

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description) _____

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>TMA-ILA CONTAINER ROYALTY PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>503</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TAMPA MARITIME ASSOCIATION- INTERNATIONAL LONGSHOREMEN'S ASSOC</u></p> <p><u>P. O. BOX 1769</u> <u>SALEM, VA 24153</u></p>	<p>1c Effective date of plan <u>10/01/2003</u></p> <p>2b Employer Identification Number (EIN) <u>35-2250520</u></p> <p>2c Plan Sponsor's telephone number <u>540-345-7735</u></p> <p>2d Business code (see instructions) <u>488300</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	131
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)	131
	6a(2)	182
	6b	0
	6c	0
	6d	182
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	9

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

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

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

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

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

A Name of plan TMA-ILA CONTAINER ROYALTY PLAN	B Three-digit plan number (PN) ▶	503
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) 35-2250520	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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	10380	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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	5200	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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	7463	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan TMA-ILA CONTAINER ROYALTY PLAN	B Three-digit plan number (PN) ▶ 503
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) 35-2250520

Part I Asset and Liability Statement

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	107793	117639
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	569803	709218
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1233899	1513699
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1911495	2340556
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	1262	1236
i Acquisition indebtedness	1i		
j Other liabilities	1j	983899	1256633
k Total liabilities (add all amounts in lines 1g through 1j)	1k	985161	1257869
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	926334	1082687

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)	1183426	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		1183426
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	37725	37725
(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)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1221151

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1008821	
(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)		1008821
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)	10380	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	5200	
(5) Investment advisory and investment management fees	2i(5)	654	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	7463	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	32280	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		55977
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1064798

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		156353
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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

**TAMPA MARITIME ASSOCIATION –
INTERNATIONAL LONGSHOREMEN’S ASSOCIATION
CONTAINER ROYALTY PLAN**

FINANCIAL STATEMENTS

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

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**TAMPA MARITIME ASSOCIATION –
INTERNATIONAL LONGSHOREMEN’S ASSOCIATION
CONTAINER ROYALTY 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
Container Royalty Plan
Salem, Virginia

Opinion

We have audited the accompanying financial statements of the Tampa Maritime Association – International Longshoremen’s Association Container Royalty 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, 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 Container Royalty Plan as of September 30, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of 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.

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.

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.

Supplemental Schedules Required by ERISA (Continued)

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
CONTAINER ROYALTY PLAN**

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

	<u>ASSETS</u>	<u>2024</u>	<u>2023</u>
Cash and cash equivalents		\$ 1,513,699	\$ 1,233,899
Receivables:			
Contributions receivable		117,639	107,793
Accrued interest receivable		4,868	4,124
Due from CCF		<u>703,267</u>	<u>564,596</u>
Total receivables		<u>825,774</u>	<u>676,513</u>
Prepaid expenses		<u>1,083</u>	<u>1,083</u>
Total assets		<u>2,340,556</u>	<u>1,911,495</u>
<u>LIABILITIES and NET ASSETS</u>			
Accounts payable		1,236	1,262
Due to CCF		<u>1,256,633</u>	<u>983,899</u>
Total liabilities		<u>1,257,869</u>	<u>985,161</u>
Net Assets Available for Benefits		<u>\$ 1,082,687</u>	<u>\$ 926,334</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
CONTAINER ROYALTY PLAN**

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

	2024	2023
Additions to Net Assets		
Investment income:		
Interest and dividends	\$ 37,725	\$ 25,046
Less: Investment expenses	<u>(654)</u>	<u>(520)</u>
Net investment income	37,071	24,526
Employer Contributions	1,736,792	1,472,512
Less: Surplus Tonnage Retained by CCF	<u>(553,366)</u>	<u>(419,303)</u>
Total additions to net assets	<u>1,220,497</u>	<u>1,077,735</u>
Deductions From Net Assets		
Benefits Paid	1,008,821	841,373
Administrative Expenses:		
Administrative fees	10,380	10,380
Accounting fees	5,200	5,200
Legal fees	7,463	5,063
Customer service payroll and taxes	7,159	10,324
Fringes	2,033	7,093
Other customer service office expenses	2,942	2,030
CRCCF Coordinator fees	13,000	13,000
Fiduciary insurance	878	875
Administrative office expenses	1,522	685
Trustees’ meetings/conferences	4,381	5,399
Miscellaneous	<u>365</u>	<u>-</u>
Total deductions from net assets	<u>1,064,144</u>	<u>901,422</u>
Net Increase	156,353	176,313
Net Assets Available for Benefits		
Beginning of year	<u>926,334</u>	<u>750,021</u>
End of year	<u>\$ 1,082,687</u>	<u>\$ 926,334</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
CONTAINER ROYALTY PLAN**

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

Note 1. Description of Plan

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

General:

The Plan provides royalty benefits covering participants in the Maritime shipping industry for the Port of Tampa. The Plan and related trust were established on October 1, 2003, 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.

Benefits:

The Plan provides royalty benefits based on the number of containers loaded or discharged by participants employed in the industry. Participants who have at least three consecutive years of employment in the industry with at least 700 hours of service per year are eligible to receive benefits.

Royalty benefit payments for eligible participants are calculated using a point priority system based on years of credited service, as follows:

<u>Category</u>	<u>Credited Years of Service</u>	<u>Points</u>
A	3-4	1
B	5-9	2
C	10-14	3
D	15+	4

Total royalty benefits available are then divided by the total points accumulated by all eligible participants to arrive at the payout amount per point.

In accordance with the current USMX-ILA Master Contract Memorandum of Settlement (Master Contract), the total amount of container royalty benefits payable to eligible participants in all ports shall be no less than the amount paid in all ports in 2011.

**TAMPA MARITIME ASSOCIATION –
INTERNATIONAL LONGSHOREMEN’S ASSOCIATION
CONTAINER ROYALTY PLAN**

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

Note 1. Description of Plan (Continued)

Benefits: (Continued)

To achieve this goal, the plan is required to remit contributions over the cap amount to the Container Royalty Central Collection Fund (CCF), a trust established by the Master Contract to collect and distribute container royalties payable pursuant to the Master Contract. The surplus amount to be remitted by the Plan to CCF was \$1,256,633 and \$983,899 at September 30, 2024 and 2023, respectively.

The surplus amount collected by CCF from all ports is divided into two equal shares, whose use is designated by USMX and ILA, respectively. The ILA share is allocated and distributed to all ports that had surplus funds. The amount to be returned to the Plan was \$703,267 and \$564,596 at September 30, 2024 and 2023, respectively.

During the year ending September 30, 2023, the Plan received \$475,391 from the International Longshoremen’s Association (ILA) to be distributed to eligible plan participants. To be eligible, participants must have been active in the industry after October 1, 2022 and have received container royalty benefits for the contract year ending September 30, 2021. The Plan distributed a total of \$475,391 to 111 eligible participants. The receipt and subsequent disbursement of these additional funds are not reflected on the Statements of Changes in Net Assets Available for Benefits for the year ending September 30, 2023.

COVID Pandemic Relief Fund:

The USMX-ILA COVID Pandemic Relief Fund (the “Fund”) was established April 30, 2020 and retroactively effective as of February 1, 2020. The purpose of the Fund was to provide for payment of supplemental unemployment benefits to certain employees whose employment is involuntarily terminated due to certain effects of the COVID-19 pandemic. Participants were eligible for Fund benefits if they worked as a longshoreman, checker, clerk, or M&R worker and were employed under the 2018-2024 USMX-ILA Master Contract for sixty or more hours from January 1, 2020 until the date of involuntary loss of work and have applied for state unemployment benefits. Participants apply for Fund benefits through their local office. Benefits approved were received by the Plan from the Fund and distributed to the participants. Three participants were approved for benefits and received a total of \$3,866 in COVID Pandemic Relief Fund benefits during the year ended September 30, 2023. No benefits were received during the year ended September 30, 2024.

**TAMPA MARITIME ASSOCIATION –
INTERNATIONAL LONGSHOREMEN’S ASSOCIATION
CONTAINER ROYALTY PLAN**

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

Note 1. Description of Plan (Continued)

Contributions:

Benefits are funded by contributions from contributing employers and income earned on savings and investments. Participating employers contribute a certain dollar amount per ton (ranging from \$.35 to \$1.00) for containers loaded or discharged by participants pursuant to the current collective bargaining agreement between the employers and Longshoremen (expiring September 30, 2030).

Employers who are members of the United States Maritime Alliance, Ltd. (USMX) or otherwise bound to the Master Contract contribute \$2.00 per ton pursuant to the current memorandum of settlement between USMX and the Longshoremen (expiring September 30, 2030).

Other:

The Plan’s Board of Trustees has the right under the Plan to modify the benefits provided. The Plan may be terminated at any time by joint agreement between the employers and the Longshoremen, subject to the provisions set forth in ERISA.

Note 2. Summary of 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 accordance 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.

**TAMPA MARITIME ASSOCIATION –
INTERNATIONAL LONGSHOREMEN’S ASSOCIATION
CONTAINER ROYALTY PLAN**

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

Note 2. Summary of 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 money market funds are recorded on a trade-date basis. Interest income is recorded on the accrual basis.

Payment of Benefits:

Benefit payments to participants are recorded upon distribution.

Other Plan Benefits:

Plan obligations at September 30, 2024 for the payment of royalty benefits were calculated by the Plan administrator in accordance with the current Master Contract under guidance from the Container Royalty Central Collection Fund (CCF) (see Note 4).

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’s 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. For the years ending September 30, 2024 and 2023, the Plan was invested in only money market funds considered to be cash equivalents, and whose cost approximates fair value.

**TAMPA MARITIME ASSOCIATION –
INTERNATIONAL LONGSHOREMEN’S ASSOCIATION
CONTAINER ROYALTY PLAN**

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

Note 4. Plan Benefit Obligations and Changes in Plan Benefit Obligations

Benefit obligations as of September 30, 2024 and 2023 consist of royalty payments calculated and currently due to participants. (See also Note 1, Description of Plan Benefits.) Payments are issued no later than the second Wednesday in May following the close of the fiscal year. Benefits payable (including payroll taxes) at September 30, 2024 and 2023 totaled \$1,077,723 and \$937,130, respectively.

Changes in Plan Benefit Obligations consisted of the following:

	2024	2023
Balance at beginning of year	\$ 937,130	\$ 738,586
Change during the year attributable to:		
Benefits earned and payable	1,149,414	1,039,917
Benefits paid	<u>(1,008,821)</u>	<u>(841,373)</u>
Plan Benefit Obligations at End of Year	<u>\$ 1,077,723</u>	<u>\$ 937,130</u>

The Plan does not provide post-retirement benefits.

Note 5. Customer Service Expenses and Related Party Transactions

The Plan is related to the TMA-ILA Pension Plan and TMA-ILA Welfare 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 Pension Plan pays expenses to maintain this office, such as rent and salary for office personnel, and is reimbursed for a certain percentage of costs by the Container Royalty and Welfare Plans. The Plan reimbursed the Pension Plan for applicable expenses in the amount of \$12,134 and \$19,447 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			
	Total	Pension	Welfare	Container
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>

**TAMPA MARITIME ASSOCIATION –
INTERNATIONAL LONGSHOREMEN’S ASSOCIATION
CONTAINER ROYALTY PLAN**

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

Note 6. Tax Status

The Trust established under the Plan to hold the Plan’s assets is intended to qualify pursuant to Section 501(c)(5) of the Internal Revenue Code, and accordingly, the Trust’s net investment income is exempt from income taxes. The Trust obtained a favorable determination letter issued by the Internal Revenue Service on December 20, 2007. The Plan was restated, as amended, effective May 23, 2024. The Plan sponsor believes the Trust and the Plan, as amended, continue to qualify and operate in accordance with applicable provisions of the Internal Revenue Code.

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 7. 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 8. Plan Termination

It is the intent of the Board of Trustees to continue the Plan in full force and effect; however, the Trustees reserve the right to amend or terminate the Plan as provided by the applicable Trust Agreement and plan provisions. In the event of termination, the assets then remaining shall be used to satisfy the obligations of the Plan in order of priority specified by plan provisions and otherwise required by law. Termination shall not permit any part of the Plan’s assets to be used for purposes contrary to the trust agreement.

Note 9. Related-Party and Party-in-Interest Transactions

The Plan is related to the TMA-ILA Pension Plan and TMA-ILA Welfare Plan through a common board of trustees. The Plan reimburses the Pension Plan for expenses related to maintaining a customer service office in Tampa, Florida (see Note 5).

The Plan had \$349,107 and \$280,635 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.

**TAMPA MARITIME ASSOCIATION –
INTERNATIONAL LONGSHOREMEN’S ASSOCIATION
CONTAINER ROYALTY PLAN**

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

Note 10. 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 of cash equivalents 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.

**TAMPA MARITIME ASSOCIATION –
INTERNATIONAL LONGSHOREMEN’S ASSOCIATION
CONTAINER ROYALTY PLAN**

**Schedule H, Line 4i – Plan 503 EIN 35-2250520
Schedule of Assets (Held at End of Year)
Plan Year Ended September 30, 2024**

(a)	(b & c)	(d)	(e)
Issue and Description		Cost	Current
		9-30-24	Value
		9-30-24	9-30-24
*	Cash at Regions Bank	\$ 349,107	\$ 349,107
	Fidelity Investments Money Market		
	Fund Government Portfolio	<u>1,164,592</u>	<u>1,164,592</u>
	Total Investments	<u>\$ 1,513,699</u>	<u>\$ 1,513,699</u>

* Party-in-interest investment

**TAMPA MARITIME ASSOCIATION –
INTERNATIONAL LONGSHOREMEN’S ASSOCIATION
CONTAINER ROYALTY PLAN**

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

<u>Issue</u>	<u>Receivable 9-30-23</u>	<u>Cash Collected 9-30-24</u>	<u>Receivable 9-30-24</u>	<u>Total</u>
Zim Integrated Shipping Services	\$ 9,510	\$ 240,428	\$ 29,955	\$ 260,873
Mediterranean Shipping Company	23,846	397,852	30,998	405,004
COSCO Container Lines Americas, Inc.	35,019	333,661	18,254	316,896
CMA-CGM America, LLC	7,922	154,794	3,182	150,054
Evergreen International USA Corporation	6,166	138,119	3,650	135,603
Maersk Line	18,414	410,006	27,548	419,140
Maersk Sealand Company	914	1,565	-	651
Orient Overseas Container Line	5,842	49,866	4,052	48,076
Hamburg Süd	<u>160</u>	<u>655</u>	<u>-</u>	<u>495</u>
Totals	<u>\$ 107,793</u>	<u>\$ 1,726,946</u>	<u>\$ 117,639</u>	
Total Contributions				<u>\$ 1,736,792</u>

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2023</div> This Form is Open to Public Inspection
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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 the DFVC program
- D** Check box if filing under: Form 5558 automatic extension
- special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Basic Plan Information—enter all requested information

1a Name of plan TMA-ILA CONTAINER ROYALTY PLAN	1b Three-digit plan number (PN) ▶	503
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	1c Effective date of plan 10/01/2003	2b Employer Identification Number (EIN) 35-2250520
	2c Plan Sponsor's telephone number 540-345-7735	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.

<i>Andre Davis</i>	07/09/2025	ANDRE DAVIS
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<i>Andre Davis</i>	07/09/2025	ANDRE DAVIS
Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number [REDACTED]
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	5 131
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).	[REDACTED]
a(1) Total number of active participants at the beginning of the plan year	6a(1) 131
a(2) Total number of active participants at the end of the plan year	6a(2) 182
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 0
d Subtotal. Add lines 6a(2), 6b, and 6c	6d 182
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e
f Total. Add lines 6d and 6e	6f
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 9

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

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

4Q

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

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 _____

**TAMPA MARITIME ASSOCIATION –
INTERNATIONAL LONGSHOREMEN’S ASSOCIATION
CONTAINER ROYALTY PLAN**

**Schedule H, Line 4i – Plan 503 EIN 35-2250520
Schedule of Assets (Held at End of Year)
Plan Year Ended September 30, 2024**

(a)	(b & c)	(d)	(e)
Issue and Description		Cost	Current
		9-30-24	Value
		9-30-24	9-30-24
*	Cash at Regions Bank	\$ 349,107	\$ 349,107
	Fidelity Investments Money Market		
	Fund Government Portfolio	<u>1,164,592</u>	<u>1,164,592</u>
	Total Investments	<u>\$ 1,513,699</u>	<u>\$ 1,513,699</u>

* Party-in-interest investment