

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2023</div>  <b>This Form is Open to Public Inspection</b>
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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**

<b>1a</b> Name of plan <u>TMA-ILA WELFARE PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>502</u>
<b>2a</b> 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>  <u>P. O. BOX 1769</u> <u>SALEM, VA 24153</u>	<b>1c</b> Effective date of plan <u>10/01/1956</u>  <b>2b</b> Employer Identification Number (EIN) <u>59-1960263</u>  <b>2c</b> Plan Sponsor's telephone number <u>540-345-1135</u>  <b>2d</b> Business code (see instructions) <u>488300</u>

**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.

<b>SIGN HERE</b>	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
<b>SIGN HERE</b>	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
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE



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

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

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

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**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 \_\_\_\_\_

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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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**

<b>A</b> Name of plan <b>TMA-ILA WELFARE PLAN</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>502</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TAMPA MARITIME ASSOCIATION- INTERNATIONAL LONGSHOREMEN'S ASSOC</b>		<b>D</b> Employer Identification Number (EIN) <b>59-1960263</b>

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier

**HARTFORD LIFE AND ACCIDENT**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>06-0838648</b>	<b>70815</b>	<b>804785G</b>	<b>360</b>	<b>10/01/2023</b>	<b>09/30/2024</b>

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	

**e** Type of contract: (1)  individual policies      (2)  group deferred annuity  
(3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration      (2)  immediate participation guarantee  
(3)  guaranteed investment      (4)  other ▶

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	<b>7e(5)</b>
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	0

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a  Health (other than dental or vision)
- b  Dental
- c  Vision
- d  Life insurance
- e  Temporary disability (accident and sickness)
- f  Long-term disability
- g  Supplemental unemployment
- h  Prescription drug
- i  Stop loss (large deductible)
- j  HMO contract
- k  PPO contract
- l  Indemnity contract
- m  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		
	(2) Increase (decrease) in amount due but unpaid.....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)).....		<b>9a(4)</b>	
<b>b</b>	Benefit charges (1) Claims paid.....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)).....		<b>9b(3)</b>	
	(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies.....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....		<b>9c(1)(H)</b>	
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
	(2) Claim reserves .....		<b>9d(2)</b>	
	(3) Other reserves.....		<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		169186
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....	<b>10b</b>		

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A?.....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

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

<b>A</b> Name of plan <b>TMA-ILA WELFARE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>502</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TAMPA MARITIME ASSOCIATION- INTERNATIONAL LONGSHOREMEN'S ASSOC</b>	<b>D</b> Employer Identification Number (EIN) <b>59-1960263</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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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	29880	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	20000	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)

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	7680	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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	8588	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)

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	6346	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)

(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 <input type="checkbox"/> No <input 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.

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

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

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

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

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<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning <b>10/01/2023</b> and ending <b>09/30/2024</b>			
<b>A</b> Name of plan <b>TMA-ILA WELFARE PLAN</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>B</b> Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;"><b>502</b></td> </tr> </table>	<b>B</b> Three-digit plan number (PN) ▶	<b>502</b>
<b>B</b> Three-digit plan number (PN) ▶	<b>502</b>		
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TAMPA MARITIME ASSOCIATION- INTERNATIONAL LONGSHOREMEN'S ASSOC</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>D</b> Employer Identification Number (EIN) <b>59-1960263</b></td> </tr> </table>	<b>D</b> Employer Identification Number (EIN) <b>59-1960263</b>	
<b>D</b> Employer Identification Number (EIN) <b>59-1960263</b>			

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	218052	263997
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	179665	212055
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	42706	42280
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	178	2874
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	1694594	1919083
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

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	2135195	2440289
<b>Liabilities</b>			
g Benefit claims payable .....	1g	179665	212055
h Operating payables .....	1h	181386	221087
i Acquisition indebtedness .....	1i		
j Other liabilities .....	1j		
k Total liabilities (add all amounts in lines 1g through 1j) .....	1k	361051	433142
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f) .....	1l	1774144	2007147

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers .....	2a(1)(A)	2276763	
(B) Participants .....	2a(1)(B)		
(C) Others (including rollovers) .....	2a(1)(C)	38964	
(2) Noncash contributions .....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....	2a(3)		2315727
<b>b Earnings on investments:</b>			
(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)		
(C) Registered investment company shares (e.g. mutual funds) .....	2b(2)(C)	34407	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C) .....	2b(2)(D)		34407
(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.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		393697
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		2743831

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	60000	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>	2341781	
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		2401781
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>	29880	
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>	20000	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	6346	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	7680	
(8) Legal fees .....	<b>2i(8)</b>	8588	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	36553	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		109047
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		2510828

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		233003
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

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

**FINANCIAL STATEMENTS**

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

**– INDEX –**

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**TAMPA MARITIME ASSOCIATION –  
INTERNATIONAL LONGSHOREMEN’S  
ASSOCIATION WELFARE 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 Welfare Plan  
Salem, Virginia

### **Opinion**

We have audited the accompanying financial statements of the Tampa Maritime Association – International Longshoremen’s Association Welfare 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 and of plan benefit obligations as of September 30, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in plan benefit obligations 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 and benefit obligations of the Tampa Maritime Association – International Longshoremen’s Association Welfare Plan as of September 30, 2024 and 2023, and the changes in its net assets available for benefits and changes in its benefit obligations 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.

## **Responsibilities of Management for the Financial Statements**

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 WELFARE 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	\$ 2,874	\$ 178
Mutual funds	<u>1,919,083</u>	<u>1,694,594</u>
Total investments	<u>1,921,957</u>	<u>1,694,772</u>
Receivables:		
Employer contributions	212,055	179,665
Due from CCF	38,964	38,964
Accrued interest and dividends	<u>3,316</u>	<u>3,742</u>
Total receivables	<u>254,335</u>	<u>222,371</u>
Cash on deposit:		
Wells Fargo Bank, N.A. (noninterest bearing)	261,747	215,802
Insurance deposit	<u>2,250</u>	<u>2,250</u>
Total assets	<u>2,440,289</u>	<u>2,135,195</u>
<b><u>LIABILITIES and NET ASSETS</u></b>		
Accounts payable	<u>221,087</u>	<u>181,386</u>
<b>Net Assets Available for Benefits</b>	<u><u>\$ 2,219,202</u></u>	<u><u>\$ 1,953,809</u></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 WELFARE PLAN**

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

	<b>2024</b>	<b>2023</b>
<b>Additions to Net Assets</b>		
Investment Income:		
Net appreciation/(depreciation) in fair value of investments	\$ 393,697	\$ 191,996
Dividends	34,407	32,379
Total investment income/(loss)	428,104	224,375
Less: Investment expenses	6,346	6,391
Net investment income/(loss)	421,758	217,984
Employer Contributions	2,276,763	1,984,271
Other Contributions	38,964	38,964
Total additions to net assets	2,737,485	2,241,219
<b>Deductions From Net Assets</b>		
Benefits Paid:		
Contributions remitted to MILA	2,137,013	1,821,088
Death Benefits	60,000	-
Life insurance premiums	82,525	77,667
Short-term disability premiums	86,661	75,838
Other disability payments	3,192	4,411
Total benefits paid	2,369,391	1,979,004
Administrative Expenses:		
Management services	29,880	29,880
Accounting fees	20,000	20,000
Actuarial fees	7,680	7,969
Legal fees	8,588	3,788
Customer service payroll and taxes	14,320	20,650
Fringes	4,065	14,185
Other customer service office expenses	5,885	4,062
Fiduciary insurance	1,317	1,313
Office expenses	1,405	988
Miscellaneous	2,267	1,197
Trustee meetings/conferences	7,294	6,633
Total deductions from net assets	2,472,092	2,089,669
<b>Net Increase</b>	265,393	151,550
<b>Net Assets Available for Benefits</b>		
Beginning of year	1,953,809	1,802,259
End of year	\$ 2,219,202	\$ 1,953,809

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 WELFARE PLAN**

**Statements of Plan Benefit Obligations  
September 30, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Amounts Currently Payable:		
Claims payable, claims incurred but not reported, and premiums due to insurers	\$ 212,055	\$ 179,665
Other Obligations for Coverage:		
Continuation liability	<u>122,692</u>	<u>107,096</u>
Total obligations other than postretirement benefit obligations	<u>334,747</u>	<u>286,761</u>
Postretirement Benefit Obligations:		
Current retirees, beneficiaries and dependents	282,673	331,724
Other participants fully eligible for benefits	171,376	137,513
Other participants not yet fully eligible for benefits	<u>112,764</u>	<u>97,906</u>
	<u>566,813</u>	<u>567,143</u>
Total Benefit Obligations	<u>\$ 901,560</u>	<u>\$ 853,904</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 WELFARE PLAN**

**Statements of Changes in Plan Benefit Obligations  
For the Years Ended September 30, 2024 and 2023**

	<b>2024</b>	<b>2023</b>
Amounts Currently Payable:		
Balance at beginning of year	\$ 179,665	\$ 108,346
MILA contributions reported and approved for payment	2,169,403	1,892,407
Contributions remitted to MILA	(2,137,013)	(1,821,088)
Balance at end of year	212,055	179,665
Other Obligations for Coverage:		
Balance at beginning of year	107,096	93,975
Increase attributable to:		
Benefits earned, net of benefits reclassified to amounts currently payable	15,596	13,121
Balance of end of year	122,692	107,096
Total obligations other than postretirement benefit obligations	334,747	286,761
Postretirement Benefit Obligations:		
Balance at beginning of year	567,143	598,913
Change during the year attributable to:		
Benefits accumulated and actuarial experience (gain)/loss	20,290	(9,109)
Benefits paid	(87,428)	(29,360)
Interest	30,097	30,672
Changes in actuarial assumptions	36,711	(23,973)
Balance at end of year	566,813	567,143
<b>Total Benefit Obligations at End of Year</b>	<b>\$ 901,560</b>	<b>\$ 853,904</b>

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 WELFARE 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 Welfare Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General:

The Plan provides health and other benefits 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.

Benefits:

The Plan provides health benefits (medical, hospital, surgical, vision, dental and prescription), life insurance coverage, short and long-term disability benefits, and death benefits to eligible participants (with at least 700 hours of work in the industry during the previous contract year) and to their beneficiaries and covered dependents. Retired employees are entitled to similar health benefits (in excess of Medicare coverage), provided they are receiving a pension from the TMA-ILA Pension Plan.

Life insurance and short-term disability benefits are provided under insurance contracts with The Hartford. Current health and long-term disability claims of active and retired participants and their dependents and beneficiaries are provided through the Plan’s participation in the Management-International Longshoremen’s Association (MILA) National Health Plan established by the MILA Managed Health Care Trust Fund. Administration of health, prescription, dental and vision claims for participants of the MILA National Health Plan is provided by Cigna, Caremark, Aetna and EyeMed, respectively. Effective October 1, 2023, the Plan began processing life insurance claims for a grandfathered group of disabled participants. Previously these claims had been processed through Provident Life and Accident Insurance Company. The amount processed by the Plan totaled \$60,000 for the year ending September 30, 2024.

Contributions:

Benefits are funded by contributions from contributing employers and income earned on savings and investments. Participating employers contribute a certain dollar amount per hour worked in the industry (\$5.00 for the years ending September 30, 2024 and 2023) pursuant to the current collective bargaining agreement between the employers and the Longshoremen (expiring September 30, 2030). The Plan then remits these contributions to MILA as premiums for participant health coverage.

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

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

**Note 1. Description of Plan (Continued)**

Contributions: (Continued)

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 included in 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.

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 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.

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 discussion of fair value measurements.

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

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

**Note 2. Summary of Accounting Policies (Continued)**

Investment Valuation and Income Recognition: (Continued)

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.

Deposits with Insurance Companies:

The Plan maintains a deposit balance of \$2,250 in a noninterest-bearing account to pay disability claims.

Postretirement Benefits:

The amount reported as the postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed by the terms of the Plan to employees’ service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current Plan participants. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and their beneficiaries and dependents and (2) active employees and their beneficiaries and dependents after retirement from service with participating employers. The postretirement benefit obligation represents the amount that is to be funded by contributions from the Plan’s participating employers and from existing Plan assets. Prior to an active employee’s full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee’s service in the industry rendered to the valuation date. The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The following significant actuarial assumptions were used in the valuations as of September 30, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Discount Rate	5.00%	5.75%
Disability rates	Weighted average based on age	Weighted average based on age
Retirement age	Weighted average beginning at age 62, with 100% by age 70	Weighted average beginning at age 62, with 100% by age 70

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

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

**Note 2. Summary of Accounting Policies (Continued)**

Postretirement Benefits: (Continued)

	<b>2024</b>	<b>2023</b>
Pre- and Post-Retirement Mortality rates	RP-2014 Blue Collar Mortality Table with fully generational projection using Scale MP-2016 set forward two years	RP-2014 Blue Collar Mortality Table with fully generational projection using Scale MP-2016 set forward two years
Cost Method	Projected Unit Credit Cost Method	Projected Unit Credit Cost Method

The discount rate at September 30, 2024 was decreased to 5.00%, from 5.75% used in the previous valuation. This change resulted in an increase in Plan obligations of \$36,711 which is reflected on the Statement of Changes in Plan Benefit Obligations as of September 30, 2024.

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors may be applicable in determining the actuarial present value of the postretirement benefit obligation.

Other Plan Benefits:

Plan obligations at September 30, 2024 and 2023 for health claims incurred by active participants but not reported at that date and for accumulated eligibility of participants are estimated by the Plan’s actuary in accordance with accepted actuarial principles. Such estimated amounts are reported in the accompanying statement of plan benefit obligations at present value. Health claims incurred by retired participants but not reported at year end are included in the postretirement benefit obligation.

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.

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

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

**Note 3. Fair Value Measurements**

The Plan’s investments are reported at fair value in the accompanying statements 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 mutual funds is based on quoted net 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>
<b>September 30, 2024:</b>		
Cash Equivalents	\$ 2,874	\$ 2,874
Mutual Funds:		
Equity	1,363,910	1,363,910
Fixed Income	<u>555,173</u>	<u>555,173</u>
Total Mutual Funds	<u>1,919,083</u>	<u>1,919,083</u>
Total Investments at Fair Value	<u>\$ 1,921,957</u>	<u>\$ 1,921,957</u>

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

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

**Note 3. Fair Value Measurements (Continued)**

Level 1 Fair Value Measurements: (Continued)

	<u>Fair Value</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>
<b>September 30, 2023:</b>		
Cash Equivalents	\$ 178	\$ 178
Mutual Funds:		
Equity	1,247,646	1,247,646
Fixed Income	446,948	446,948
Total Mutual Funds	1,694,594	1,694,594
Total Investments at Fair Value	\$ 1,694,772	\$ 1,694,772

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.

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 the 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. Benefit Obligations**

Post-retirement benefit obligations include the current liability for coverage reported by Provident Life & Accident Insurance Company for eight grandfathered disabled retirees.

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

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

**Note 5. Other Contributions**

In accordance with the USMX-ILA Master Contract Memorandum of Settlement (Master Contract), the Plan may apply annually to receive funds under Container Royalty Fund No. 5 (CR-5), created to provide financial assistance to joint management-ILA employee benefit plans, other than pension plans. The Plan did not apply for this award for either of the years ending September 30, 2024 or 2023.

The Plan also receives a portion of the “guaranteed distribution” from the Container Royalty Central Collection Fund (CCF). This amount totaled \$38,964 for each of the years ending September 30, 2024 and 2023.

**Note 6. Customer Service Expenses**

A customer service office is maintained in Tampa, Florida for the benefit of the participants of the TMA-ILA Pension Plan, TMA-ILA Welfare Plan, and TMA-ILA Container Royalty Plan. 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 \$24,270 and \$38,897 for the years ending September 30, 2024 and 2023, respectively. Joint expenses for the year ending September 30, 2024 were allocated as follows:

	<b>September 30, 2024</b>			
	<b><u>Total</u></b>	<b><u>Pension</u></b>	<b><u>Welfare</u></b>	<b><u>Container</u></b>
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>
	<b><u>\$60,674</u></b>	<b><u>\$24,270</u></b>	<b><u>\$24,270</u></b>	<b><u>\$ 12,134</u></b>

**Note 7. 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.

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

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

**Note 8. Tax Status**

The Trust established under the Plan to hold the Plan’s assets is intended to qualify pursuant to Section 501(c)(9) 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 March 2, 1988. The Plan sponsor believes that 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 9. Reconciliation of Financial Statements to Schedule H of Form 5500**

The following is a reconciliation of net assets available for benefits per the accompanying financial statements to the Schedule H of Form 5500:

	<b>2024</b>	<b>2023</b>
Net Assets Available for Benefits Per the Financial Statements	\$ 2,219,202	\$ 1,953,809
Benefit Obligations Currently Payable (Health Claims, Death and Disability Benefits)	(212,055)	(179,665)
Net Assets Available for Benefits Per Schedule H of Form 5500	<u>\$ 2,007,147</u>	<u>\$ 1,774,144</u>

The following is a reconciliation of benefits paid to participants per the financial statements to Schedule H of Form 5500:

	<b>2024</b>	<b>2023</b>
Benefits Paid to Participants Per the Financial Statements	\$ 2,369,391	\$ 1,979,004
Add: Amounts Payable at End of Year	212,055	179,665
Less: Amounts Payable at Beginning of Year	(179,665)	(108,346)
Benefits Paid to Participants Per Schedule H of Form 5500	<u>\$ 2,401,781</u>	<u>\$ 2,050,323</u>

Amounts currently payable to or for participants, dependents, and beneficiaries are recorded on Schedule H of Form 5500 for benefit claims that have been incurred prior to September 30 but have not yet been paid as of that date.

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

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

**Note 10. 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 11. 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 benefit obligations is reported based on certain assumptions pertaining to interest rates, health care 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 12. Related-Party and Party-in-Interest Transactions**

The Plan is related to the TMA-ILA Pension Plan and TMA-ILA Container Royalty 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 6). Effective July 1, 2019, the Plan receives \$.25 per hour of employer contributions from the Pension Plan (see Note 1).

**Note 13. 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.

**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**

**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**

<p><b>1a</b> Name of plan <b>TMA-ILA WELFARE PLAN</b></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <b>502</b></p>
<p><b>2a</b> 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) <b>TAMPA MARITIME ASSOCIATION- INTERNATIONAL LONGSHOREMEN'S ASSOC</b></p> <p><b>P. O. BOX 1769</b></p> <p><b>SALEM VA 24153</b></p>	<p><b>1c</b> Effective date of plan <b>10/01/1956</b></p> <p><b>2b</b> Employer Identification Number (EIN) <b>59-1960263</b></p> <p><b>2c</b> Plan Sponsor's telephone number <b>540-345-1135</b></p> <p><b>2d</b> Business code (see instructions) <b>488300</b></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.

	<b>07/09/2025</b>	<b>ANDRE DAVIS</b>
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
	<b>07/09/2025</b>	<b>ANDRE DAVIS</b>
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

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

Form 5500 (2023)

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  [REDACTED]
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<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	276
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<b>6</b> 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).		
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<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	196
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<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	220
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<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	61
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<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	6
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<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	287
-----------------------------------------------------------------------------	-----------	-----

<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b>	
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<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	
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<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
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<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
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<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>	
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<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<b>7</b>	2
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**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:

**4A 4B 4D 4E 4F 4L 4U**

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input checked="" 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	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input checked="" 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
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan) (3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) - Number Attached <u>1</u> (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**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 WELFARE PLAN**

**Schedule H, Line 4i – Plan 502 EIN 59-1960263  
Schedule of Assets (Held at End of Year)  
Plan Year Ended September 30, 2024**

<u>(a)</u>	<u>(b &amp; c)</u> <u>Issue and Description</u>	<u>Shares</u>	<u>(d)</u> <u>Cost</u> <u>9-30-24</u>	<u>(e)</u> <u>Current Value</u> <u>9-30-24</u>
<u>CASH EQUIVALENTS:</u>				
	Fidelity Investments Money Market Funds Government Portfolio	2,874	\$ <u>2,874</u>	\$ <u>2,874</u>
<u>MUTUAL FUNDS:</u>				
	Fixed Income Funds:			
	Vanguard Intermediate Term Bond Fund	7,084	<u>577,388</u>	<u>555,173</u>
	Equity Funds:			
	Clarkston Partners Fund	20,613	351,526	300,127
	Vanguard S&P 500 ETF	2,016	<u>456,384</u>	<u>1,063,783</u>
	<b>TOTAL MUTUAL FUNDS</b>		<u>1,385,298</u>	<u>1,919,083</u>
	<b>TOTAL INVESTMENTS</b>		<u>\$ 1,388,172</u>	<u>\$ 1,921,957</u>

Note: Column (a) is blank as there were no parties-in-interest investments.