,390	2,009,106	1,960,094
	TOTAL MUTUAL FUNDS		8,946,957	8,931,420
	<u>COMMON/COLLECTIVE TRUST FUND:</u>			
	Multi-Employer Property Trust	238.237	1,870,042	2,978,438
	TOTAL INVESTMENTS		\$ 27,408,135	\$ 37,598,358

* Party-in-interest

**TAMPA MARITIME ASSOCIATION –
INTERNATIONAL LONGSHOREMEN’S
ASSOCIATION PENSION PLAN**

**Schedule of Contributions by Employers
Plan Year Ended September 30, 2024**

Issue	Receivable 9-30-23	Cash Collected 9-30-24	Receivable 9-30-24	Total
Ceres Terminals, Inc.	\$ 59,716	\$ 907,852	\$ 108,368	\$ 956,504
ILA Local 1402	960	11,520	960	11,520
Ports America	183,552	2,102,368	196,926	2,115,742
TMA-ILA Benefit Plans	–	4,800	–	4,800
Less: Transfer to Welfare	–	(107,360)	–	(107,360)
Totals	<u>\$ 244,228</u>	<u>\$ 2,919,180</u>	<u>\$ 306,254</u>	
Employer Contributions				<u>\$ 2,981,206</u>

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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****Annual Report Identification Information**For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

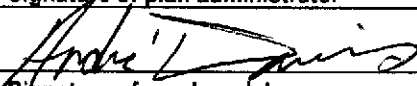
- A** This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☐ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☐ 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 ☒ **X**
- 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 ☐

Basic Plan Information—enter all requested information

1a Name of plan TMA-ILA PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 10/01/1956
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) TAMPA MARITIME ASSOCIATION- INTERNATIONAL LONGSHOREMEN'S ASSOC	2b Employer Identification Number (EIN) 59-6145175
	2c Plan Sponsor's telephone number 540-345-1135
P. O. BOX 1769 SALEM VA 24153	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.

 Signature of plan administrator	07/09/2025 Date	ANDRE DAVIS Enter name of individual signing as plan administrator
 Signature of employer/plan sponsor	07/09/2025 Date	ANDRE DAVIS Enter name of individual signing as employer or plan sponsor
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**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** 374**6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(2), 6b, 6c, and 6d).**a(1)** Total number of active participants at the beginning of the plan year**6a(1)** 194**a(2)** Total number of active participants at the end of the plan year**6a(2)** 218**b** Retired or separated participants receiving benefits**6b** 90**c** Other retired or separated participants entitled to future benefits**6c** 7**d** Subtotal. Add lines 6a(2), 6b, and 6c**6d** 315**e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.**6e** 73**f** Total. Add lines 6d and 6e**6f** 388**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)****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** 3**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) ☐ 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)

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 _____

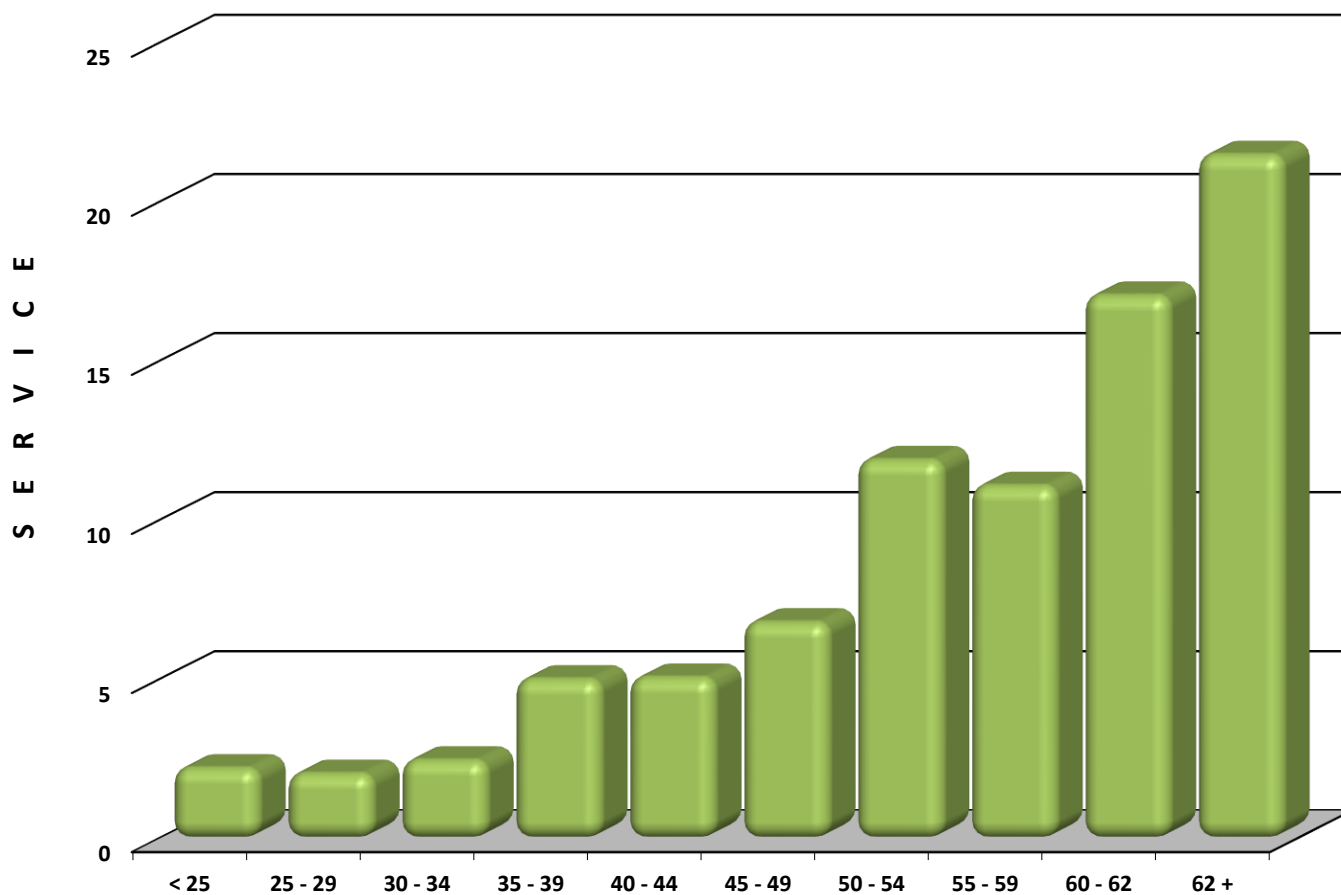
T.M.A. - I.L.A. PENSION PLAN

SECTION 4 - CENSUS CHARACTERISTICS

ACTIVE LIVES - AGE / SERVICE TABLE

Age	Service									Total
	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
< 25	4									4
25 - 29	12	1								13
30 - 34	15	1								16
35 - 39	13	4	1	2	1					21
40 - 44	18	7	3	2	0					30
45 - 49	14	5	3	2	0	1				25
50 - 54	6	2	1	3	4	1				17
55 - 59	6	2	0	3	5	0				16
60 - 61	1	1	1	2	1	3				9
62 +	5	3	0	9	6	5	1	4	3	36
	94	26	9	23	17	10	1	4	3	187

AVERAGE SERVICE BY AGE



Average Age: 48.0

Average Service: 9.7

T.M.A. – I.L.A. PENSION PLAN

SECTION 6 – ACTUARIAL ASSUMPTIONS

1. Future Rate of Net Investment Return
 - a. determination of contribution requirements 6.50% compounded annually
 - b. determination of RPA '94 current liability * 3.07% compounded annually
 - c. determination of maximum contribution current liability * 3.07% compounded annually

2. Mortality Rates – Pre- and Post-Retirement
 - a. for funding Pri-2012 Blue Collar Mortality Table Set forward by 2 years Fully Generational using Improvement Scale MP-2021
 - b. disabled lives: for funding Pri-2012 Total Dataset Disabled Table Set forward by 2 years Fully Generational using Improvement Scale MP-2021
 - c. for RPA'94 and Maximum Contribution * IRS 2018-2023+ Static Mortality Table projected to the current year with Scale MP 2021

3. Withdrawal Rates – Sample Rates as shown

<u>Age</u>	<u>Rate with Years of Service</u>		
	<u>0 – 1</u>	<u>2 – 4</u>	<u>5 – 9</u>
20	9.0%	7.1%	0.0%
30	9.3%	6.8%	4.2%
40	8.0%	5.2%	3.0%
50	7.8%	4.5%	2.7%
60+	6.8%	3.9%	1.1%

4. Disability Rates – Sample Rates as shown

<u>Age</u>	<u>Male</u>	<u>Female</u>
20	0.00%	0.00%
30	0.20%	0.20%
40	0.31%	0.42%
50	0.55%	0.66%
60	1.59%	1.46%

5. Retirement Ages – Active Lives

<u>Age</u>	<u>Rate</u>
62-64	10%
65	25%
66-69	10%
70 and older	100%

* As prescribed by law.

T.M.A. – I.L.A. PENSION PLAN

SECTION 6 – ACTUARIAL ASSUMPTIONS

6.	Allowance for Operating Expenses	\$250,000
7.	Future Annual Hours Worked per Participant	1,970 hours
8.	Unreported dates of birth	Average age of participants with recorded dates of birth and the same vested status
9.	Percent Married	85% of males and 50% of females with females assumed 3 years younger than males
10.	Inactive Participants	Less than 400 hours during both of the last two Plan Years or coded as terminated by the Administrator
11.	Contingency Allowance	10% of Active Retirement Liabilities
12.	Actuarial Value of Assets	The difference in the expected return and the actual return are spread evenly over 5 years, adjusted if necessary to within 20% of Market Value
13.	Asset Valuation Method	The Actuarial Value of Assets is used for determining the contribution requirements. The Market Value of Assets is used for measuring the funded status of the Plan
14.	Actuarial Cost Method	Funding: Aggregate PPA '06 Funding Percentage: Unit Credit Experience Measurement: Entry Age Normal
15.	Assumptions for Withdrawal Liability	Same as for funding. The Present Value of Vested Benefits beginning September 30, 2020 includes the Present Value of Future Operating Expenses.

The future is uncertain and the Plan's actual experience will differ from these assumptions. The differences may be significant or material from the valuation results because these results are very sensitive to the assumptions made and, in some cases, to the interaction between assumptions. Different assumptions or scenarios within the range of possibilities may also be reasonable and would yield different results.

Form 15315 (December 2022)	Department of the Treasury - Internal Revenue Service Annual Certification for Multiemployer Defined Benefit Plans	OMB Number 1545-2111
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This Form is required to be filed under Internal Revenue Code (IRC) Section 432(b)(3)

Complete all entries in accordance with the instructions

For calendar plan year 2022 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023**Part I – Basic Plan Information**

1a. Name of plan TMA-ILA Pension Plan		1b. Three-digit plan number (PN) 001
1c. Plan sponsor's name Tampa Maritime Association-International Longshoreman's Association		1d. Employer identification number (EIN) 59-6145175
1e. Plan sponsor's telephone number 540-345-7735	1f. Plan sponsor's address, city, state, ZIP code P.O. Box 1769, Salem, VA 24153	

Part II – Plan Actuary's Information

2a. Plan actuary's name J. Scott Haynsworth	2b. Plan actuary's firm name BHA Consulting LLC
2c. Plan actuary's firm address, city, state, ZIP code 5400 Laurel Springs Parkway, Suite 1306, Suwanee, GA 30024	
2d. Plan actuary's enrollment number 23-06106	2e. Plan actuary's telephone number 678-456-6200

Part III – Plan Status

3. Check the appropriate box to indicate the plan's IRC Section 432 status

☒ Neither endangered nor critical	☐ Not endangered due to special rule in IRC Section 432(b)(5)
☐ Endangered	☐ Critical due to election under IRC Section 432(b)(4)
☐ Seriously endangered	☐ Plans that are not currently in critical status, but are projected to be in critical status within the next five years under 432(b)(3)(D)(v)
☐ Critical	
☐ Critical and declining	

Part IV – Scheduled Progress in Funding Improvement Plan or Rehabilitation Plan

4. Check the appropriate box to indicate whether the plan is making the scheduled progress in meeting the requirements of an applicable funding improvement plan (FIP) or rehabilitation plan (RP)

	Yes	No	N/A
Funding Improvement Plan	☐	☐	☒
Rehabilitation Plan	☐	☐	☒

Part V – Sign Here**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this actuarial certification is complete and accurate. As required by IRC Section 432(b)(3)(B)(iii), the projected industry activity is based on information provided by the plan sponsor. The projections are based on reasonable actuarial estimates, assumptions and methods that (other than projected industry activity) offer my best estimate of anticipated experience under the plan.

Actuary's signature 	2023.12.22 13:45:08 -05'00'	Date
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T.M.A. - I.L.A. PENSION PLAN

Actuarial Status Certification as of October 1, 2023

EIN: 59-6145175 PN: 001

DETERMINATION OF ZONE STATUS FOR THE CURRENT YEAR:

GREEN ZONE

RED ZONE TESTING

1. Projected Funding Deficiency in the next four (4) years not taking into account any amortization period extensions. NO
2. Projected Funding Deficiency in the next five (5) years not taking into account any amortization period extensions NO
AND the Present Value of Inactive Benefits is more than the Present Value of Active Vested Benefits
AND the Normal Cost plus Interest on the Unfunded Actuarial Accrued Liability (UAAL) is greater than Present Value of Expected Contributions for the Current Year.
3. Projected Funding Deficiency in the next five (5) years not taking into account any amortization period extensions NO
AND Funding Percentage is less than 65%.
4. Funding Percentage is less than 65% NO
AND Assets plus Present Value of Expected Contributions are less than Present Value of Projected Benefit Payments plus Present Value of Expected Administrative Expenses over the next seven (7) years.
5. Assets plus Present Value of Expected Contributions are less than Present Value of Projected Benefit Payments plus Present Value of Expected Administrative Expenses over the next five (5) years. NO
6. The Plan is in the Red Zone for the immediately preceding Plan Year NO
AND Funding Deficiency is projected in the next ten (10) years recognizing any amortization period extensions.

Is the Plan in Critical Status?

NO

The Plan is deemed to be in Critical Status if ANY of the conditions above resulted in a "YES".

Is the Plan in Critical and Declining Status?

NO

The Plan is deemed to be in Critical and Declining Status if the Plan is in Critical Status and projected to be insolvent in the current year or any of the fourteen (14) succeeding years (nineteen (19) years if Inactive to Active ratio exceeds 2 to 1 or Funded Percentage is less than 80%).

YELLOW ZONE TESTING

1. The Funding Percentage is less than 80%. NO
2. Projected Funding Deficiency in the next seven (7) years taking into account any amortization period extensions. NO

Is the Plan in Endangered Status?

NO

The Plan is deemed to be in Endangered Status if EITHER of the conditions above is met.

Is the Plan in Seriously Endangered Status?

NO

The Plan is deemed to be in Seriously Endangered Status if BOTH of the conditions above are met.

GREEN ZONE TESTING

Is the Plan safe due to the Special Rule on eventual emergence without remedial action?

NO

The Plan is not in Critical Status for the current Plan Year

AND is no longer projected to be in Endangered Status by the end of the tenth Plan Year

AND was not in Critical or Endangered Status for the immediately preceding Plan Year.

Is the Plan in the Green Zone and projected to be in Critical Status in any of the five (5) succeeding Plan Years?

NO

If the Plan is projected to be in Critical Status in any of the five succeeding Plan Years, the Plan will have the option to elect to be in Critical Status.

The Plan is not in Critical, Endangered, or Seriously Endangered Status.

YES

T.M.A. - I.L.A. PENSION PLAN**Actuarial Status Certification as of October 1, 2023**

EIN: 59-6145175 PN: 001

PLAN INFORMATION

NAME OF THE PLAN: T.M.A. – I.L.A. Pension Plan

PLAN SPONSOR'S NAME: Board of Trustees of the T.M.A. – I.L.A. Pension Plan

PLAN SPONSOR'S ADDRESS: P.O. Box 1769, Salem, VA 24153

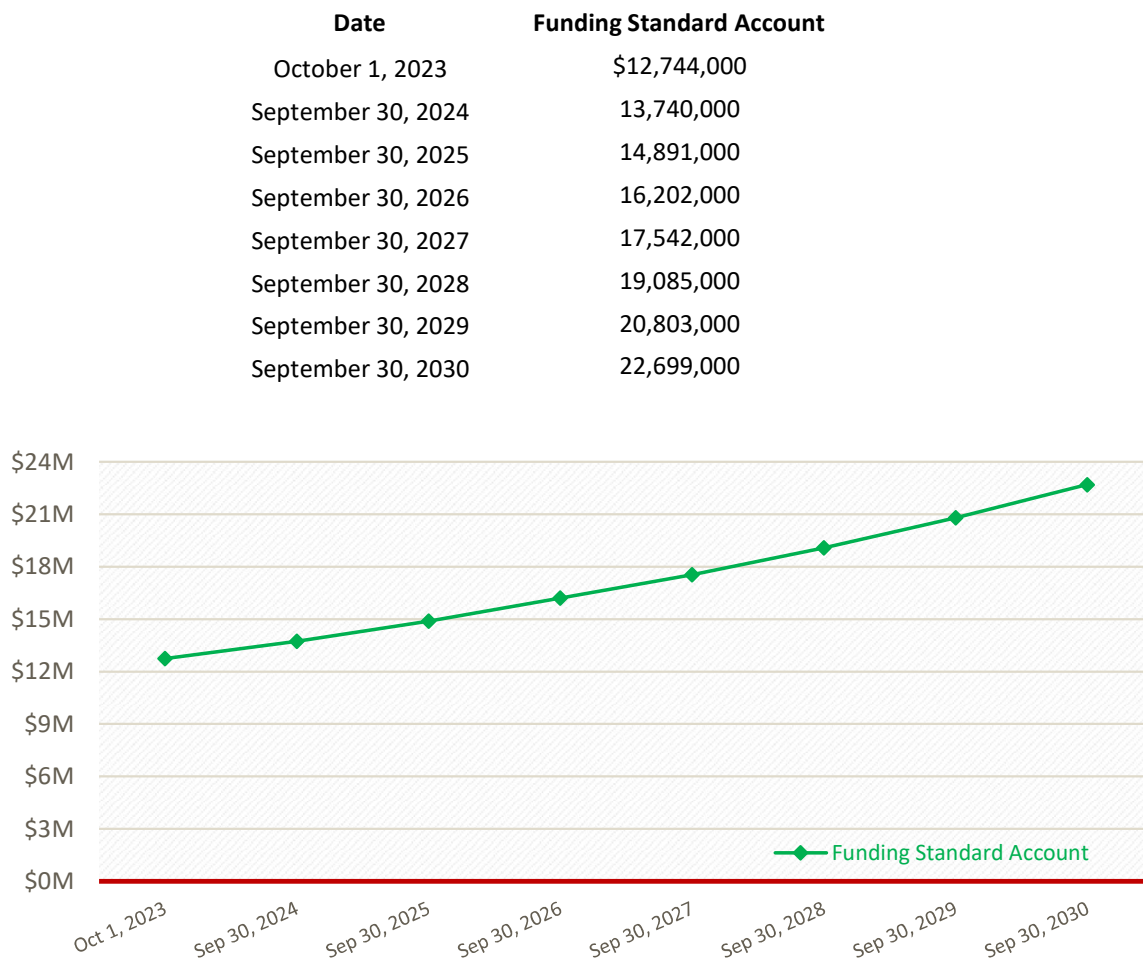
PLAN SPONSOR'S EIN: 59 – 6145175

PLAN NUMBER: 001

TELEPHONE NUMBER: 1 (540) 345 – 7735

FUNDED PERCENTAGE AT OCTOBER 1, 2023

Approximate Actuarial Value of Assets	\$32,470,000
Projected Current Liability of Plan Benefits	\$26,177,000
Funded Percentage (Assets ÷ Liabilities)	124.0%

FUNDING STANDARD ACCOUNT PROJECTION

T.M.A. - I.L.A. PENSION PLAN**Actuarial Status Certification as of October 1, 2023**

EIN: 59-6145175 PN: 001

BASIS FOR CERTIFICATION: ACTUARIAL ASSUMPTIONS AND METHODOLOGY

The projections and calculations contained in the certification assume the following:

- The prior year's Actuarial Valuation of the T.M.A - I.L.A Pension Plan provides the basis for all calculations and resulting projections and should be considered integral to this certification,
- Assets are developed based on the most recent financial information available. Because of the requirement that the certification occur within 90 days of the beginning of the Plan Year, a final audit has not yet been completed; the results presented are based on the best estimate of plan assets at September 30, 2023, supplemented with information provided by the Plan Administrator and/or auditor.
- Liabilities and Costs are developed using the Actuarial Cost Method and other assumptions of the Plan in accordance with the requirements specified in the Pension Protection Act of 2006,
- Liabilities from the prior Plan Year are projected using standard actuarial projection techniques and the valuation assumptions, as well as adjustment for any material changes in liabilities resulting from benefit modifications or other significant plan changes,
- Charge and Credit Bases in the Funding Standard Account are amortized according to the present amortization schedule with appropriate consideration of any amortization extension in accordance with the requirements specified in the Pension Protection Act of 2006,
- Contributions are assumed to continue at the rates currently negotiated and projected hours determined in the prior year's Actuarial Valuation or as adjusted in coordination with economic forecasting discussed with the Board of Trustees,
- Projections assume the current active population remains stationary or as adjusted in coordination with economic forecasting discussed with the Board of Trustees with new entrants replacing participants expected to leave the work force due to death, disability, retirement or withdrawal, and
- Adjustments to Actuarial Assets and funding methodologies have been made based on the provisions of the Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010.

ATTESTATION

I attest to the actuarial certification contained herein. This certification relies on the results of the latest actuarial valuation available as well as any material changes made subsequently to which I have been informed. Such valuation should be considered an integral part of this certification. Results reported herein represent a reasonable effort to determine the funding criteria set forth in the Pension Protection Act of 2006 based on readily available information in conjunction with the required filing deadlines. A full and complete assessment based on actual data and audited assets of the Plan shall be performed subsequently and may provide materially different results. Any such findings would be applicable for the certification for the following year.

The actuary whose signature appears below is a Member of the American Academy of Actuaries and meets the Qualification Standards of the American Academy of Actuaries to render actuarial opinions contained herein.



2023.12.22
13:45:39 -05'00'

J. Scott Haynsworth
Enrolled Actuary No. 23-06106

BHA Consulting LLC
5400 Laurel Springs Parkway
Suite 1306
Suwanee, GA 30024
(678) 456-6200

T.M.A. – I.L.A. PENSION PLAN

Plan Year: 2023

Plan No: 001

EIN: 59-6145175

ACTUARY'S ACCOMPANYING STATEMENT

Exhibit A attached is Schedule MB, line 4b – Illustration Supporting Actuarial Certification of Status.

Exhibit B attached is Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods. It describes the actuarial cost method and assumptions used to determine the normal cost and liabilities shown in Schedule MB.

The value of assets shown on line 1b(2) is the actuarial value of the pension fund balance as of September 30, 2023. The asset value determined under the method will be adjusted to be no greater than 120% and no less than 80% of the market value of assets at the valuation date.

Exhibit C attached is Schedule MB, line 6 – Summary of Plan Provisions upon which the valuation is based.

Exhibit D attached is Schedule MB, line 8b(2) - Schedule of Active Participant Data.

ACTUARY'S STATEMENT OF RELIANCE

In completing this Schedule MB, the enrolled actuary has relied on the correctness of the financial information presented in the pension fund audit and upon accuracy and completeness of the Participant census data furnished by the plan administrator.

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

Round off amounts to nearest dollar.

Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan T.M.A - I.L.A PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES OF T.M.A - I.L.A PENSION PLAN	D Employer Identification Number (EIN) 59-6145175

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) 31252946
(2) Actuarial value of assets for funding standard account	1b(2) 32577356
c (1) Accrued liability for plan using immediate gain methods	1c(1)
(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) 30668357
(c) Normal cost under entry age normal method	1c(2)(c) 1201602
(3) Accrued liability under unit credit cost method	1c(3) 26582183
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) 43078593
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 2941164
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)
(3) Expected plan disbursements for the plan year	1d(3) 2198502

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 J SCOTT HAYNSWORTH	Date 23-06106	
Type or print name of actuary BHA CONSULTING LLC	Most recent enrollment number 678-456-6200	
Firm name 5400 LAUREL SPRINGS PKWY, SUITE 1306, SUWANEE, GA 30024	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	31252946
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	174	20358453
(2) For terminated vested participants	6	547629
(3) For active participants:		
(a) Non-vested benefits		2583821
(b) Vested benefits		19588690
(c) Total active	187	22172511
(4) Total	367	43078593
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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
	2981206				
Totals ►			3(b)	2981206	3(c)
					0
(d) Total withdrawal liability amounts included in line 3(b) total			3(d)		0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	122.6%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability			6a	3.07 %
	Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	9+2	9+2	
(2) Females	6c(2)	9F+2	9F+2	
d Valuation liability interest rate	6d	6.50 %	6.50%	
e Salary scale	6e	% ☒ N/A		
f Withdrawal liability interest rate:				
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A		
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.50%		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.1%		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	10.0%		
i Expense load included in normal cost reported in line 9b	6i	☐ N/A		
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%		
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	250000		
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐		

7 New amortization bases established in the current plan year:

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

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	2629015

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)**9c(2)****9c(3)****d** Interest as applicable on lines 9a, 9b, and 9c**9d**

170886

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

2799901

Credits to funding standard account:**f** Prior year credit balance, if any**9f**

12848439

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

2981206

Outstanding balance

h Amortization credits as of valuation date**9h****i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i**

930512

j Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL)**9j(1)**

14340707

(2) "RPA '94" override (90% current liability FFL)**9j(2)**

8254457

(3) FFL credit**9j(3)****k (1)** Waived funding deficiency**9k(1)****(2)** Other credits**9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l**

16760157

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

13960256

n Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year**9o(1)****(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)****10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☐

Yes

☒

No

T.M.A. – I.L.A. PENSION PLAN

SECTION 5 – HISTORY AND PLAN PROVISIONS

PRINCIPAL PLAN DEFINITIONS

Plan Year: Each year beginning October 1 and ending September 30.

Participation: Any person employed in the industry at the Port of Tampa, as defined in collective bargaining agreements, becomes a Participant at the beginning of the Plan Year in which he first earns a Qualified Year of Employment.

Qualified Prior Employment: For the period prior to October 1, 1975, an Employee's year of continuous employment in the industry for 400 or more hours each year (subject to excusable interruption of employment rules).

Qualified Year of Employment: For the period after September 30, 1975 during which an Employee works 800 or more hours each year (subject to excusable interruption of employment rules).

Total Credited Employment: The total of Qualified Prior Employment years plus Qualified Years of Employment, however, service includes years with 400 or more hours and is subject to an average of 800 hours per year.

Vesting: Eligibility: 100% vested in their accrued pension benefit after 5 years of Total Credited Employment.
Benefit: Accrued normal retirement benefit payable at age 62.

Break in Service: A Plan Year in which the Participant fails to earn 400 hours of employment.

T.M.A. – I.L.A. PENSION PLAN

SECTION 5 – HISTORY AND PLAN PROVISIONS

BENEFIT OUTLINE

Normal Retirement Date: Later of age 62 and the fifth anniversary of his date of employment.

Normal Retirement Benefit: The monthly Normal Retirement Benefit is equal to \$67 multiplied by Total number of Tier 1 Credits plus \$63 multiplied by number of Tier 2 Credits plus an annual supplement. For those who started working before October 1, 1997 the annual supplement is \$100 multiplied by Total Credited Employment up to a maximum of 10 years. For those who started working on or after October 1, 1997 the annual supplement is \$40 multiplied by Total Credited Employment up to a maximum of 25 years.

Disability Retirement: Total and Permanent Disability with at least age 45 and 15 years of Total Credited Employment. A Participant is considered to be Totally and Permanently Disabled if he has received notification that he is eligible for Social Security Disability benefits. The monthly disability benefit will be \$900 plus annual supplement calculated for Normal Retirement based on Years of Total Credited Employment up to date of disability.

When the Disabled Participant reaches Normal Retirement Date the benefit will be adjusted based on actual total Credited Employment. Additional accrued benefits earned after reaching 25 Years of Credited Employment will be reduced by 5% for every 12-month period that the Participant received a Disability Pension Benefit.

Vesting of Benefits: 100% vested in benefits that have been accrued after 5 or more years of Vested Service. Benefits are payable at the Normal Retirement Date.

Normal Form of Pension Payment: 50% Joint and Survivor Annuity for married Participants; Life Annuity for unmarried Participants.

Pre-Retirement Death Benefits: If a married Vested Participant dies before benefits commence, the spouse would receive 50% of the Participant's benefit for the balance of their lifetime beginning on the Participant's earliest retirement date. The spouse of a deceased Disability Participant would receive 50% of the Disability benefit until the Participant's theoretical retirement date at which then a 50% survivor benefit with joint and survivor reduction would be payable.

Expenses: Paid from the Trust Fund.

Termination of Trust Fund: In the event of the termination of the Plan, the assets remaining in the Trust Fund after satisfaction of the expenses of liquidation are to be distributed to the extent sufficient to provide benefits based on the requirements of Title IV of ERISA.

**TAMPA MARITIME ASSOCIATION –
INTERNATIONAL LONGSHOREMEN’S
ASSOCIATION PENSION PLAN**

**Schedule H, Line 4i – Plan 001 EIN 59-6145175
Schedule of Assets (Held at End of Year)
Plan Year Ended September 30, 2024**

(a)	(b & c) Issue and Description	Face Value	(d) Cost 9-30-24	(e) Current Value 9-30-24
<u>CASH EQUIVALENTS:</u>				
*	Cash	\$ 1,906	\$ 1,906	\$ 1,906
	Fidelity Investments Money Mkt. Funds – Govt. Portfolio	1,096,724	1,096,724	1,096,724
	TOTAL CASH EQUIVALENTS		1,098,630	1,098,630
	(b & c) Issue and Description	Shares	(d) Cost 9-30-24	(e) Current Value 9-30-24
<u>COMMON STOCK:</u>				
	AbbVie, Inc.	2,404	259,447	474,742
	Accenture, PLC	504	130,578	178,154
	Adobe, Inc.	221	117,133	114,429
	Advanced Energy Industries, Inc.	302	31,585	31,782
	Agilysys, Inc.	260	19,015	28,332
	Allegiant Travel Co.	216	31,517	11,893
	Allegion, PLC	667	71,726	97,209
	Alphabet, Inc.	1,225	69,261	203,166
	Amazon.com, Inc.	1,988	187,117	370,424
	Amentum Holdings, Inc.	163	3,729	5,257
	Ameris Bancorp	649	28,747	40,491
	Apple, Inc.	2,475	96,832	576,675
	AppLovin Corp.	2,062	138,891	269,194
	Aspen Technology, Inc.	544	83,254	129,918
	AT&T, Inc.	27,969	600,030	615,318
	AZEK Co., Inc.	541	10,772	25,319
	Badger Meter, Inc.	98	8,695	21,404
	Balchem Corp.	135	17,451	23,760
	Bentley Systems, Inc.	2,694	84,340	136,882
	Berry Global Group, Inc.	340	17,574	23,113
	Bio Techne Corp.	692	49,349	55,312
	BJ’s Wholesale Club Holdings, Inc.	882	60,123	72,747
	Bright Horizons Family Solutions, Inc.	714	83,637	100,053

**TAMPA MARITIME ASSOCIATION –
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**Schedule H, Line 4i – Plan 001 EIN 59-6145175
Schedule of Assets (Held at End of Year)
Plan Year Ended September 30, 2024**

(a)	(b & c) Issue and Description	Shares	(d) Cost 9-30-24	(e) Current Value 9-30-24
	<u>COMMON STOCK:</u> (Continued)			
	Broadcom, Inc.	3,597	\$ 104,765	620,483
	Broadridge Financial Solutions, Inc.	557	49,129	119,772
	CACI International, Inc.	148	44,941	74,675
	Capital One Financial Corp.	100	5,615	14,973
	Carlisle Cos., Inc.	85	17,835	38,229
	Casella Waste Systems, Inc.	338	27,191	33,628
	Casey’s General Stores, Inc.	503	171,092	188,983
	Ccc Intelligent Solutions	2,959	28,361	32,697
	CH Robinson Worldwide, Inc.	513	45,635	56,620
	Charles River Laboratories International, Inc.	434	55,098	85,485
	Chemed Corp.	176	80,689	105,771
	Chevron Corp.	3,292	398,093	484,813
	Choice Hotels International, Inc.	794	92,602	103,458
	Chord Energy Corp.	155	24,650	20,186
	Churchill Downs, Inc.	2,114	257,715	285,834
	Cisco Systems, Inc.	10,986	485,319	584,675
	Civitas Resources, Inc.	519	36,582	26,298
	Clean Harbors, Inc.	273	46,831	65,987
	Coca-Cola Company	5,378	281,583	406,375
	Cooper Cos., Inc.	1,340	69,743	147,856
	Crane Co.	429	23,352	67,902
	Crane NXT Co.	593	23,449	33,267
	Deckers Outdoor Corp.	900	107,011	143,505
	Descartes Systems Group, Inc.	672	52,232	69,189
	Diamondback Energy, Inc.	146	14,630	25,170
	Dick’s Sporting Goods, Inc.	1,114	125,304	232,492
	Eagle Materials, Inc.	137	20,166	39,408
	Element Solutions, Inc.	2,022	36,343	54,918
	Eli Lilly & Co.	333	109,406	295,018
	elf Beauty, Inc.	912	151,941	99,435
	EMCOR Group, Inc.	88	11,029	37,887
	Encompass Health Corp.	350	22,006	33,824
	EnPro, Inc.	294	25,664	47,681
	Ensign Group, Inc.	345	33,088	49,618
	Equifax, Inc.	417	65,434	122,540

**TAMPA MARITIME ASSOCIATION –
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**Schedule H, Line 4i – Plan 001 EIN 59-6145175
Schedule of Assets (Held at End of Year)
Plan Year Ended September 30, 2024**

(a)	(b & c) Issue and Description	Shares	(d) Cost 9-30-24	(e) Current Value 9-30-24
	<u>COMMON STOCK:</u> (Continued)			
	Exponent, Inc.	749	\$ 58,636	\$ 86,345
	Fair Isaac Corp.	65	19,889	126,329
	First Industrial Realty Trust, Inc.	669	34,929	37,451
	Fiserv, Inc.	2,065	96,652	370,977
	Five9, Inc.	292	21,519	8,389
	Fox Factory Holding Corp.	395	33,064	16,393
	Gentex Corp.	975	27,123	28,948
	Gildan Activewear, Inc.	944	32,529	44,472
	Glacier Bancorp, Inc.	733	29,020	33,498
	Globus Medical, Inc.	579	32,846	41,422
	Graphic Packaging Holding Co.	6,368	140,114	188,430
	Griffon Corp.	405	24,984	28,350
	Guidewire Software, Inc.	524	43,108	95,861
	Halozyne Therapeutics, Inc.	660	25,485	37,778
	Hancock Whitney Corp.	701	34,370	35,870
	HashiCorp., Inc.	487	12,640	16,490
	Home Depot, Inc.	356	76,033	144,251
	Hub Group, Inc.	630	27,577	28,634
	Hubbell, Inc.	398	143,725	170,483
	Insight Enterprises, Inc.	101	19,014	21,754
	Insulet Corp.	141	29,586	32,818
	International Business Machines Corp.	2,258	317,154	499,199
	Interactive Brokers Group, Inc.	860	52,858	119,850
	iRhythm Technologies, Inc.	293	33,752	21,752
	ITT, Inc.	408	32,284	61,000
	Jack Henry & Associates, Inc.	565	62,606	99,745
	Jacobs Solutions, Inc.	163	18,141	21,337
	JPMorgan Chase & Co.	1,646	170,476	347,076
	Kadant, Inc.	69	23,146	23,322
	KBR, Inc.	1,051	44,212	68,452
	Lamb Weston Holdings, Inc.	249	23,384	16,120
	Landstar System, Inc.	155	27,660	29,275
	Lantheus Holdings, Inc.	1,982	144,536	217,525
	Lennox International, Inc.	283	46,575	171,014
	Littelfuse, Inc.	638	107,049	169,230

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Plan Year Ended September 30, 2024**

(a)	(b & c) Issue and Description	Shares	(d) Cost 9-30-24	(e) Current Value 9-30-24
	<u>COMMON STOCK:</u> (Continued)			
	LPL Financial Holdings, Inc.	1,166	\$ 199,955	\$ 271,247
	Lululemon Athletica, Inc.	315	142,823	85,475
	Marriott International, Inc.	1,091	155,918	271,223
	Masco Corp.	276	17,269	23,167
	Masimo Corporation	1,168	130,632	155,729
	Mastercard, Inc.	1,023	144,695	505,157
	Matador Resources Co.	836	46,832	41,315
	Materion Corp.	317	32,361	35,460
	Maximus, Inc.	240	17,687	22,358
	Medpace Holdings, Inc.	60	18,142	20,028
	Medtronic, PLC	5,235	422,958	471,307
	Meta Platforms, Inc.	1,010	177,139	578,164
	Microsoft Corp.	711	127,405	305,943
	Modine Manufacturing Co.	245	9,387	32,534
	Mondelez International, Inc.	5,203	344,438	383,305
	Morningstar, Inc.	140	22,833	44,677
	Netflix, Inc.	382	162,512	270,941
	Neurocrine Biosciences, Inc.	155	21,458	17,859
	Nordson Corp.	455	26,238	119,497
	NVIDIA Corp.	5,228	221,822	634,888
	Old Dominion Freight Line, Inc.	1,187	129,407	235,786
	ON Semiconductor Corp.	3,290	103,781	238,887
	Onto Innovation, Inc.	197	18,463	40,889
	Pfizer, Inc.	15,242	526,359	441,103
	Philip Morris International, Inc.	6,454	579,796	783,516
	Pool Corporation	344	47,800	129,619
	Primerica, Inc.	907	86,276	240,491
	PulteGroup, Inc.	1,077	126,060	154,582
	Q2 Holdings, Inc.	569	29,136	45,389
	Qiagen NV	589	27,947	26,841
	REV Group, Inc.	2,054	48,514	57,635
	Rollins, Inc.	2,248	59,908	113,704
	Rush Enterprises, Inc.	557	24,538	29,426
	Saia, Inc.	192	52,925	83,954
	Seacoast Banking Corp. of Florida	1,317	33,405	35,098

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**Schedule H, Line 4i – Plan 001 EIN 59-6145175
Schedule of Assets (Held at End of Year)
Plan Year Ended September 30, 2024**

(a)	(b & c) Issue and Description	Shares	(d) Cost 9-30-24	(e) Current Value 9-30-24
	<u>COMMON STOCK:</u> (Continued)			
	ServiceNow, Inc.	241	\$ 169,454	\$ 215,548
	Scotts Miracle-Gro Company	879	68,969	76,209
	Shell PLC	7,171	323,870	472,927
	Sherwin-Williams Company	1,163	118,941	443,882
	Silgen Holdings, Inc.	1,031	44,687	54,128
	Silicon Laboratories, Inc.	165	21,510	19,069
	SiteOne Landscape Supply, Inc.	501	29,932	75,606
	SouthState Corp.	525	41,302	51,020
	STAG Industrial, Inc.	1,001	36,717	39,129
	Starbucks Corp.	1,556	61,005	151,694
	Steven Madden, Ltd	614	21,354	30,080
	Summit Materials, Inc.	1,162	45,882	45,353
	S&P Global, Inc.	559	78,338	288,791
	Teledyne Technologies, Inc.	183	83,474	80,092
	Teradyne, Inc.	929	31,127	124,421
	Texas Roadhouse, Inc.	1,010	93,169	178,366
	Thor Industries, Inc.	993	63,979	109,121
	Timken Co.	316	25,897	26,636
	TopBuild Corp.	50	12,854	20,341
	Trade Desk, Inc.	3,940	140,841	432,021
	Tyler Technologies, Inc.	46	14,938	26,851
	UFP Industries, Inc.	231	22,572	30,310
	UnitedHealth Group, Inc.	467	116,297	273,046
	United Parcel Service, Inc.	3,587	580,265	489,052
	Universal Display Corp.	721	134,798	151,338
	US Bancorp	10,161	395,475	464,663
	Valmont Industries, Inc.	158	43,464	45,812
	Veracyte, Inc.	792	26,822	26,960
	Waste Connections, Inc.	235	29,244	42,022
	Waters Corp.	128	41,185	46,065
	Watsco, Inc.	256	66,506	125,920
	Wells Fargo & Co.	7,652	326,058	432,260
	WNS Holdings, Ltd.	305	21,132	16,076
	WR Berkley Corp.	2,091	44,883	118,621

**TAMPA MARITIME ASSOCIATION –
INTERNATIONAL LONGSHOREMEN’S
ASSOCIATION PENSION PLAN**

**Schedule H, Line 4i – Plan 001 EIN 59-6145175
Schedule of Assets (Held at End of Year)
Plan Year Ended September 30, 2024**

(a)	(b & c) Issue and Description	Shares	(d) Cost 9-30-24	(e) Current Value 9-30-24
	<u>COMMON STOCK: (Continued)</u>			
	Zebra Technologies Corp.	617	\$ 208,779	\$ 228,487
	Zoetis, Inc.	882	93,127	172,324
	Zurn Elkay Water Solutions Corp.	2,904	64,837	104,369
	TOTAL COMMON STOCK		15,492,506	24,589,870
	<u>MUTUAL FUNDS:</u>			
	Equity Funds:			
	iShares MSCI EAFE ETF	13,676	758,659	1,143,724
	Vanguard S&P 500 ETF	137	31,798	72,291
	Fixed Income Funds:			
	Vanguard Intermediate Term Bond Fund	36,420	3,030,688	2,854,235
	Vanguard Intermediate Term Inv. Grade Fund	325,598	3,116,706	2,901,076
	Vanguard Short-Term Investment Grade Fund	187,390	2,009,106	1,960,094
	TOTAL MUTUAL FUNDS		8,946,957	8,931,420
	<u>COMMON/COLLECTIVE TRUST FUND:</u>			
	Multi-Employer Property Trust	238.237	1,870,042	2,978,438
	TOTAL INVESTMENTS		\$ 27,408,135	\$ 37,598,358

* Party-in-interest