

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

Part II	Basic Plan Information—enter all requested information
1a	Name of plan HRSA-ILA PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 12/20/1950
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) BOARD OF TRUSTEES OF THE HRSA-ILA PENSION PLAN 1355 INTERNATIONAL TERMINAL BLVD NORFOLK, VA 23505-1458
2b	Employer Identification Number (EIN) 54-0506055
2c	Plan Sponsor's telephone number 757-457-7090
2d	Business code (see instructions) 813000

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.	07/14/2025	JEREMY BRIDGES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/30/2025	THOMAS LITTLE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 4268
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) 2437 6a(2) 2371 6b 1122 6c 185 6d 3678 6e 540 6f 4218 6g(1) 6g(2) 6h 25
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 17

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

1A 1E

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

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

Round off amounts to nearest dollar.

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

A Name of plan HRSA-ILA PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES OF THE HRSA-ILA PENSION PLAN	D Employer Identification Number (EIN) 54-0506055

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

1a Enter the valuation date: Month 10 Day 01 Year 2023	
b Assets	
(1) Current value of assets	1b(1) 489989308
(2) Actuarial value of assets for funding standard account	1b(2) 531770210
c (1) Accrued liability for plan using immediate gain methods	1c(1) 456352072
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 431263761
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 774940391
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 16990237
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 34795086
(3) Expected plan disbursements for the plan year	1d(3) 35795086

Statement by Enrolled Actuary

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

SIGN HERE	03/03/2025
Signature of actuary MARIA KIRILENKO, ASA, FCA, MAAA	Date 23-08331
Type or print name of actuary SEGAL	Most recent enrollment number 202-833-6400
Firm name 1800 M STREET, N.W. SUITE 900 S WASHINGTON, DC 20036-5802	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	489989308
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	1724	425914726
(2) For terminated vested participants	234	30320054
(3) For active participants:		
(a) Non-vested benefits		49149585
(b) Vested benefits		269556026
(c) Total active	2343	318705611
(4) Total	4301	774940391
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	63.23 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2024	20953592				
			Totals ►	3(b)	20953592
				3(c)	
				3(d)	0

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

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	123.3 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a		3.07 %
	Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	A	A
(2) Females	6c(2)	A	A
d Valuation liability interest rate	6d	6.75 %	6.75 %
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)		%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g		3.6 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h		9.7 %
i Expense load included in normal cost reported in line 9b	6i		☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)		%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)		965408
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)		☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	19155803	1939218
4	5800272	587185

8 Miscellaneous information:

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

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

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	6357306

c Amortization charges as of valuation date:**(1)** All bases except funding waivers and certain bases for which the amortization period has been extended**(2)** Funding waivers**(3)** Certain bases for which the amortization period has been extended

	Outstanding balance	
9c(1)	124703988	25969249
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c**9d** 2182042**e** Total charges. Add lines 9a through 9d**9e** 34508597**Credits to funding standard account:****f** Prior year credit balance, if any**9f** 139227835**g** Employer contributions. Total from column (b) of line 3**9g** 20953592**h** Amortization credits as of valuation date

	Outstanding balance	
9h	60894291	8538484

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 10622478**j** Full funding limitation (FFL) and credits:**(1)** ERISA FFL (accrued liability FFL)**(2)** "RPA '94" override (90% current liability FFL)**(3)** FFL credit

9j(1)	119504389	
9j(2)	172215434	
9j(3)		

k (1) Waived funding deficiency**(2)** Other credits

9k(1)	
9k(2)	

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 179342389**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 144833792**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year**9o(1)****(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)****(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)****(3)** Total as of valuation date**9o(3)****10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

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

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

A Name of plan HRSA-ILA PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE HRSA-ILA PENSION PLAN	D Employer Identification Number (EIN) 54-0506055

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

WELLS FARGO ADVISORS LLC

34-1542819

(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?
16 27 33	NONE	759164	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DELTA CAPITAL MANAGEMENT LLC

35-2250472

(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?
51	NONE	361234	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WESTFIELD CAPITAL MANAGEMENT

80-0175963

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68 71	NONE	359434	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

ALLIANCE BERNSTEIN

13-4064930

(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?
51	NONE	358087	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EDGAR LOMAX COMPANY

47-0657260

(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?
51 28	NONE	332615	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDUCIARY TRUST COMPANY INT

13-6122956

(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?
51	NONE	281966	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

HRSA-ILA FRINGE BENEFIT ESCROW FUND

54-1218271

(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	RELATED PARTY	222624	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TOWNE INSURANCE

31-1774380

(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?
22 53	NONE	137292	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

THE SEGAL COMPANY

13-1835864

(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 17	NONE	112549	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BLACK ROCK

20-5319476

(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?
51 28 50	NONE	96963	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAMBIAR

84-1596610

(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?
51	NONE	96485	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BASYS, LLC

52-1796473

(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?
16 49	NONE	81280	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CALIBRE CPA GROUP PLLC

47-0900880

(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	NONE	47370	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMALGAMATED MEDICAL CARE MANAGEMENT

13-3860528

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	22342	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WOODS ROGERS VANDEVENTER BLACK PLC

54-1294386

(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	NONE	22003	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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	NONE	14970	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLS FARGO BANK NA

41-6257133

(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?
51 10	NONE	9599	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALLEGRA

26-1463824

(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?
36	NONE	7542	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ELECTRONIC SYSTEMS INC.

54-1145980

(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?
16	NONE	6646	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OMNI BUSINESS SOLUTIONS

81-3382556

(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?
36	NONE	5416	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024		
A Name of plan HRSA-ILA PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE HRSA-ILA PENSION PLAN	D Employer Identification Number (EIN) 54-0506055	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	4507611	2120
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	837898	629898
(2) Participant contributions	1b(2)	35797	35543
(3) Other	1b(3)	2352032	3348848
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	12617029	17701597
(2) U.S. Government securities	1c(2)	115854285	120473644
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	75433272	100659933
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	256280780	296725857
(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)	19708125	25984656
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	2764585	1824222

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	901683	846749
f Total assets (add all amounts in lines 1a through 1e)	1f	491293097	568233067
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	571022	613304
i Acquisition indebtedness	1i		
j Other liabilities	1j	732767	1614151
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1303789	2227455
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	489989308	566005612

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)	20953592	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		20953592
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	438541	
(B) U.S. Government securities	2b(1)(B)	4632505	
(C) Corporate debt instruments	2b(1)(C)	3142563	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	365203	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		8578812
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	5382344	
(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)		5382344
(3) Rents	2b(3)		416369
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	379143198	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	363295698	
(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)	56574559	
(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)		6245835
c Other income	2c		424
d Total income. Add all income amounts in column (b) and enter total	2d		113999435

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	33877558	
(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)		33877558
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)	329719	
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	47370	
(5) Investment advisory and investment management fees	2i(5)	2660241	
(6) Bank or trust company trustee/custodial fees	2i(6)	9599	
(7) Actuarial fees	2i(7)	112549	
(8) Legal fees	2i(8)	36965	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	909130	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4105573
j Total expenses. Add all expense amounts in column (b) and enter total	2j		37983131

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		76016304
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: **CALIBRE CPA GROUP, PLLC**

(2) EIN: **47-0900880**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 530240.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2023 This Form is Open to Public Inspection.	
For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024					
A Name of plan HRSA-ILA PENSION PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE HRSA-ILA PENSION PLAN				D Employer Identification Number (EIN) 54-0506055	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	0
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2023 v. 230707	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **VIRGINIA INTERNATIONAL TERMINALS, L**

b EIN **54-1874910**

c Dollar amount contributed by employer **13076475**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **09** Day **30** Year **2024**

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

(1) Contribution rate (in dollars and cents) **4.50**

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

a Name of contributing employer **CP&O, LLC**

b EIN **20-1644991**

c Dollar amount contributed by employer **5262310**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **09** Day **30** Year **2024**

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

(1) Contribution rate (in dollars and cents) **4.50**

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

a Name of contributing employer **MARINE REPAIR SERVICES OF VIRGINIA**

b EIN **13-3023304**

c Dollar amount contributed by employer **1029255**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **09** Day **30** Year **2024**

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

(1) Contribution rate (in dollars and cents) **4.50**

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

a Name of contributing employer **HRCP II, LLC**

b EIN **20-0849799**

c Dollar amount contributed by employer **685559**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **09** Day **30** Year **2024**

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

(1) Contribution rate (in dollars and cents) **4.50**

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

a Name of contributing employer **CROSSGLOBE TRANSPORT, LTD**

b EIN **54-1738318**

c Dollar amount contributed by employer **258113**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **09** Day **30** Year **2024**

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

(1) Contribution rate (in dollars and cents) **4.50**

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

a Name of contributing employer **JAZ INDUSTRIES OF FLORIDA, LLC**

b EIN **20-2773468**

c Dollar amount contributed by employer **178826**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **09** Day **30** Year **2024**

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

(1) Contribution rate (in dollars and cents) **4.50**

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **HRSA-ILA FRINGE BENEFIT ESCROW FUND**

b EIN **54-1218271**

c Dollar amount contributed by employer **118622**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **09** Day **30** Year **2024**

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

(1) Contribution rate (in dollars and cents) **4.50**

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

a Name of contributing employer **COASTCON, LLC**

b EIN **94-3228406**

c Dollar amount contributed by employer **113610**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **09** Day **30** Year **2024**

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

(1) Contribution rate (in dollars and cents) **4.50**

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

a Name of contributing employer **ILA LOCAL 1248**

b EIN **54-0259110**

c Dollar amount contributed by employer **52193**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **09** Day **30** Year **2024**

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

(1) Contribution rate (in dollars and cents) **4.50**

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

a Name of contributing employer **ZPMC USA**

b EIN **61-1764523**

c Dollar amount contributed by employer **46658**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **09** Day **30** Year **2024**

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

(1) Contribution rate (in dollars and cents) **4.50**

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	14a	29
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	27
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	26
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
a The corresponding number for the plan year immediately preceding the current plan year	15a	107.41
b The corresponding number for the second preceding plan year	15b	103.84
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:		
a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐		

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 53.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 38.8 %

High-Yield Debt: 0.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 3.6 % Other: 4.6 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☒ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation. _____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

**HAMPTON ROADS SHIPPING ASSOCIATION -
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION
PENSION PLAN**

FINANCIAL STATEMENTS

SEPTEMBER 30, 2024



**HAMPTON ROADS SHIPPING ASSOCIATION -
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION
PENSION PLAN**

FINANCIAL STATEMENTS

YEARS ENDED SEPTEMBER 30, 2024 AND 2023

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INDEPENDENT AUDITOR'S REPORT

The Board of Trustees
Hampton Roads Shipping Association -
International Longshoremen's Association Pension Plan

Opinion

We have audited the accompanying financial statements of the Hampton Roads Shipping Association - International Longshoremen's Association Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of September 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Hampton Roads Shipping Association - International Longshoremen's Association Pension Plan as of September 30, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the 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 that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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



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

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

In forming our opinion on the supplemental 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.

Calibre CPA Group, PLLC

Bethesda, MD
January 23, 2025

HAMPTON ROADS SHIPPING ASSOCIATION - INTERNATIONAL LONGSHOREMEN'S ASSOCIATION PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

SEPTEMBER 30, 2024 AND 2023

	2024	2023
Assets		
Investments		
Corporate stocks	\$ 296,725,857	\$ 256,280,780
Mutual funds	25,984,656	19,708,125
U.S. Government and government agency obligations	120,473,644	115,854,285
Corporate obligations	95,254,556	73,918,683
Municipal taxable bonds	1,824,222	2,764,585
Foreign bonds	5,405,377	1,514,589
Short-term investments	17,701,597	12,617,029
Total investments	<u>563,369,909</u>	<u>482,658,076</u>
Receivables		
Employer contributions	629,898	837,898
Accrued interest and dividends	2,599,328	2,055,975
Due from participants and other, net of allowance for expected credit loss of \$14,115 in 2024 and \$14,067 in 2023	35,543	35,797
Due from brokers for securities sold	749,097	293,438
Total receivables	<u>4,013,866</u>	<u>3,223,108</u>
Other assets		
Building and leasehold improvements, net of accumulated depreciation of \$2,709,078 in 2024 and \$2,653,785 in 2023	418,743	454,788
Cash and cash equivalents	2,120	4,507,611
Prepaid expenses and other assets	423	2,619
Operating lease right-of-use asset	428,006	446,895
Total other assets	<u>849,292</u>	<u>5,411,913</u>
Total assets	<u>568,233,067</u>	<u>491,293,097</u>
Liabilities		
Due to brokers for securities purchased	1,116,938	227,715
Accounts payable and accrued expenses	613,304	571,022
Due to related fund	43,036	40,103
Employer escrow deposits	14,903	12,112
Operating lease liability	439,274	452,837
Total liabilities	<u>2,227,455</u>	<u>1,303,789</u>
Net assets available for benefits	<u>\$ 566,005,612</u>	<u>\$ 489,989,308</u>

See accompanying notes to financial statements.

**HAMPTON ROADS SHIPPING ASSOCIATION -
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION
PENSION PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED SEPTEMBER 30, 2024 AND 2023

	2024	2023
Additions to net assets attributed to		
Investment income		
Net appreciation in fair value of investments	\$ 78,667,894	\$ 34,760,873
Interest	8,578,812	6,134,914
Dividends	5,382,344	5,414,352
Investment income	92,629,050	46,310,139
Less: investment expense	(2,660,241)	(2,406,232)
Net investment income	89,968,809	43,903,907
Employer contributions	20,953,592	20,004,553
Rental and other income	416,793	468,115
Total additions	111,339,194	64,376,575
Deductions from net assets attributed to		
Benefits paid	33,877,558	33,741,020
Administrative expenses	1,091,261	1,132,159
Building operations	354,071	398,020
Total deductions	35,322,890	35,271,199
Net change	76,016,304	29,105,376
Net assets available for benefits		
Beginning of year	489,989,308	460,883,932
End of year	<u>\$ 566,005,612</u>	<u>\$ 489,989,308</u>

See accompanying notes to financial statements.



HAMPTON ROADS SHIPPING ASSOCIATION - INTERNATIONAL LONGSHOREMEN'S ASSOCIATION PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

YEARS ENDED SEPTEMBER 30, 2024 AND 2023

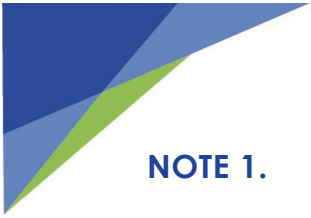
NOTE 1. DESCRIPTION OF THE PLAN

The following description of the Hampton Roads Shipping Association - International Longshoremen's Association Pension Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

The Plan was formed under a collective bargaining agreement between the Hampton Roads Shipping Association (HRSA) and the International Longshoremen's Association (ILA) (collectively, HRSA-ILA) (the Collective Bargaining Agreement) to provide pension benefits to eligible participants of the Plan and their surviving spouses. The Plan covers all port employees working ILA jurisdiction labor in the Port of Virginia, as well as certain other employees who have met certain eligibility requirements, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Effective October 1, 2013, any employee who is hired after the effective date shall become a participant in the Plan retroactively on the first day of the Plan year during which the employee completed 1,000 hours of service. Prior to October 1, 2013, a participant became a plan member at the beginning of the contract year in which the employee completed at least 500 hours of service. A contract year runs from October 1 through September 30. Generally, the employee receives credit for each hour of service while employed in the longshore industry in the Port of Virginia. If a participant receives at least 500 hours credit during a contract year, the participant will earn one-half year of benefit service and one year of vesting service. If a participant receives at least 1,000 hours credit during a contract year, the participant will earn one full year of benefit and vesting service.

Participants become vested in the Plan when they have attained five years of vesting service. Participants may also become vested if they reach normal retirement date under the Plan. The normal retirement date is the later of the first day of the month immediately following their 62nd birthday or five years after the beginning of the contract year in which the participant was first credited with a full or one-half year of benefit service.



NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

Effective January 1, 2011, all participants who retire after the effective date will receive their retirement benefit in the form of a monthly benefit. All monthly pensions are issued as joint and survivor annuities, with surviving spouses eligible to receive a lifetime annuity of 50% or 75% of the participant's monthly benefit upon the participant's death unless the participant and spouse waive the joint and survivor benefit.

Participants are entitled to apply for a disability benefit if the participant is totally and permanently disabled and disability occurs after the participant has reached age 40 (or under age 40 with a terminal illness) and has completed 15 years of benefit service and the participant is not a vested terminated participant.

Employers contribute to the Plan based upon the number of hours worked by plan members at an hourly contribution rate provided by the terms of the collective bargaining agreement. Employer contributions are subject to examination and retroactive adjustment by management of the Plan. In the opinion of management, such adjustments will not have a material effect on the accompanying financial statements.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

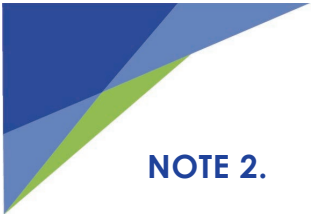
Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting. Under this basis, revenue is recognized when earned and expenses are recognized when incurred, except for the payment of benefits.

Investment Valuation and Income Recognition

The Plan's investments are stated 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. Purchases and sales of investment securities are recognized on a trade-date basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the year. The cost basis of investment securities used in the determination of net appreciation (depreciation) is determined through the use of the average cost method. Dividends are recognized on the ex-dividend date. Interest income is reported on the accrual basis.

The Plan's investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. In addition, due to the level of risk associated with certain investment securities, it is 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 statements of net assets available for benefits.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Administrative Building, Equipment, and Leasehold Improvements

The administrative building, equipment, and leasehold improvements are recorded at cost, less accumulated depreciation. Depreciation of the administrative building, equipment, and amortization of leasehold improvements are calculated on the straight-line method based on the shorter of the estimated useful lives or lease terms of the assets as follows:

<u>Assets</u>	<u>Estimated Useful Lives</u>
Administrative building	31.5 years
Building improvements and equipment	10 – 25 years
Leasehold improvements	1 – 10 years

Depreciation and amortization expense was \$155,390 and \$299,798 for the years ended September 30, 2024 and 2023, respectively.

When property and equipment is sold or otherwise disposed of, the asset account and related accumulated depreciation account are relieved, and any gain or loss is included in the statements of changes in net assets available for benefits.

Cash and Cash Equivalents

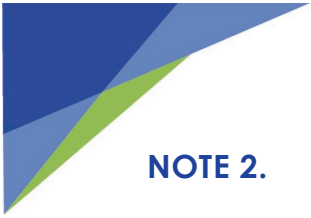
Cash and cash equivalents consist of amounts in checking, savings, and money market accounts.

Lease Policy

In its statements of net assets available for benefits, the Plan records a right-of-use asset and lease liability, initially measured at the present value of total lease payments using a risk-free rate that approximates the remaining term of the lease. The Plan considers the likelihood of exercising renewal or termination clauses (if any) in measuring its right-of-use assets and lease liabilities. A single lease cost is calculated so that the cost of the lease is allocated over the lease term on straight-line basis. Short-term leases (those with an initial term of twelve months or less and no purchase option) are expensed over their terms, with no corresponding right-of-use asset or lease liability recorded. The Plan does not separate non-lease components (if any) from lease components in determining the lease payments for leases of office equipment.

Contributions

Employers contribute to the Plan based upon the number of hours worked by plan members at an hourly contribution rate provided by the terms of the Collective Bargaining Agreement.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

As a result of the Memorandum of Agreement between the HRSA-ILA, the Pension Plan contribution rate effective April 1, 2018 is \$4.50 per container hour and \$5.00 per hour for other cargo types. The Plan has met the minimum funding requirements of ERISA for the years ended September 30, 2024 and 2023.

Withdrawal Liability Contributions

In accordance with plan provisions and related regulations, the Plan assesses a withdrawal liability to employers who withdraw from the Plan.

Payment of Benefits

Benefits are recorded as a deduction from net assets when paid.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their surviving spouses, (b) surviving spouses of employees who have died, and (c) present employees or their surviving spouses.

The actuarial present value of accumulated plan benefits is determined by an actuarial consultant, The Segal Company (the actuary), and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The following were the significant assumptions used in the actuarial valuations:

Mortality- Healthy Participants

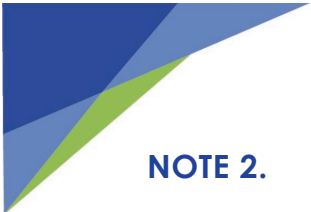
- For the October 1, 2023 and 2022 Valuations: RP-2006 Healthy Blue Collar Mortality Table (employee/annuitant and sex-distinct), set forward three years, projected generationally under Scale MP-2019 from 2006.

Mortality- Disabled Participants

- For the October 1, 2023 and 2022 Valuations: RP-2014 Disabled Retiree Mortality Table.

Net investment return assumption and interest rate-

- For the October 1, 2023 and 2022 Valuations: 6.75% and 7.00%, respectively.



NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Retirement rates-

- For the October 1, 2023 and 2022 Valuations:

<u>Age</u>	<u>Rate (%)</u> <u>(if eligible)</u>
55-61	1.0%
62-66	5.0%
67-69	10.0%
70 and older	100.0%

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

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, actuarial present value of accumulated plan benefits, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

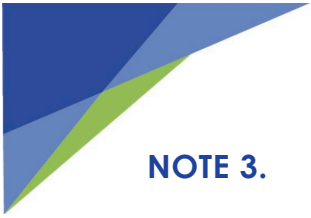
New Accounting Pronouncement Adopted

During the year ended September 30, 2024, the Plan adopted the provisions of Accounting Standards Update (ASU) 2016-13, *Financial Instruments – Credit Losses* (Topic 326). This ASU replaced the incurred loss methodology with an expected loss methodology that is referred as the current expected credit loss (CECL) methodology. The ASU requires nonprofit entities to immediately recognize the estimated expected credit losses over the life of a financial instrument, including employer contribution receivables. The estimate of expected credit losses considers not only historical information, but also current and future economic conditions and events.

The Plan adopted the ASU effective October 1, 2023. The impact of the adoption was not considered material to the financial statements and primarily resulted in additional disclosures.

NOTE 3. INVESTMENTS

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



NOTE 3. INVESTMENTS (CONTINUED)

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

Level 2 Inputs to the valuation methodology include other significant observable inputs including:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

Investments measured using Level 1 inputs and the valuation method for each asset category were as follows:

- Corporate stocks, mutual funds, and U.S. government bills, bonds and notes are valued at the closing price reported on the active market on which the individual securities are traded.

Investments measured using Level 2 inputs and the valuation method for each asset category were as follows:

- U.S. held foreign corporate stocks and preferred/convertible securities - Evaluation model looks at underlying security "best" price, and exchange rate for underlying security's currency against U.S. dollar.
- Corporate obligations, federal agency obligations and municipal taxable bonds - Evaluators gather information from market sources and integrate relative credit information, observe market movements, and sector news into the evaluated pricing applications and models.
- Mortgage/asset-backed securities - For collateralized mortgage obligations, depending upon the characteristics of a given security, a volatility-driven, multi-dimensional single cash flow stream model or an option-adjusted spread (OAS) model is used. For asset back security and corporate mortgage back security issues, a single cash flow stream model is utilized. Valuation is also done on a weekly basis.

NOTE 3. INVESTMENTS (CONTINUED)

- Short-term investments (Money market funds and sweep accounts) are measured using Level 2 inputs because these were manually priced at \$1/share.

There have been no changes in the methodologies used at September 30, 2024 and 2023.

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

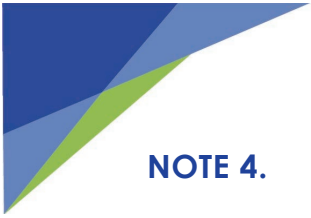
	Total Fair Value	Quoted Market Price for Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Corporate stocks	\$ 296,725,857	\$ 249,579,243	\$ 47,146,614	\$ -
Mutual funds	25,984,656	25,984,656	-	-
U.S. Government and government agency obligations				
U.S. Government bills, bonds and notes	100,822,378	100,822,378	-	-
Federal agency	2,442,468	-	2,442,468	-
Mortgage/asset-backed securities	17,208,798	-	17,208,798	-
Corporate obligations*				
Corporate bonds	95,254,556	-	95,254,556	-
Municipal taxable bonds	1,824,222	-	1,824,222	-
Foreign bonds	5,405,377	-	5,405,377	-
Short-term investments	17,701,597	-	17,701,597	-
	<u>\$ 563,369,909</u>	<u>\$ 376,386,277</u>	<u>\$ 186,983,632</u>	<u>\$ -</u>

* For the year ended September 30, 2024, the Plan held corporate obligations which have maturity dates ranging from October 1, 2024 through September 1, 2170.

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

	Total Fair Value	Quoted Market Price for Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Corporate stocks	\$ 256,280,780	\$ 218,353,383	\$ 37,927,397	\$ -
Mutual funds	19,708,125	19,708,125	-	-
U.S. Government and government agency obligations				
U.S. Government bills, bonds and notes	99,954,911	99,954,911	-	-
Federal agency	1,524,256	-	1,524,256	-
Mortgage/asset-backed securities	14,375,118	-	14,375,118	-
Corporate obligations*				
Corporate bonds	73,918,683	-	73,918,683	-
Municipal taxable bonds	2,764,585	-	2,764,585	-
Foreign bonds	1,514,589	-	1,514,589	-
Short-term investments	12,617,029	-	12,617,029	-
	<u>\$ 482,658,076</u>	<u>\$ 338,016,419</u>	<u>\$ 144,641,657</u>	<u>\$ -</u>

* For the year ended September 30, 2023, the Plan held corporate obligations which have maturity dates ranging from February 4, 2024 through March 20, 2070.



NOTE 4. ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits at September 30, 2023 is as follows:

Vested benefits	
Participants or beneficiaries currently receiving benefits	\$ 276,044,273
Other participants	<u>130,380,416</u>
	406,424,689
Nonvested benefits	<u>24,839,072</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 431,263,761</u>

Changes in accumulated plan benefits are summarized as follows for the year ended September 30, 2023:

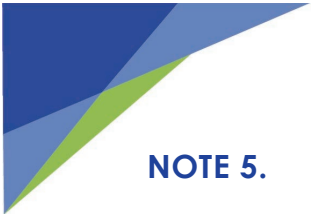
Actuarial present value of accumulated plan benefits at beginning of year	\$ 424,067,065
Changes during the year attributable to	
Benefits accumulated, net experience gain or loss, changes in data	8,027,255
Benefits paid	(33,741,020)
Changes in actuarial assumptions	4,505,113
Interest	<u>28,405,348</u>
Actuarial present value of accumulated plan benefits at end of the year	<u>\$ 431,263,761</u>

Since the September 30, 2022 measurement, the following actuarial assumptions changed for the September 30, 2023 measurement.

- Administrative expenses were decreased from \$1,100,000 to \$1,000,000 for the year beginning October 1, 2023.
- The net investment return assumption was lowered to 6.75%.
- The disability rates were lowered by 25% at all ages.
- The percentage of married participants electing a 50% J&S annuity with pop-up optional form of benefit payment was lowered to 70%.

This changes increased the actuarial accrued liability by 1.3% and increased the normal cost by 2.0%.

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



NOTE 5. PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- a. Retirement benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired under the normal form of the retirement plan. The priority amount is limited to the lowest benefit that was, or would have been, payable during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination;
- b. All other benefits of individuals under the Plan guaranteed under the termination insurance provisions of ERISA;
- c. All other nonforfeitable benefits under the Plan; and
- d. All other benefits under the Plan.

If the net assets of the Plan are insufficient to meet the first and second priorities in full, the net assets shall be allocated pro rata among the eligible members using the present value of their respective benefits as of the termination date. Whether all participants receive their benefits should the Plan terminate in the future will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC. Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC may not guarantee all types of benefits under the Plan. There is no stated dollar limit on the monthly benefit payable under the Plan, only a limit on the benefit accrual amount used to calculate the monthly benefit. The limit is 100% of the first \$11 of the annual benefit accrual amount plus, 75% of the next \$33 of the annual benefit accrual amount. Thus, the maximum guaranteed benefit is limited to \$35.75 per year of credited service.

NOTE 6. RELATED PARTIES AND PARTY-IN-INTEREST TRANSACTIONS

The Plan is one of several funds established under collective bargaining agreements between the HRSA and the ILA, which share common trustees, administrative services, and office space. Administrative costs incurred for the benefit of all funds are paid by the HRSA-ILA Fringe Benefit Escrow Fund and allocated to the other funds. The Plan's share of such administrative costs was \$588,550 and \$639,812 for the years ended September 30, 2024 and 2023, respectively. The Plan owed the HRSA-ILA Fringe Benefit Escrow Fund \$43,036 and \$40,103 at September 30, 2024 and 2023, respectively.

NOTE 6. RELATED PARTIES AND PARTY-IN-INTEREST TRANSACTIONS (CONTINUED)

At September 30, 2024 and 2023, the HRSA-ILA Fringe Benefit Escrow Fund held \$360 and \$239,311, respectively, in a lock box account for the Plan. These amounts were transferred to the Plan after year end and are included in employer contributions receivables.

During the year ended September 30, 2012, the related HRSA-ILA funds entered into a collective operating lease agreement with the Plan for the use of administrative space through May 2022. During the year ended September 30, 2022, an amendment was made to the lease, retroactive to October 1, 2021, to reallocate space across the HRSA-ILA funds based on the most recent time study completed in 2021 and 2022. Subsequently, the lease was further amended to extend the term five (5) years, effective June 1, 2022 and ending on May 31, 2027.

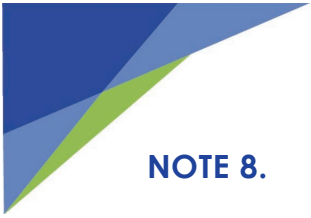
The base rent increases annually on June 1, at an amount equal to the lesser of: (i) three percent (3%); or (ii) the percentage increase in the Consumer Price Index. The Plan's rental income from related parties was \$145,723 and \$141,233 for the years ended September 30, 2024 and 2023, respectively.

The Plan pays certain administrative, investment and professional fees directly to various service providers. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

NOTE 7. RENTAL INCOME

The Plan also leases administrative space to nonrelated parties under operating lease agreements, which expire at various dates through October 31, 2027. The Plan's rental income from nonrelated parties was \$270,646 and \$326,719 for the years ended September 30, 2024 and 2023, respectively. Future minimum rental income under these operating leases is as follows:

	Related Parties	Nonrelated Party	Total
Year Ending September 30,			
2025	\$ 139,108	\$ 220,727	\$ 359,835
2026	139,108	227,349	366,457
2027	92,739	216,889	309,628
2028	-	56,317	56,317
2029	-	45,278	45,278
	<u>\$ 370,955</u>	<u>\$ 766,560</u>	<u>\$ 1,137,515</u>



NOTE 8. LEASE COMMITMENT

The Plan had previously entered into a 30-year operating lease agreement for the property on which the administrative office building is located, which was set to expire on December 31, 2020. On December 16, 2020, the Plan entered into an amendment of the existing lease. The amended lease, effective January 1, 2021, extends the term of the lease agreement 20 years through December 31, 2040 with options to further extend the lease for five successive 10-year terms thereafter. Under the lease, the annual rent is increased by a fixed two percent (2%) on October 1 of each year.

The Plan recognized a right-of-use asset and related lease liability equal to the net present value of the expected future minimum base payments, discounted at 4.00%. The discount rate is based on the risk-free discount rate at the transition date, October, 1, 2022, for a period of 20 years.

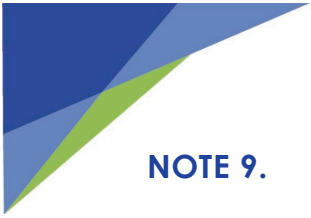
The maturity of the lease liability under the Plan's operating lease as of September 30, 2024 is as follows:

Year Ending September 30,	
2025	\$ 32,058
2026	32,700
2027	33,354
2028	34,021
2029	34,701
Thereafter	<u>441,714</u>
Undiscounted future cash flows	608,548
Less: effects of discounting	
at the rate of 4.00%	<u>(169,274)</u>
	<u>\$ 439,274</u>

Lease expense totaled \$36,756 for both the years ended September 30, 2024 and 2023.

NOTE 9. TAX STATUS

The Plan obtained its latest determination letter dated July 17, 2015 in which the Internal Revenue Service (IRS) stated that the Plan and related trust, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, there is no requirement to request an updated determination letter after a plan amendment if the operations of the Plan are consistent with those disclosed in the original application for exemption. The Plan administrator and the Plan's tax counsel believe that the operation of the Plan is consistent with the operations disclosed in the original application for exemption.



NOTE 9. TAX STATUS (CONTINUED)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS and the Department of Labor. Plan management has analyzed the tax positions taken by the Plan, and has concluded that as of September 30, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Plan management believes that the Plan's income tax returns for the years ended September 30, 2021 through 2023 remain subject to examination, based on the normal statutory periods subject to audit, notwithstanding any events or circumstances that may exist which could expand the open period.

NOTE 10. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the Plan's total additions and total deductions per the accompanying financial statements to the Form 5500 for the year ended September 30, 2024:

Total additions per the financial statements	\$ 111,339,194
Less: investment expense	<u>2,660,241</u>
Total income per the Form 5500	<u>\$ 113,999,435</u>
Total deductions per the financial statements	\$ 35,322,890
Less: investment expense	<u>2,660,241</u>
Total expenses per the Form 5500	<u>\$ 37,983,131</u>

NOTE 11. SUBSEQUENT EVENTS REVIEW

Subsequent events have been evaluated through January 23, 2025, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.



SUPPLEMENTAL INFORMATION



Section 3: Certificate of Actuarial Valuation

Exhibit J: Summary of Plan Provisions

(Schedule MB, Line 6)

This exhibit summarizes the major provisions of the Plan included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan Year	October 1 through September 30
Pension Credit Year	October 1 through September 30
Plan Status	Ongoing plan
Normal Retirement	• <i>Age Requirement:</i> 62 • <i>Service Requirement:</i> 5th anniversary of participation • <i>Amount:</i> \$114/month per year of benefit service through September 30, 2008, plus \$100/month per year of benefit service from October 1, 2008, through September 30, 2011, plus \$70/month per year of benefit service on or after October 1, 2011. The monthly benefit is not to exceed \$5,130. <i>Delayed Retirement Amount:</i> Normal pension accrued at Normal Retirement Age, actuarially increased using the RP-2000 Combined Healthy Blue Collar Mortality Table and 7.5%.
Early Retirement Pension	• <i>Age and service requirement:</i> Age plus Vesting Service equals 80 • <i>Amount:</i> Actuarial equivalent of a Single Life Annuity payable at Normal Retirement Age. Actuarial equivalence is determined using an interest rate of 7.5% and the RP-2000 Combined Healthy Blue Collar Mortality Table for males.
Disability Pension	• <i>Age Requirement:</i> 40 • <i>Service Requirement:</i> 15 years of Benefit Service • <i>Amount:</i> Normal pension accrued.

Section 3: Certificate of Actuarial Valuation

Vesting	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> 5 years of Vesting Service • <i>Amount:</i> Normal pension accrued, payable unreduced at normal retirement age or on a reduced basis at early retirement age • <i>Normal Retirement Age:</i> Later of 62 or 5th anniversary of participation
Spouse's Pre-Retirement Death Benefit	• <i>Requirement:</i> Eligible for an immediate or deferred pension • <i>Amount:</i> 50% of the benefit employee would have received had he or she retired with the joint and survivor form of annuity the day before death. If the employee is not eligible for an immediate benefit at death, the spouse's benefit is payable on the first of the next month in which the employee would become eligible for a benefit, or payable immediately with full actuarial reduction applied prior to employee's Retirement Eligibility Date.
Post-Retirement Death Benefit	<i>Husband and Wife:</i> If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If not rejected, and the spouse predeceases the participant, and the participant retired October 1, 2001, or later, the participant's benefit amount will subsequently be increased to the unreduced amount payable had the joint and survivor coverage been rejected. If rejected, or if not married, benefits are payable for the life of the participant, or in any other available optional form elected by the employee in an actuarially equivalent amount.
Optional Forms of Benefits	a) Single life annuity b) 50% joint-and-survivor annuity with pop-up c) 75% joint-and-survivor annuity with pop-up
Participation	October 1 of the Plan Year in which employee completes 500 hours of service.
Benefit Service	Before October 1, 1976: 1 year for 700 hours; ½ year for 400 to 700 hours. After September 30, 1976: 1 year for 1,000 hours; ½ year for 500 to 1,000 hours.
Vesting Credit	1 year granted in each Plan Year participant earns at least ½ year of Benefit Service.
Contribution Rate	\$4.50 per container hour, effective April 1, 2018. \$5.00 per hour for other cargo types.
Changes in Plan Provisions	There were no changes in plan provisions reflected in this actuarial valuation.



HAMPTON ROADS SHIPPING ASSOCIATION - INTERNATIONAL LONGSHOREMEN'S ASSOCIATION PENSION PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SEPTEMBER 30, 2024

Form 5500 Schedule H Item 4:

EIN: 54-0506055
Plan number: 001

(c) Description of Investment, Including Maturity Date, Rate of Interest,
Collateral, Unit, Par or Maturity Value or Shares

(a)	(b) Identity of Issuer, Borrower or Similar Party	Description of Investment	Collateral	Rate of Interest	Maturity Date	Units	Par or Maturity Value or Shares	(d) Cost	(e) Current Value
Corporate stocks									
	3M CO COM	Corporate stock	N/A	-	N/A	5,200	136.70	\$ 364,037	\$ 710,840
	3M CO COM	Corporate stock	N/A	-	N/A	4,050	136.70	554,312	553,635
	AAON INC COM	Corporate stock	N/A	-	N/A	3,100	107.84	264,547	334,304
	AAR CORP	Corporate stock	N/A	-	N/A	9,100	65.36	394,330	594,776
	ABBVIE INC	Corporate stock	N/A	-	N/A	3,400	197.48	327,300	671,432
	ABBVIE INC	Corporate stock	N/A	-	N/A	2,850	197.48	328,058	562,818
	ACCENTURE PLC	Corporate stock	N/A	-	N/A	3,745	353.48	1,085,512	1,330,852
	ACUMEN PHARMACEUTICALS INC	Corporate stock	N/A	-	N/A	11,900	2.48	88,341	29,512
	ADOBE INC	Corporate stock	N/A	-	N/A	2,863	517.78	1,351,585	1,482,404
	AECOM	Corporate stock	N/A	-	N/A	11,407	103.27	1,114,102	1,178,001
	AFLAC INC	Corporate stock	N/A	-	N/A	18,434	111.80	836,886	2,060,921
	AGNICO EAGLE MINES LTD	Corporate stock	N/A	-	N/A	3,392	80.56	204,368	273,260
	AIA GROUP LTD-SP	Corporate stock	N/A	-	N/A	7,182	35.19	270,389	252,735
	AIR LIQUIDE - ADR SPONSORED ADR	Corporate stock	N/A	-	N/A	6,253	38.65	155,467	241,678
	AIR PRODS & CHEMS INC COM	Corporate stock	N/A	-	N/A	6,800	297.74	504,165	2,024,632
	AIRBUS SE	Corporate stock	N/A	-	N/A	8,420	36.53	219,183	307,583
	ALASKA AIR GROUP INC	Corporate stock	N/A	-	N/A	5,600	45.21	204,801	253,176
	ALCON INC	Corporate stock	N/A	-	N/A	15,018	100.07	940,426	1,502,851
	ALKAMI TECHNOLOGY INC	Corporate stock	N/A	-	N/A	6,400	31.54	174,180	208,164
	ALLEGIAN TRAVEL CO	Corporate stock	N/A	-	N/A	5,535	55.06	556,611	304,757
	ALPHABET INC CL C	Corporate stock	N/A	-	N/A	8,780	167.19	1,078,003	1,467,928
	ALTRIA GROUP INC COM	Corporate stock	N/A	-	N/A	15,900	51.04	192,126	811,536
	ALTRIA GROUP INC COM	Corporate stock	N/A	-	N/A	3,900	51.04	49,382	199,056
	AMERICAN EAGLE OUTFITTERS INC NEW COM	Corporate stock	N/A	-	N/A	5,700	22.39	76,025	127,623
	AMERICAN EXPRESS CO	Corporate stock	N/A	-	N/A	5,350	271.20	846,974	1,450,920
	AMERICAN INTERNATIONAL GROUP, INC	Corporate stock	N/A	-	N/A	3,400	73.23	173,641	248,982
	AMERICAN INTERNATIONAL GROUP, INC	Corporate stock	N/A	-	N/A	7,530	73.23	431,994	551,422
	AMETEK INC COM	Corporate stock	N/A	-	N/A	4,410	171.71	228,305	757,241
	AMGEN INC	Corporate stock	N/A	-	N/A	5,100	322.21	869,334	1,643,271
	AMGEN INC	Corporate stock	N/A	-	N/A	6,250	322.21	1,492,484	2,013,813
	APOGEE THERAPEUTICS INC	Corporate stock	N/A	-	N/A	3,800	58.74	67,556	223,212
	APPLE INC	Corporate stock	N/A	-	N/A	14,400	233.00	275,725	3,355,200
	APTIV PLC	Corporate stock	N/A	-	N/A	18,151	72.01	1,515,408	1,307,054
	ARCOSEA INC	Corporate stock	N/A	-	N/A	7,500	94.76	375,927	710,700
	ARES MANAGEMENT CORPORATION	Corporate stock	N/A	-	N/A	5,790	155.84	531,238	902,314
	ARISTA NETWORKS INC	Corporate stock	N/A	-	N/A	3,119	383.82	869,355	1,197,135
	ASCENDIS PHARMA A/S	Corporate stock	N/A	-	N/A	2,100	149.31	162,201	313,551
	ASCENDIS PHARMA A/S	Corporate stock	N/A	-	N/A	8,270	149.31	958,386	1,234,794
	AT & T INC	Corporate stock	N/A	-	N/A	26,149	22.00	581,427	575,278
	ATLASSIAN CORPORATION CL A	Corporate stock	N/A	-	N/A	4,080	158.81	605,942	647,945
	AVEPOINT INC	Corporate stock	N/A	-	N/A	9,600	11.77	76,308	112,992
	AXON ENTERPRISE INC	Corporate stock	N/A	-	N/A	4,390	399.60	1,034,604	1,754,244
	BANK NEW YORK MELLON CORP COM COM	Corporate stock	N/A	-	N/A	19,800	71.86	580,657	1,422,828
	BANK NEW YORK MELLON CORP COM COM	Corporate stock	N/A	-	N/A	27,600	71.86	1,459,279	1,993,336
	BANK OF AMERICA CORP	Corporate stock	N/A	-	N/A	50,070	39.68	1,873,947	1,986,778
	BANK OF IRELAND GROUP PUBLIC LIMITED COMF	Corporate stock	N/A	-	N/A	28,342	11.24	265,565	318,564
	BARCLAYS PLC - ADR SPONSORED ADR	Corporate stock	N/A	-	N/A	39,427	12.15	388,546	479,038
	BARRY CALLEBAUT AG UNSPONSORED AMERICA	Corporate stock	N/A	-	N/A	17,166	17.83	302,283	306,070
	BEACON ROOFING SUPPLY INC COM	Corporate stock	N/A	-	N/A	4,500	86.43	184,079	388,935
	BECTON DICKINSON & CO	Corporate stock	N/A	-	N/A	5,684	241.10	1,431,070	1,370,412
	BECTON DICKINSON & CO	Corporate stock	N/A	-	N/A	4,900	241.10	400,257	1,181,390
	BELLRING BRANDS INC	Corporate stock	N/A	-	N/A	10,900	60.72	235,023	661,848
	BENTLEY SYSTEMS INC	Corporate stock	N/A	-	N/A	12,154	50.81	599,814	617,545
	BIGCOMMERCE HOLDINGS INC	Corporate stock	N/A	-	N/A	17,700	5.85	477,055	103,545
	BOOT BARN HOLDINGS INC	Corporate stock	N/A	-	N/A	2,086	167.28	103,487	348,946
	BOYZ ALLEN HAMILTON HOLDING CL A	Corporate stock	N/A	-	N/A	3,310	162.76	457,581	538,736
	BP PLC - ADR SPONSORED ADR	Corporate stock	N/A	-	N/A	44,900	31.39	1,835,389	1,409,411
	BRISTOL MYERS SQUIBB CO	Corporate stock	N/A	-	N/A	8,550	51.74	505,501	442,377
	BRUKER CORPORATION	Corporate stock	N/A	-	N/A	15,017	69.06	753,960	1,037,074
	BUNZL PLC SPONSORED ADR NEW	Corporate stock	N/A	-	N/A	6,876	47.42	236,751	326,060
	BWX TECHNOLOGIES INC	Corporate stock	N/A	-	N/A	6,800	108.70	357,219	739,160
	CADENCE DESIGN SYSTEMS INC	Corporate stock	N/A	-	N/A	4,506	271.03	1,089,151	1,221,261
	CAPGEMINI SE	Corporate stock	N/A	-	N/A	10,361	43.22	270,275	447,802
	CAPITAL ONE FINANCIAL CORP	Corporate stock	N/A	-	N/A	4,100	149.73	544,023	613,893
	CARRIER GLOBAL CORP	Corporate stock	N/A	-	N/A	32,700	80.49	2,632,023	2,632,023
	CATERPILLAR INC	Corporate stock	N/A	-	N/A	3,400	391.12	848,005	1,329,808
	CAVA GROUP INC	Corporate stock	N/A	-	N/A	3,900	123.85	124,545	483,015
	CELANESE CORP	Corporate stock	N/A	-	N/A	3,730	135.96	435,064	507,131
	CENTESSA PHARMACEUTICALS SPONSORED AME	Corporate stock	N/A	-	N/A	4,400	15.99	64,900	70,356
	CERTARA INC	Corporate stock	N/A	-	N/A	7,000	11.71	176,684	81,970
	CG ONCOLOGY INC	Corporate stock	N/A	-	N/A	2,700	37.73	62,125	101,871
	CHEVRON CORP	Corporate stock	N/A	-	N/A	15,450	147.27	1,845,185	2,275,322
	CHIPOTLE MEXICAN GRILL INC CL A	Corporate stock	N/A	-	N/A	14,500	57.62	412,282	835,490
	CHUBB LIMITED	Corporate stock	N/A	-	N/A	7,428	288.39	893,170	2,142,161
	CHUGAI PHARMACEUTICAL CO LTD	Corporate stock	N/A	-	N/A	12,241	24.09	178,853	294,886
	CISCO SYSTEMS INC	Corporate stock	N/A	-	N/A	32,300	53.22	849,588	1,719,006
	CISCO SYSTEMS INC	Corporate stock	N/A	-	N/A	49,100	53.22	2,334,406	2,613,102
	CITIGROUP INC	Corporate stock	N/A	-	N/A	27,950	62.60	1,616,718	1,749,670
	CNH INDUSTRIAL NV	Corporate stock	N/A	-	N/A	29,080	11.10	322,490	322,788
	COCA COLA CO	Corporate stock	N/A	-	N/A	38,200	71.86	2,289,665	2,745,052
	COINBASE GLOBAL INC	Corporate stock	N/A	-	N/A	3,690	178.17	819,214	657,447
	COMCAST CORP CLASS A	Corporate stock	N/A	-	N/A	12,200	41.77	474,895	509,594
	CONOCOPHILLIPS	Corporate stock	N/A	-	N/A	8,000	105.28	571,164	842,240
	CONSTELLATION BRANDS INC CL A	Corporate stock	N/A	-	N/A	2,490	257.69	568,639	641,648
	COOPER COMPANIES INC	Corporate stock	N/A	-	N/A	5,930	110.34	399,164	654,316
	COPART INC COM	Corporate stock	N/A	-	N/A	11,540	52.40	438,202	604,696
	COSTAR GROUP, INC	Corporate stock	N/A	-	N/A	6,040	75.44	458,105	455,658
	COUCHBASE INC	Corporate stock	N/A	-	N/A	15,400	16.12	317,882	248,248
	CROWDSTRIKE HOLDINGS INC	Corporate stock	N/A	-	N/A	1,570	280.47	337,083	440,338
	CRYOPORT INC	Corporate stock	N/A	-	N/A	3,700	8.11	117,778	30,007
	CS DISCO INC	Corporate stock	N/A	-	N/A	16,500	5.88	406,260	97,020
	CULLINAN THERAPEUTICS INC	Corporate stock	N/A	-	N/A	7,700	16.74	139,655	128,898
	CYS HEALTH CORPORATION	Corporate stock	N/A	-	N/A	11,300	62.88	322,473	710,544
	CYS HEALTH CORPORATION	Corporate stock	N/A	-	N/A	38,400	62.88	3,000,938	2,414,592
	CYTOKINETICS INC	Corporate stock	N/A	-	N/A	1,500	52.80	49,198	79,200



HAMPTON ROADS SHIPPING ASSOCIATION - INTERNATIONAL LONGSHOREMEN'S ASSOCIATION PENSION PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

SEPTEMBER 30, 2024

Form 5500 Schedule H Item 4i

EIN: 54-0506055
Plan number: 001

(c) Description of Investment, Including Maturity Date, Rate of Interest,
Collateral, Unit, Par or Maturity Value or Shares

(a)	(b) Identity of Issuer, Borrower or Similar Party	Description of Investment	Collateral	Rate of Interest	Maturity Date	Units	Par or Maturity Value or Shares	(d) Cost	(e) Current Value
	DANAHER CORP	Corporate stock	N/A	-	N/A	4,873	278.02	\$ 471,694	\$ 1,354,791
	DANAHER CORP	Corporate stock	N/A	-	N/A	3,000	278.02	705,173	834,060
	DATADOG INC	Corporate stock	N/A	-	N/A	6,710	115.06	728,578	772,053
	DAY ONE BIOPHARMACEUTICALS INC	Corporate stock	N/A	-	N/A	14,733	13.93	202,402	205,231
	DAYFORCE INC	Corporate stock	N/A	-	N/A	5,220	61.25	319,725	354,789
	DBS GROUP HOLDINGS LIMITED - ADR SPONSOR	Corporate stock	N/A	-	N/A	2,938	117.97	152,198	346,596
	DEVON ENERGY CORPORATION	Corporate stock	N/A	-	N/A	26,000	39.12	1,383,093	1,017,120
	DEXCOM INC	Corporate stock	N/A	-	N/A	12,810	67.04	1,098,869	858,782
	DIAGEO PLC - ADR SPONSORED ADR	Corporate stock	N/A	-	N/A	2,754	140.34	482,146	386,496
	DIAMONDBACK ENERGY INC	Corporate stock	N/A	-	N/A	3,450	172.40	551,288	594,780
	DIGITAL RLTY TR INC COM	Corporate stock	N/A	-	N/A	4,700	161.83	686,505	760,601
	DOW INC	Corporate stock	N/A	-	N/A	33,150	54.63	1,905,808	1,810,985
	DR ING HC F PORSHE AG UNSPONSORED AMERI	Corporate stock	N/A	-	N/A	36,357	7.90	297,764	287,220
	DRAFTKINGS INC CL A	Corporate stock	N/A	-	N/A	26,340	39.20	904,463	1,032,528
	DUKE ENERGY HOLDING CORP. COM	Corporate stock	N/A	-	N/A	6,400	115.30	625,454	737,920
	DUPONT DE NEMOURS INC.	Corporate stock	N/A	-	N/A	15,000	89.11	1,155,048	1,336,650
	DYNES THERAPEUTICS INC	Corporate stock	N/A	-	N/A	4,900	35.92	88,741	176,008
	ELEVANCE HEALTH INC	Corporate stock	N/A	-	N/A	2,550	520.00	324,434	1,326,000
	ENPHASE ENERGY INC	Corporate stock	N/A	-	N/A	3,350	113.02	406,094	378,617
	EPIROC AKTIEBOLAG	Corporate stock	N/A	-	N/A	14,900	21.67	302,854	322,883
	EQUINOR ASA	Corporate stock	N/A	-	N/A	10,333	25.33	331,891	261,735
	EVERCORE INC	Corporate stock	N/A	-	N/A	1,600	253.34	89,156	405,344
	EXELON CORPORATION	Corporate stock	N/A	-	N/A	48,750	40.55	1,510,012	1,976,813
	EXXON MOBIL CORPORATION	Corporate stock	N/A	-	N/A	40,686	117.22	1,537,717	4,769,213
	EXXON MOBIL CORPORATION	Corporate stock	N/A	-	N/A	21,500	117.22	1,825,665	2,520,230
	EYEPOINT PHARMACEUTICALS INC	Corporate stock	N/A	-	N/A	11,900	7.99	125,577	95,081
	FAIR ISSAC, INC	Corporate stock	N/A	-	N/A	610	1943.52	525,116	1,185,547
	FAIR ISSAC, INC	Corporate stock	N/A	-	N/A	637	1943.52	508,492	1,238,022
	FEDEX CORPORATION	Corporate stock	N/A	-	N/A	5,100	273.68	701,946	1,395,768
	FEDEX CORPORATION	Corporate stock	N/A	-	N/A	12,400	273.68	2,379,503	3,393,632
	FIGS INC	Corporate stock	N/A	-	N/A	9,400	6.84	211,191	64,296
	FIRST CITZNS BANCSHARES INC CL A	Corporate stock	N/A	-	N/A	20	1840.95	31,211	36,819
	FLEX LTD	Corporate stock	N/A	-	N/A	60,570	33.43	866,915	2,024,855
	FLEX LTD	Corporate stock	N/A	-	N/A	14,520	33.43	414,647	485,404
	FLYWIRE CORP	Corporate stock	N/A	-	N/A	19,000	16.39	496,270	311,410
	FORD MOTOR COMPANY	Corporate stock	N/A	-	N/A	107,000	10.56	1,313,404	1,129,920
	FORD MOTOR COMPANY	Corporate stock	N/A	-	N/A	117,850	10.56	1,432,873	1,244,496
	FRESHPET INC	Corporate stock	N/A	-	N/A	4,100	136.77	392,126	560,757
	FRESHWORKS INC	Corporate stock	N/A	-	N/A	19,900	11.48	385,316	228,452
	GALLAGHER ARTHUR J & CO	Corporate stock	N/A	-	N/A	1,640	281.37	147,550	461,447
	GE AEROSPACE	Corporate stock	N/A	-	N/A	4,200	188.58	427,365	792,036
	GE HEALTHCARE TECHNOLOGIES INC	Corporate stock	N/A	-	N/A	18,688	93.85	1,612,968	1,753,869
	GE HEALTHCARE TECHNOLOGIES INC	Corporate stock	N/A	-	N/A	7,490	93.85	517,970	702,937
	GE VERNOVA LLC	Corporate stock	N/A	-	N/A	1,050	254.98	111,681	267,729
	GE VERNOVA LLC	Corporate stock	N/A	-	N/A	2,920	254.98	496,378	744,542
	GENERAL DYNAMICS CORP	Corporate stock	N/A	-	N/A	6,800	302.20	369,360	2,054,960
	GENERAL DYNAMICS CORP	Corporate stock	N/A	-	N/A	5,350	302.20	881,584	1,616,770
	GILEAD SCIENCES INC	Corporate stock	N/A	-	N/A	5,400	83.84	417,794	452,736
	GITLAB INC	Corporate stock	N/A	-	N/A	8,900	51.54	317,788	458,706
	GLOBAL PMTS INC W/I	Corporate stock	N/A	-	N/A	6,940	102.42	994,843	710,795
	GLOBANT SA	Corporate stock	N/A	-	N/A	2,090	198.14	372,322	414,113
	GOLDMAN SACHS GROUP INC	Corporate stock	N/A	-	N/A	3,700	495.11	1,054,366	1,831,907
	GRANITE CONSTR INC	Corporate stock	N/A	-	N/A	6,400	79.28	255,407	507,392
	HAEMONETICS CORP MASS	Corporate stock	N/A	-	N/A	5,000	80.38	393,161	401,900
	HALCON PLC SPONSORED AMERICAN DEPOSITO	Corporate stock	N/A	-	N/A	31,559	10.58	250,859	333,894
	HASHICORP INC	Corporate stock	N/A	-	N/A	14,100	33.86	379,645	477,426
	HEALTHCQUITY INC	Corporate stock	N/A	-	N/A	5,600	81.85	297,302	458,360
	HEXCEL CORP NEW COM	Corporate stock	N/A	-	N/A	17,673	61.83	1,036,182	1,092,722
	HILTON WORLDWIDE HOLDINGS INC	Corporate stock	N/A	-	N/A	2,930	230.50	432,691	675,365
	HIMS & HERS HEALTH INC	Corporate stock	N/A	-	N/A	8,900	18.42	117,804	163,938
	HOLOGIC INC COM	Corporate stock	N/A	-	N/A	10,450	81.46	869,334	851,257
	HOME DEPOT INC	Corporate stock	N/A	-	N/A	6,300	405.20	1,162,256	2,552,760
	HOME DEPOT INC	Corporate stock	N/A	-	N/A	700	405.20	242,838	283,640
	HOUULIAN LOKEY INC	Corporate stock	N/A	-	N/A	2,500	158.02	98,307	395,050
	HUBSPOT INC	Corporate stock	N/A	-	N/A	1,850	531.60	565,801	983,460
	HUNT J B TRANS SVCS INC	Corporate stock	N/A	-	N/A	3,700	172.33	719,592	637,621
	ICON PLC	Corporate stock	N/A	-	N/A	4,399	287.31	1,019,261	1,263,877
	ICON PLC	Corporate stock	N/A	-	N/A	3,030	287.31	459,312	870,549
	INARI MEDICAL INC	Corporate stock	N/A	-	N/A	1,700	41.24	86,390	70,108
	INFINEON TECHNOLOGIES AG - ADR SPONSOREE	Corporate stock	N/A	-	N/A	7,561	35.12	275,584	265,542
	ING GROEP N.V. - ADR SPONSORED ADR	Corporate stock	N/A	-	N/A	31,637	18.16	366,751	574,528
	INSMED INC	Corporate stock	N/A	-	N/A	7,200	73.00	156,962	525,600
	INSPIRE MEDICAL SYSTEMS INC	Corporate stock	N/A	-	N/A	1,900	211.05	150,425	400,995
	INSULET CORP	Corporate stock	N/A	-	N/A	4,020	232.75	860,479	935,655
	INTEGER HOLDINGS CORP	Corporate stock	N/A	-	N/A	4,400	130.00	174,770	572,000
	INTEL CORP COMM	Corporate stock	N/A	-	N/A	25,500	23.46	547,491	598,230
	INTERCONTINENTAL EXCHANGE, INC	Corporate stock	N/A	-	N/A	8,934	160.64	512,411	1,435,158
	INTERNATIONAL BUSINESS MACHS CORP COM	Corporate stock	N/A	-	N/A	15,650	221.08	2,212,737	3,459,902
	INTERTEK GROUP PLC	Corporate stock	N/A	-	N/A	4,952	68.50	375,153	339,212
	INTRA-CELLULAR THERAPIES INC	Corporate stock	N/A	-	N/A	2,838	73.17	124,267	207,656
	INTUIT COM	Corporate stock	N/A	-	N/A	2,296	621.00	1,425,821	1,425,821
	JOHNSON & JOHNSON	Corporate stock	N/A	-	N/A	6,365	162.06	1,049,998	1,031,512
	JOHNSON & JOHNSON	Corporate stock	N/A	-	N/A	9,900	162.06	797,135	1,604,394
	JOHNSON & JOHNSON	Corporate stock	N/A	-	N/A	8,850	162.06	1,417,180	1,434,231
	JPMORGAN CHASE & CO	Corporate stock	N/A	-	N/A	13,700	210.86	433,241	2,888,782
	JPMORGAN CHASE & CO	Corporate stock	N/A	-	N/A	5,700	210.86	818,973	1,201,902
	KBC GROEP NV	Corporate stock	N/A	-	N/A	11,215	39.72	377,002	445,460
	KERRY GROUP PLC	Corporate stock	N/A	-	N/A	3,112	103.34	295,633	321,594
	KIMBERLY CLARK CORP COM	Corporate stock	N/A	-	N/A	4,000	142.28	565,874	569,120
	KNORR-BREMSE AKTIENGESSELLSCHAFT	Corporate stock	N/A	-	N/A	16,957	22.14	275,378	375,428
	KRATOS DEFENSE & SECURITY SOLUTIONS' INC. - I	Corporate stock	N/A	-	N/A	18,627	23.30	302,788	434,009
	KURA ONCOLOGY INC	Corporate stock	N/A	-	N/A	6,700	19.54	196,641	130,918
	KYVERNA THERAPEUTICS INC	Corporate stock	N/A	-	N/A	2,200	4.89	48,400	10,758
	LATICE SEMICONDUCTOR CORP	Corporate stock	N/A	-	N/A	8,500	53.07	259,348	451,095
	LEGALZOOM.COM INC	Corporate stock	N/A	-	N/A	27,100	6.35	367,342	172,085
	LEGEND BIOTECH CORP	Corporate stock	N/A	-	N/A	13,770	48.73	865,140	671,012
	LIBERTY ENERGY INC CL A	Corporate stock	N/A	-	N/A	22,400	19.09	311,584	427,616
	LITHIA MOTORS INC CL A COM	Corporate stock	N/A	-	N/A	800	317.64	131,419	254,112

HAMPTON ROADS SHIPPING ASSOCIATION - INTERNATIONAL LONGSHOREMEN'S ASSOCIATION PENSION PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

SEPTEMBER 30, 2024

Form 5500 Schedule H Item 4i

EIN: 54-0506055
Plan number: 001

(c) Description of Investment, Including Maturity Date, Rate of Interest,
Collateral, Unit, Par or Maturity Value or Shares

(a)	(b) Identity of Issuer, Borrower or Similar Party	Description of Investment	Collateral	Rate of Interest	Maturity Date	Units	Par or Maturity Value or Shares	(d) Cost	(e) Current Value
	LIVERAMP HOLDINGS INC	Corporate stock	N/A	-	N/A	13,000	24.78	\$ 430,490	\$ 322,140
	LOAR HOLDINGS INC	Corporate stock	N/A	-	N/A	1,800	74.59	77,020	134,262
	LONDON STOCK EXCHANGE GROUP PLC	Corporate stock	N/A	-	N/A	12,670	34.75	347,068	440,283
	LOWES COS INC	Corporate stock	N/A	-	N/A	4,500	270.85	975,339	1,218,825
	LPL FINANCIAL HOLDINGS INC	Corporate stock	N/A	-	N/A	1,930	232.63	387,471	448,976
	LYMH MOET HENNESSY UNSP ADR - ADR SPONSOR	Corporate stock	N/A	-	N/A	1,634	153.61	227,022	250,999
	M & T BANK CORPORATION COM	Corporate stock	N/A	-	N/A	1,630	178.12	287,147	290,336
	M/I HOMES, INC	Corporate stock	N/A	-	N/A	1,900	171.36	48,570	325,584
	MACOM TECHNOLOGY SOLUTIONS HOLDINGS, I	Corporate stock	N/A	-	N/A	5,930	111.26	634,944	659,772
	MASIMO CORP	Corporate stock	N/A	-	N/A	6,910	133.33	893,403	921,310
	MATADOR RESOURCES CO	Corporate stock	N/A	-	N/A	7,200	49.42	372,653	355,824
	MAXIMUS INC COM	Corporate stock	N/A	-	N/A	8,574	93.16	643,915	798,754
	MCDONALDS CORP	Corporate stock	N/A	-	N/A	7,300	304.51	2,222,923	2,222,923
	MEDTRONIC, PLC	Corporate stock	N/A	-	N/A	13,900	90.03	1,069,605	1,251,417
	MEDTRONIC, PLC	Corporate stock	N/A	-	N/A	13,750	90.03	1,289,800	1,237,913
	MERCK KGAA	Corporate stock	N/A	-	N/A	8,842	35.38	251,002	312,830
	MERUS N.V.	Corporate stock	N/A	-	N/A	5,400	49.96	168,971	267,784
	METLIFE INC	Corporate stock	N/A	-	N/A	6,600	82.48	454,460	544,368
	MICRON TECHNOLOGY INC	Corporate stock	N/A	-	N/A	22,500	103.71	1,108,178	2,333,475
	MICROSOFT CORP	Corporate stock	N/A	-	N/A	5,311	430.30	702,632	2,285,323
	MICROSOFT CORP	Corporate stock	N/A	-	N/A	5,500	430.30	811,447	2,366,650
	MITSUBISHI ESTATE COMPANY, LTD - ADR SPONSOR	Corporate stock	N/A	-	N/A	21,893	15.73	262,563	344,377
	MONDAY.COM LTD	Corporate stock	N/A	-	N/A	2,200	277.77	288,420	611,094
	MONDAY.COM LTD	Corporate stock	N/A	-	N/A	1,870	277.77	435,238	519,430
	MONDELEZ INTERNATIONAL INC	Corporate stock	N/A	-	N/A	9,500	73.67	697,303	699,865
	MONGODB INC	Corporate stock	N/A	-	N/A	3,360	270.35	1,030,035	908,376
	MONOLITHIC PWR SYS INC COM	Corporate stock	N/A	-	N/A	1,656	924.50	772,761	1,530,972
	MONOTARO CO LTD	Corporate stock	N/A	-	N/A	18,717	16.67	197,459	312,012
	MORGAN STANLEY COM	Corporate stock	N/A	-	N/A	7,200	104.24	621,806	750,528
	MOSEAC CO/THE	Corporate stock	N/A	-	N/A	10,000	26.78	480,400	267,800
	MSCI INC	Corporate stock	N/A	-	N/A	1,525	582.93	669,568	888,968
	NCINO INC	Corporate stock	N/A	-	N/A	10,400	31.59	313,402	328,536
	NEOGEN CORP COM	Corporate stock	N/A	-	N/A	8,366	16.81	144,796	140,632
	NEOGENOMICS INC	Corporate stock	N/A	-	N/A	13,200	14.75	174,652	194,700
	NERDY INC CL A	Corporate stock	N/A	-	N/A	38,000	0.98	317,605	37,358
	NESTLE S.A. REGISTERED SHARES - ADR SPONSOR	Corporate stock	N/A	-	N/A	2,570	100.67	301,148	258,722
	NESTLE S.A. REGISTERED SHARES - ADR SPONSOR	Corporate stock	N/A	-	N/A	13,500	100.67	631,593	1,359,045
	NEW YORK TIMES CO CL A	Corporate stock	N/A	-	N/A	8,298	55.67	284,243	461,950
	NEXTERA ENERGY, INC.	Corporate stock	N/A	-	N/A	24,158	84.53	1,654,453	2,042,076
	NEXTERA ENERGY, INC.	Corporate stock	N/A	-	N/A	10,200	84.53	634,802	862,206
	NIDEC - ADR SPONSORED ADR	Corporate stock	N/A	-	N/A	24,875	10.50	339,098	261,188
	NINTENDO CO., LTD. - ADR SPONSORED ADR	Corporate stock	N/A	-	N/A	19,371	13.32	211,289	258,022
	NORFOLK SOUTHERN CORP	Corporate stock	N/A	-	N/A	6,800	248.50	489,174	1,689,800
	NORTHROP GRUMMAN CORP	Corporate stock	N/A	-	N/A	1,950	528.07	695,590	1,029,737
	NOVARTIS AG - ADR SPONSORED ADR	Corporate stock	N/A	-	N/A	2,708	115.02	231,753	311,474
	NU HOLDINGS LTD/CAYMAN ISLANDS	Corporate stock	N/A	-	N/A	67,630	13.65	824,761	923,150
	NVIDIA CORP COM	Corporate stock	N/A	-	N/A	22,610	121.44	302,492	2,745,758
	NXP SEMICONDUCTORS NV	Corporate stock	N/A	-	N/A	5,285	240.01	841,732	1,268,453
	ODDITY TECH LTD CL A	Corporate stock	N/A	-	N/A	4,300	40.38	138,258	173,634
	ON HOLDING AG	Corporate stock	N/A	-	N/A	20,447	50.15	945,572	1,025,417
	ONESTREAM INC CL A	Corporate stock	N/A	-	N/A	1,000	33.90	20,000	33,900
	ONTO INNOVATION INC	Corporate stock	N/A	-	N/A	3,400	207.56	136,513	705,704
	ORACLE CORPORATION	Corporate stock	N/A	-	N/A	14,600	170.40	355,072	2,487,840
	PACCAR INC	Corporate stock	N/A	-	N/A	20,000	98.68	1,898,670	1,973,600
	PALANTIR TECHNOLOGIES INC	Corporate stock	N/A	-	N/A	32,830	37.20	794,863	1,221,276
	PALO ALTO NETWORKS INC	Corporate stock	N/A	-	N/A	3,036	341.80	452,174	1,037,705
	PAYCOR HCM INC	Corporate stock	N/A	-	N/A	16,800	14.19	397,162	238,392
	PAYMENTUS HOLDINGS INC	Corporate stock	N/A	-	N/A	20,300	20.02	395,479	406,406
	PEBBLEBROOK HOTEL TRUST	Corporate stock	N/A	-	N/A	12,000	13.23	269,797	158,740
	PEPSICO INC	Corporate stock	N/A	-	N/A	11,700	170.05	779,129	1,989,585
	PERFORMANCE FOOD GROUP CO	Corporate stock	N/A	-	N/A	1,900	78.37	95,496	148,903
	PRIZER INC	Corporate stock	N/A	-	N/A	63,179	28.94	2,076,035	1,828,400
	PHREESIA INC	Corporate stock	N/A	-	N/A	13,153	22.79	322,984	299,757
	PINNACLE FINL PARTNERS INC	Corporate stock	N/A	-	N/A	3,100	97.97	164,992	303,707
	PLIANT THERAPEUTICS INC	Corporate stock	N/A	-	N/A	5,200	11.21	96,597	58,292
	PNC FINANCIAL SERVICES GROUP	Corporate stock	N/A	-	N/A	8,650	184.85	612,933	1,598,953
	PORTILLO'S INC	Corporate stock	N/A	-	N/A	12,200	13.47	277,033	164,334
	PRIVIA HEALTH GROUP INC	Corporate stock	N/A	-	N/A	12,000	18.21	308,303	218,520
	PROCORE TECHNOLOGIES INC	Corporate stock	N/A	-	N/A	4,700	61.72	274,349	290,084
	PROCTER & GAMBLE CO	Corporate stock	N/A	-	N/A	9,129	173.20	1,351,789	1,581,143
	PROCTER & GAMBLE CO	Corporate stock	N/A	-	N/A	13,900	173.20	1,003,117	2,407,480
	PROCTER & GAMBLE CO	Corporate stock	N/A	-	N/A	4,750	173.20	711,028	822,700
	PTC INC	Corporate stock	N/A	-	N/A	3,450	180.66	625,099	623,277
	PULMONX CORP	Corporate stock	N/A	-	N/A	6,100	8.29	146,355	50,569
	PULTE GROUP INC	Corporate stock	N/A	-	N/A	5,240	143.53	695,129	752,097
	PUMA SE	Corporate stock	N/A	-	N/A	42,364	4.14	273,057	175,387
	PURE STORAGE INC	Corporate stock	N/A	-	N/A	11,240	50.24	667,249	564,698
	QUALCOMM INC	Corporate stock	N/A	-	N/A	13,300	170.05	864,495	2,261,665
	QUALCOMM INC	Corporate stock	N/A	-	N/A	4,750	170.05	555,858	807,738
	QUEST DIAGNOSTICS INC	Corporate stock	N/A	-	N/A	12,000	155.25	1,453,297	1,863,000
	RBC BEARINGS INC	Corporate stock	N/A	-	N/A	1,100	299.38	208,867	329,318
	RED ROCK RESORTS, INC.	Corporate stock	N/A	-	N/A	8,700	54.44	231,193	473,628
	REPAY HOLDINGS CORP	Corporate stock	N/A	-	N/A	13,900	8.16	172,119	113,424
	REVANCE THERAPEUTICS INC	Corporate stock	N/A	-	N/A	15,700	5.19	274,920	81,483
	REXFORD INDUSTRIAL REALTY INC	Corporate stock	N/A	-	N/A	5,800	50.31	240,423	291,798
	ROCHE HOLDINGS LTD - ADR SPONSORED ADR	Corporate stock	N/A	-	N/A	11,578	39.95	430,341	462,541
	ROCKWELL AUTOMATION INC COM	Corporate stock	N/A	-	N/A	4,440	268.46	852,603	1,191,962
	ROCKWELL AUTOMATION INC COM	Corporate stock	N/A	-	N/A	2,540	268.46	499,708	681,888
	ROSS STORES INC	Corporate stock	N/A	-	N/A	8,820	150.51	1,034,040	1,327,498
	RTX CORPORATION	Corporate stock	N/A	-	N/A	13,200	121.16	645,640	1,599,312
	RTX CORPORATION	Corporate stock	N/A	-	N/A	8,250	121.16	738,524	999,570
	RWE AG - ADR SPONSORED ADR	Corporate stock	N/A	-	N/A	8,399	36.41	350,682	305,799
	SANTOS LIMITED	Corporate stock	N/A	-	N/A	56,031	4.76	338,521	266,708
	SAP SE	Corporate stock	N/A	-	N/A	1,438	229.10	168,050	329,446
	SCHWAB CHARLES CORP NEW	Corporate stock	N/A	-	N/A	33,800	64.81	1,992,033	2,190,578
	SHARKNINJA INC	Corporate stock	N/A	-	N/A	4,270	108.71	415,572	464,192
	SHIFT4 PAYMENTS INC	Corporate stock	N/A	-	N/A	4,700	88.60	202,777	416,420

HAMPTON ROADS SHIPPING ASSOCIATION - INTERNATIONAL LONGSHOREMEN'S ASSOCIATION PENSION PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

SEPTEMBER 30, 2024

Form 5500 Schedule H Item 4i

EIN: 54-0506055
Plan number: 001

(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Unit, Par or Maturity Value or Shares									
(b) Identity of Issuer, Borrower or Similar Party	Description of Investment	Collateral	Rate of Interest	Maturity Date	Units	Par or Maturity Value or Shares	(d) Cost	(e) Current Value	
SILICON LABORATORIES INC.	Corporate stock	N/A	-	N/A	1,800	115.57	\$ 208,490	\$ 208,026	
SIMON PROPERTY GROUP INC	Corporate stock	N/A	-	N/A	10,100	169.02	1,387,113	1,707,102	
SIMPLY GOOD FOODS CO/THE	Corporate stock	N/A	-	N/A	9,600	34.77	218,125	333,792	
SINGAPORE TELECOMMUNICATIONS LTD	Corporate stock	N/A	-	N/A	13,741	25.00	258,729	343,525	
SITIME CORP	Corporate stock	N/A	-	N/A	3,300	171.51	371,921	565,983	
SOLVENTUM CORP	Corporate stock	N/A	-	N/A	1,012	69.72	104,241	70,557	
SONOS INC	Corporate stock	N/A	-	N/A	9,400	12.29	184,628	115,526	
SONY GROUP CORP	Corporate stock	N/A	-	N/A	3,404	96.57	337,415	328,724	
SONY GROUP CORP	Corporate stock	N/A	-	N/A	13,700	96.57	251,304	1,323,009	
SOUTHERN CO	Corporate stock	N/A	-	N/A	8,850	90.18	444,257	798,093	
SPS COMMERCE INC	Corporate stock	N/A	-	N/A	800	194.17	151,449	155,336	
SSE PLC	Corporate stock	N/A	-	N/A	13,391	25.74	294,400	344,684	
STERIS PLC	Corporate stock	N/A	-	N/A	5,730	242.54	1,001,682	1,389,754	
STEVEN MADDEN LTD	Corporate stock	N/A	-	N/A	3,950	48.99	121,228	193,511	
STRUCTURE THERAPEUTICS INC SPONSORED ADR	Corporate stock	N/A	-	N/A	2,000	43.89	104,952	87,780	
SUN CMNTYS INC COM	Corporate stock	N/A	-	N/A	3,800	135.15	521,888	513,570	
SYNDAX PHARMACEUTICALS INC	Corporate stock	N/A	-	N/A	7,500	19.25	144,572	144,375	
TAIWAN SEMICONDUCTOR MANUFACTU - ADR S	Corporate stock	N/A	-	N/A	7,908	173.67	1,118,390	1,373,382	
TAIWAN SEMICONDUCTOR MANUFACTU - ADR S	Corporate stock	N/A	-	N/A	1,315	173.67	93,617	228,376	
TARGET CORP	Corporate stock	N/A	-	N/A	3,100	155.86	443,368	483,166	
TE CONNECTIVITY PLC	Corporate stock	N/A	-	N/A	9,560	150.99	1,443,464	1,987,912	
TEMENOS AG	Corporate stock	N/A	-	N/A	3,159	69.86	230,607	220,688	
TERADYNE INC	Corporate stock	N/A	-	N/A	3,770	133.93	466,668	504,916	
TERUMO CORPORATION	Corporate stock	N/A	-	N/A	17,566	18.72	263,472	328,836	
TETRA TECH INC NEW	Corporate stock	N/A	-	N/A	29,865	47.16	732,843	1,408,433	
TEXAS INSTRUMENTS INC	Corporate stock	N/A	-	N/A	6,650	206.57	984,303	1,373,691	
TEXAS ROADHOUSE, INC COMMON STOCK	Corporate stock	N/A	-	N/A	2,600	176.60	157,908	459,160	
THALES SA ADR	Corporate stock	N/A	-	N/A	9,075	31.66	298,030	287,315	
THE KRAFT HEINZ COMPANY	Corporate stock	N/A	-	N/A	30,550	35.11	1,199,793	1,072,611	
TOKYO ELECTRON LIMITED	Corporate stock	N/A	-	N/A	1,969	88.83	99,990	174,906	
TOPBUILD CORP	Corporate stock	N/A	-	N/A	1,969	406.81	362,721	801,009	
TOTALENERGIES SE	Corporate stock	N/A	-	N/A	5,603	64.62	374,798	362,066	
TRADE DESK INC/THE	Corporate stock	N/A	-	N/A	8,310	109.65	756,895	911,192	
TRANSIGM GROUP INC COM	Corporate stock	N/A	-	N/A	1,215	1427.13	385,348	1,733,963	
TRI POINTE GROUP, INC.	Corporate stock	N/A	-	N/A	5,800	45.31	81,573	262,798	
TWIST BIOSCIENCE CORP	Corporate stock	N/A	-	N/A	1,300	45.18	68,854	58,734	
UCB SA	Corporate stock	N/A	-	N/A	3,989	90.20	235,455	359,808	
UNILEVER PLC - ADR SPONSORED ADR	Corporate stock	N/A	-	N/A	28,249	64.96	1,399,080	1,835,055	
UNILEVER PLC - ADR SPONSORED ADR	Corporate stock	N/A	-	N/A	18,000	64.96	1,084,801	1,169,280	
UNITED PARCEL SERVICE-CL B	Corporate stock	N/A	-	N/A	2,750	136.34	478,488	374,935	
UNITEDHEALTH GROUP INC	Corporate stock	N/A	-	N/A	2,569	584.68	793,448	1,502,043	
UNITEDHEALTH GROUP INC	Corporate stock	N/A	-	N/A	3,400	584.68	1,181,858	1,987,912	
UNITEDHEALTH GROUP INC	Corporate stock	N/A	-	N/A	1,300	584.68	465,189	760,084	
US BANCORP	Corporate stock	N/A	-	N/A	10,150	45.73	459,315	464,160	
VAXCYTE INC	Corporate stock	N/A	-	N/A	2,400	114.27	109,369	274,248	
VERALTO CORPORATION	Corporate stock	N/A	-	N/A	19,880	111.86	1,517,719	2,223,777	
VERIZON COMMUNICATIONS	Corporate stock	N/A	-	N/A	77,050	44.91	3,717,992	3,460,316	
VERTIV HOLDINGS LLC CL A	Corporate stock	N/A	-	N/A	13,400	99.49	717,981	1,333,166	
VIACI SOLUTIONS INC	Corporate stock	N/A	-	N/A	17,800	9.02	190,310	160,556	
VISA INC-CLASS A SHRS	Corporate stock	N/A	-	N/A	7,358	274.95	1,036,824	2,023,082	
VISTRA CORP	Corporate stock	N/A	-	N/A	3,520	118.54	335,182	417,261	
VONTIER CORP	Corporate stock	N/A	-	N/A	14,000	33.74	436,140	472,360	
VULCAN MATERIALS COMPANY	Corporate stock	N/A	-	N/A	2,980	250.43	523,544	746,281	
WALGREENS BOOTS ALLIANCE INC	Corporate stock	N/A	-	N/A	52,900	8.96	3,007,143	473,984	
WALMART INC	Corporate stock	N/A	-	N/A	13,200	80.75	697,535	1,065,900	
WASTE CONNECTIONS, INC.	Corporate stock	N/A	-	N/A	4,050	178.82	409,101	724,221	
WASTE MANAGEMENT INC	Corporate stock	N/A	-	N/A	7,798	207.60	896,225	1,618,865	
WELLS FARGO & CO	Corporate stock	N/A	-	N/A	20,250	56.49	1,031,961	1,143,923	
WESTERN ALLIANCE BANCORPORATION	Corporate stock	N/A	-	N/A	2,400	86.49	71,680	207,576	
WINGSTOP INC	Corporate stock	N/A	-	N/A	1,300	416.08	110,852	540,904	
ZOOMINFO TECHNOLOGIES INC	Corporate stock	N/A	-	N/A	22,400	10.32	350,296	231,168	
ZSCALER INC	Corporate stock	N/A	-	N/A	4,480	170.94	751,689	765,798	
Total corporate stocks							207,313,795	296,725,857	
Mutual Funds									
Pgim Jenn Intl Opport-Q #1150	Mutual Funds	N/A	N/A	N/A	796.099	32.64	25,489,540	25,984,656	
Total mutual funds							25,489,540	25,984,656	
U.S. Government and government agency obligations									
FED HOME LN MTG CORP POOL #A95828	U.S. Government and government agency obligation	N/A	4.500%	12/1/2040	87,292	101.25	95,026	88,387	
FED HOME LN MTG CORP POOL #C03795	U.S. Government and government agency obligation	N/A	3.500%	4/1/2042	106,908	95.69	111,184	102,301	
FED HOME LN MTG CORP POOL #C91975	U.S. Government and government agency obligation	N/A	3.000%	2/1/2038	197,007	94.57	182,401	186,313	
FED HOME LN MTG CORP POOL #G60714	U.S. Government and government agency obligation	N/A	4.000%	1/1/2046	85,994	98.05	91,408	84,313	
FED HOME LN MTG CORP POOL #G67713	U.S. Government and government agency obligation	N/A	4.000%	6/1/2048	224,566	97.64	231,829	219,266	
FED HOME LN MTG CORP POOL #RA3175	U.S. Government and government agency obligation	N/A	3.000%	7/1/2050	206,424	90.44	215,552	186,698	
FED HOME LN MTG CORP POOL #RA3194	U.S. Government and government agency obligation	N/A	2.500%	8/1/2050	351,317	87.19	370,584	306,324	
FED HOME LN MTG CORP POOL #RA4919	U.S. Government and government agency obligation	N/A	3.000%	3/1/2051	679,965	90.96	682,333	618,489	
FED HOME LN MTG CORP POOL #SD7513	U.S. Government and government agency obligation	N/A	3.500%	4/1/2050	513,249	94.62	550,478	485,611	
FED HOME LN MTG CORP POOL #V80910	U.S. Government and government agency obligation	N/A	4.000%	12/1/2043	76,633	98.43	82,428	75,429	
FED HOME LN MTG CORP POOL #ZT0542	U.S. Government and government agency obligation	N/A	4.000%	7/1/2048	227,118	97.82	249,439	222,162	
FED HOME LN MTG CORP POOL #ZT0794	U.S. Government and government agency obligation	N/A	4.500%	10/1/2048	362,151	100.30	402,200	363,233	
FED HOME LOAN MTGE CORP POOL #RA9270	U.S. Government and government agency obligation	N/A	5.500%	6/1/2053	1,064,006	101.86	1,065,613	1,083,786	
FED HOME LOAN MTGE CORP POOL #SB8294	U.S. Government and government agency obligation	N/A	5.500%	4/1/2039	867,434	102.09	867,909	885,564	
FED HOME LOAN MTGE CORP POOL #SD1818	U.S. Government and government agency obligation	N/A	4.000%	10/1/2052	285,622	96.18	273,661	274,705	
FED HOME LOAN MTGE CORP POOL #SD7563	U.S. Government and government agency obligation	N/A	4.500%	5/1/2053	681,159	99.56	658,132	678,128	
FED HOME LOAN MTGE CORP POOL #ZS9776	U.S. Government and government agency obligation	N/A	3.500%	8/1/2046	321,275	95.07	291,670	305,437	
FED NATL MTG ASSN	U.S. Government and government agency obligation	N/A	6.300%	11/15/2030	1,242,000	115.72	1,674,015	1,437,218	
FED NATL MTG ASSN POOL #890383	U.S. Government and government agency obligation	N/A	4.000%	1/1/2042	59,003	98.84	63,253	58,316	
FED NATL MTG ASSN POOL #932124	U.S. Government and government agency obligation	N/A	4.500%	11/1/2039	111,092	101.14	119,780	112,363	
FED NATL MTG ASSN POOL #AC3032	U.S. Government and government agency obligation	N/A	5.000%	10/1/2039	45,204	102.61	50,148	46,383	
FED NATL MTG ASSN POOL #AE0996	U.S. Government and government agency obligation	N/A	4.000%	2/1/2041	103,196	98.88	105,356	102,037	
FED NATL MTG ASSN POOL #AJ9332	U.S. Government and government agency obligation	N/A	4.000%	1/1/2042	25,617	99.38	27,278	25,458	
FED NATL MTG ASSN POOL #AL6031	U.S. Government and government agency obligation	N/A	4.000%	10/1/2044	76,426	98.62	81,322	75,369	
FED NATL MTG ASSN POOL #AL7306	U.S. Government and government agency obligation	N/A	4.500%	9/1/2042	95,847	100.16	104,188	95,996	
FED NATL MTG ASSN POOL #AL8743	U.S. Government and government agency obligation	N/A	4.500%	6/1/2046	57,073	100.28	63,346	57,233	
FED NATL MTG ASSN POOL #AL9578	U.S. Government and government agency obligation	N/A	4.000%	6/1/2045	173,549	98.38	184,624	170,743	

**HAMPTON ROADS SHIPPING ASSOCIATION -
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION
PENSION PLAN**

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

SEPTEMBER 30, 2024

Form 5500 Schedule H Item 4i

EIN: 54-0506055
Plan number: 001

(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Unit, Par or Maturity Value or Shares									
(b) Identity of Issuer, Borrower or Similar Party	Description of Investment	Collateral	Rate of Interest	Maturity Date	Units	Par or Maturity Value or Shares	(d) Cost	(e) Current Value	
FED NATL MTG ASSN POOL #AO6713	U.S. Government and government agency obligation	N/A	4.000%	6/1/2042	162.194	98.71	\$ 171,992	\$ 160,105	
FED NATL MTG ASSN POOL #AS0910	U.S. Government and government agency obligation	N/A	4.500%	11/1/2043	108.634	100.83	115,085	109,533	
FED NATL MTG ASSN POOL #AS2946	U.S. Government and government agency obligation	N/A	4.000%	7/1/2044	67.679	97.60	69,529	66,054	
FED NATL MTG ASSN POOL #AS5365	U.S. Government and government agency obligation	N/A	3.500%	7/1/2045	93.597	95.17	99,506	89,076	
FED NATL MTG ASSN POOL #AS6752	U.S. Government and government agency obligation	N/A	3.500%	2/1/2046	77.277	95.02	82,336	73,427	
FED NATL MTG ASSN POOL #AS9588	U.S. Government and government agency obligation	N/A	4.000%	5/1/2047	297.336	97.16	313,749	288,880	
FED NATL MTG ASSN POOL #AV7104	U.S. Government and government agency obligation	N/A	4.000%	3/1/2044	59.570	98.38	63,149	58,606	
FED NATL MTG ASSN POOL #BK7618	U.S. Government and government agency obligation	N/A	5.000%	9/1/2048	180.707	102.04	196,927	184,387	
FED NATL MTG ASSN POOL #BM1732	U.S. Government and government agency obligation	N/A	4.500%	7/1/2047	69.235	100.43	72,556	69,533	
FED NATL MTG ASSN POOL #BM5603	U.S. Government and government agency obligation	N/A	4.000%	11/1/2048	94.024	97.46	101,913	91,635	
FED NATL MTG ASSN POOL #CA0995	U.S. Government and government agency obligation	N/A	3.500%	1/1/2048	380.438	93.43	407,393	355,444	
FED NATL MTG ASSN POOL #CA1354	U.S. Government and government agency obligation	N/A	3.500%	3/1/2048	644.104	94.83	650,181	610,797	
FED NATL MTG ASSN POOL #CA1560	U.S. Government and government agency obligation	N/A	4.500%	4/1/2048	88.621	99.59	93,883	88,257	
FED NATL MTG ASSN POOL #CA2166	U.S. Government and government agency obligation	N/A	4.500%	8/1/2048	90.557	99.73	93,529	90,308	
FED NATL MTG ASSN POOL #CA6738	U.S. Government and government agency obligation	N/A	3.000%	8/1/2050	182.845	91.13	194,044	166,619	
FED NATL MTG ASSN POOL #CA8645	U.S. Government and government agency obligation	N/A	4.000%	1/1/2051	196.690	96.57	214,546	189,950	
FED NATL MTG ASSN POOL #FM1104	U.S. Government and government agency obligation	N/A	3.500%	5/1/2049	234.614	94.70	247,259	222,179	
FED NATL MTG ASSN POOL #FM3247	U.S. Government and government agency obligation	N/A	4.500%	10/1/2045	179.323	101.14	198,572	181,371	
FED NATL MTG ASSN POOL #FM3371	U.S. Government and government agency obligation	N/A	4.500%	7/1/2047	276.828	101.14	301,400	279,987	
FED NATL MTG ASSN POOL #FM4324	U.S. Government and government agency obligation	N/A	3.500%	7/1/2050	174.645	94.69	192,383	165,377	
FED NATL MTG ASSN POOL #FM5893	U.S. Government and government agency obligation	N/A	5.000%	8/1/2050	180.741	101.52	199,871	183,484	
FED NATL MTG ASSN POOL #FM6147	U.S. Government and government agency obligation	N/A	2.000%	2/1/2036	291.006	92.44	303,555	268,991	
FED NATL MTG ASSN POOL #FM7136	U.S. Government and government agency obligation	N/A	3.500%	1/1/2050	206.795	94.71	223,630	195,847	
FED NATL MTG ASSN POOL #FM7323	U.S. Government and government agency obligation	N/A	5.000%	7/1/2047	128.827	102.89	146,707	132,549	
FEDERAL HOME LOAN BANK	U.S. Government and government agency obligation	N/A	5.380%	4/23/2027	1,000.000	100.53	1,000,000	1,005,250	
FEDL NATL MTGE ASSN POOL #CA8234	U.S. Government and government agency obligation	N/A	3.000%	12/1/2050	372.530	91.19	334,651	339,717	
FEDL NATL MTGE ASSN POOL #CB3596	U.S. Government and government agency obligation	N/A	3.500%	5/1/2052	284.264	94.61	269,785	268,948	
FEDL NATL MTGE ASSN POOL #CB5104	U.S. Government and government agency obligation	N/A	4.500%	11/1/2052	397.775	98.43	381,678	391,514	
FEDL NATL MTGE ASSN POOL #FM3229	U.S. Government and government agency obligation	N/A	3.500%	2/1/2047	845.379	95.48	841,959	807,202	
FEDL NATL MTGE ASSN POOL #FM3796	U.S. Government and government agency obligation	N/A	4.500%	10/1/2048	167.896	100.79	178,573	169,220	
FEDL NATL MTGE ASSN POOL #FM8543	U.S. Government and government agency obligation	N/A	5.000%	11/1/2044	328.480	103.02	341,869	338,397	
FEDL NATL MTGE ASSN POOL #F51677	U.S. Government and government agency obligation	N/A	3.000%	3/1/2040	289.455	95.31	284,842	275,871	
FEDL NATL MTGE ASSN POOL #F51891	U.S. Government and government agency obligation	N/A	4.000%	1/1/2050	544.364	97.27	540,255	529,492	
FEDL NATL MTGE ASSN POOL #F52587	U.S. Government and government agency obligation	N/A	4.500%	8/1/2052	260.198	98.98	249,617	257,544	
FEDL NATL MTGE ASSN POOL #F52931	U.S. Government and government agency obligation	N/A	2.000%	3/1/2037	322.627	91.77	292,432	296,062	
FEDL NATL MTGE ASSN POOL #F54703	U.S. Government and government agency obligation	N/A	4.500%	5/1/2053	368.230	98.49	352,983	362,658	
FEDL NATL MTGE ASSN POOL #F57160	U.S. Government and government agency obligation	N/A	6.500%	2/1/2054	410.268	104.99	427,192	430,753	
FEDL NATL MTGE ASSN POOL #MA5072	U.S. Government and government agency obligation	N/A	5.500%	7/1/2053	608.551	101.19	580,383	615,780	
GOVT NATL MTGE ASSN II POOL #MA9329	U.S. Government and government agency obligation	N/A	6.000%	12/20/2038	865.846	103.16	875,655	893,198	
US TREASURY BILL	U.S. Government and government agency obligation	N/A	0.000%	10/1/2024	2,000.000	100.00	1,984,378	2,000.000	
US TREASURY BILL	U.S. Government and government agency obligation	N/A	0.000%	12/19/2024	1,500.000	99.01	1,483,771	1,485,165	
US TREASURY BILL	U.S. Government and government agency obligation	N/A	0.000%	11/19/2024	2,000.000	99.37	1,985,526	1,987,340	
US TREASURY BOND	U.S. Government and government agency obligation	N/A	3.630%	2/15/2053	544.000	90.93	508,177	494,659	
US TREASURY BOND	U.S. Government and government agency obligation	N/A	3.630%	2/15/2053	258.000	90.93	215,193	234,599	
US TREASURY BOND	U.S. Government and government agency obligation	N/A	4.130%	7/31/2028	3,882.000	101.94	3,759,178	3,957,350	
US TREASURY BOND	U.S. Government and government agency obligation	N/A	4.750%	11/15/2043	2,948.000	107.87	2,945,913	3,180,037	
US TREASURY BOND	U.S. Government and government agency obligation	N/A	4.750%	11/15/2053	3,154.000	110.46	3,194,933	3,483,814	
US TREASURY NOTE	U.S. Government and government agency obligation	N/A	3.880%	1/15/2026	6,806.000	100.05	6,787,886	6,809,471	
US TREASURY NOTE	U.S. Government and government agency obligation	N/A	4.130%	1/31/2025	2,557.000	99.83	2,549,613	2,552,576	
US TREASURY NOTE	U.S. Government and government agency obligation	N/A	3.500%	2/15/2033	850.000	98.26	785,061	835,193	
US TREASURY NOTE	U.S. Government and government agency obligation	N/A	4.000%	2/28/2030	1,564.000	101.92	1,568,568	1,593,998	
US TREASURY NOTE	U.S. Government and government agency obligation	N/A	4.250%	2/28/2031	2,074.000	103.42	2,078,618	2,144,889	
US TREASURY NOTE	U.S. Government and government agency obligation	N/A	2.430%	4/15/2025	905.000	99.14	900,190	897,199	
US TREASURY NOTE	U.S. Government and government agency obligation	N/A	3.750%	4/15/2026	9,289.000	100.00	9,148,823	9,289,372	
US TREASURY NOTE	U.S. Government and government agency obligation	N/A	4.630%	4/30/2031	933.000	105.65	947,651	985,668	
US TREASURY NOTE	U.S. Government and government agency obligation	N/A	3.430%	5/15/2026	6,319.000	99.84	6,142,045	6,308,890	
US TREASURY NOTE	U.S. Government and government agency obligation	N/A	4.380%	5/15/2034	3,075.000	104.73	3,209,171	3,220,571	
US TREASURY NOTE	U.S. Government and government agency obligation	N/A	2.880%	6/15/2025	3,362.000	99.10	3,241,840	3,331,843	
US TREASURY NOTE	U.S. Government and government agency obligation	N/A	4.000%	6/30/2028	2,335.000	101.50	2,292,317	2,369,932	
US TREASURY NOTE	U.S. Government and government agency obligation	N/A	3.000%	7/15/2025	6,468.000	99.19	6,250,474	6,415,350	
US TREASURY NOTE	U.S. Government and government agency obligation	N/A	4.630%	9/15/2026	1,661.000	101.79	1,661,458	1,690,782	
US TREASURY NOTE	U.S. Government and government agency obligation	N/A	4.130%	9/30/2027	2,190.000	101.61	2,174,599	2,225,171	
US TREASURY NOTE	U.S. Government and government agency obligation	N/A	4.630%	9/30/2028	1,719.000	103.88	1,734,378	1,785,749	
US TREASURY NOTE	U.S. Government and government agency obligation	N/A	4.630%	9/30/2030	4,534.000	105.32	4,493,585	4,775,027	
US TREASURY NOTE	U.S. Government and government agency obligation	N/A	4.250%	10/15/2025	2,024.000	100.29	2,012,777	2,029,930	
US TREASURY NOTE	U.S. Government and government agency obligation	N/A	4.630%	10/15/2026	4,536.000	101.88	4,509,975	4,621,413	
US TREASURY NOTE	U.S. Government and government agency obligation	N/A	4.630%	10/15/2026	990.000	101.88	1,001,487	1,008,642	
US TREASURY NOTE	U.S. Government and government agency obligation	N/A	4.130%	10/31/2027	5,319.000	101.58	5,272,776	5,403,147	
US TREASURY NOTE	U.S. Government and government agency obligation	N/A	3.880%	11/30/2027	1,664.000	100.88	1,630,265	1,678,560	
US TREASURY NOTE	U.S. Government and government agency obligation	N/A	4.380%	11/30/2028	2,500.000	103.06	2,504,594	2,576,575	
US TREASURY NOTE	U.S. Government and government agency obligation	N/A	4.250%	12/31/2024	2,000.000	99.89	1,994,144	1,997,720	
US TREASURY BOND	U.S. Government and government agency obligation	N/A	3.000%	2/15/2048	473.000	81.33	417,764	384,700	
US TREASURY BOND	U.S. Government and government agency obligation	N/A	2.500%	2/15/2046	103.000	75.60	87,933	77,866	
US TREASURY BOND	U.S. Government and government agency obligation	N/A	1.880%	2/15/2051	1,037.000	62.66	879,379	649,743	
US TREASURY BOND	U.S. Government and government agency obligation	N/A	3.000%	5/15/2042	1,240.000	85.97	1,234,796	1,066,016	
US TREASURY BOND	U.S. Government and government agency obligation	N/A	3.130%	5/15/2048	1,602.000	83.06	1,480,092	1,330,541	
US TREASURY BOND	U.S. Government and government agency obligation	N/A	2.250%	5/15/2041	2,632.000	77.50	2,311,179	2,039,700	
US TREASURY NOTE	U.S. Government and government agency obligation	N/A	1.880%	2/15/2032	1,653.000	88.31	1,471,102	1,459,814	
US TREASURY NOTE	U.S. Government and government agency obligation	N/A	2.880%	5/15/2028	454.000	97.61	496,722	443,160	
Total U.S. Government and government agency obligations							119,949,457	120,473,644	
Corporate obligations									
AMGEN INC	Corporate obligation	N/A	5.600%	3/2/2043	435.000	105.12	457,289	457,007	
BROADCOM INC	Corporate obligation	N/A	4.550%	2/15/2032	463.000	99.74	461,792	462,648	
CITIGROUP INC	Corporate obligation	N/A	2.010%	1/25/2026	2,005.000	98.99	2,010,053	1,984,729	
JPMORGAN CHASE & CO	Corporate obligation	N/A	1.560%	12/10/2025	900.000	99.24	858,537	893,160	
MORGAN STANLEY	Corporate obligation	N/A	1.160%	10/21/2025	2,080.000	99.80	2,041,562	2,075,778	
AMERICAN EXPRESS CO	Corporate obligation	N/A	5.850%	11/5/2027	1,245.000	105.11	1,315,255	1,308,620	
AMERICAN EXPRESS CO	Corporate obligation	N/A	5.530%	4/25/2030	1,000.000	104.82	1,000,040	1,048,170	
AMGEN INC	Corporate obligation	N/A	5.150%	3/2/2028	900.000	102.97	881,712	926,739	
BANK AMERICA CORP	Corporate obligation	N/A	5.930%	9/15/2027	1,000.000	102.97	1,016,510	1,029,700	
BANK OF NEW YORK MELLON	Corporate obligation	N/A	4.540%	2/1/2029	1,000.000	101.17	971,280	1,011,700	
BRISTOL-MYERS SQUIBB CO	Corporate obligation	N/A	5.750%	2/1/2031	1,000.000	108.30	1,023,910	1,083,040	
CISCO SYSTEMS INC	Corporate obligation	N/A	4.950%	2/26/2031	1,000.000	104.52	983,510	1,045,240	
CITIGROUP INC	Corporate obligation	N/A	5.170%	2/13/2030	1,000.000	102.72	978,640	1,027,240	
JOHN DEERE CAPITAL CORP	Corporate obligation	N/A	4.500%	1/16/2029	1,000.000	101.84	977,280	1,018,360	
DIAMONDBACK ENERGY INC	Corporate obligation	N/A	5.200%	4/18/2027	1,000.000	102.06	1,017,940	1,020,600	

HAMPTON ROADS SHIPPING ASSOCIATION - INTERNATIONAL LONGSHOREMEN'S ASSOCIATION PENSION PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

SEPTEMBER 30, 2024

Form 5500 Schedule H Item 4i

EIN: 54-0506055
Plan number: 001

(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Unit, Par or Maturity Value or Shares									
(a)	(b) Identity of Issuer, Borrower or Similar Party	Description of Investment	Collateral	Rate of Interest	Maturity Date	Units	Par or Maturity Value or Shares	(d) Cost	(e) Current Value
	EXELON CORP	Corporate obligation	N/A	5.150%	3/15/2029	1,000,000	103.61	\$ 997,110	\$ 1,036,080
	GENERAL MOTORS FINL CO	Corporate obligation	N/A	3.800%	4/7/2025	1,805,000	99.28	1,781,866	1,791,986
	GOLDMAN SACHS GROUP INC	Corporate obligation	N/A	5.730%	4/25/2030	1,500,000	105.10	1,504,185	1,576,425
	INTEL CORP	Corporate obligation	N/A	5.130%	2/10/2030	1,000,000	102.17	997,450	1,021,720
	JPMORGAN CHASE & CO	Corporate obligation	N/A	4.080%	4/26/2026	1,110,000	99.50	1,081,762	1,104,472
	L3HARRIS TECH INC	Corporate obligation	N/A	5.050%	6/1/2029	500,000	103.00	494,160	514,995
	MORGAN STANLEY BK	Corporate obligation	N/A	5.170%	1/16/2030	1,000,000	103.09	987,410	1,030,850
	NEXTERA ENERGY CAP HLDGS INC	Corporate obligation	N/A	6.050%	3/1/2025	900,000	100.43	902,988	903,827
	NISOURCE INC	Corporate obligation	N/A	5.250%	3/30/2028	1,500,000	103.01	1,485,945	1,545,120
	ORACLE CORP	Corporate obligation	N/A	5.800%	11/10/2025	1,735,000	101.56	1,785,627	1,762,049
	PHILIP MORRIS INTL INC	Corporate obligation	N/A	5.130%	2/15/2030	1,000,000	103.74	985,140	1,037,400
	RTX CORP	Corporate obligation	N/A	5.750%	1/15/2029	1,000,000	105.91	1,019,850	1,059,130
	SOUTHERN CO	Corporate obligation	N/A	5.500%	3/15/2029	1,000,000	104.89	1,013,130	1,048,930
	TRUIST FINANCIAL CORP	Corporate obligation	N/A	6.050%	6/8/2027	900,000	102.61	896,661	923,526
	UNITEDHEALTH GROUP INC	Corporate obligation	N/A	5.300%	2/15/2030	1,000,000	105.45	1,005,870	1,054,500
	AT&T INC	Corporate obligation	N/A	1.700%	3/25/2026	1,105,000	96.26	1,121,972	1,063,640
	ABBVIE INC	Corporate obligation	N/A	2.950%	11/21/2026	1,365,000	97.89	1,312,648	1,355,832
	ABBVIE INC	Corporate obligation	N/A	2.400%	11/21/2024	1,245,000	97.66	1,315,369	1,240,742
	COMCAST CORP	Corporate obligation	N/A	3.950%	10/15/2025	1,595,000	99.72	1,818,387	1,590,502
	LOWE'S COS INC	Corporate obligation	N/A	4.500%	4/15/2030	1,000,000	101.29	971,960	1,012,870
	T-MOBILE USA INC	Corporate obligation	N/A	3.500%	4/15/2025	1,105,000	99.29	1,065,806	1,097,121
	VERIZON COMMUNICATIONS	Corporate obligation	N/A	4.130%	3/16/2027	1,320,000	99.86	1,272,520	1,318,099
	CROWN CASTLE INTL CORP	Corporate obligation	N/A	3.700%	6/15/2026	2,000,000	98.78	1,917,640	1,975,660
	CROWN CASTLE INTL CORP	Corporate obligation	N/A	3.650%	9/1/2027	950,000	98.03	930,715	931,276
	LEHMAN BRTH HLD (RICI)	Corporate obligation	N/A	7.200%	8/15/2009	300,000	0.35	170,367	1,050
	SIMON PROPERTY GROUP INC	Corporate obligation	N/A	1.380%	1/15/2027	2,000,000	94.13	1,999,900	1,882,600
	WELLS FARGO & COMPANY	Corporate obligation	N/A	3.000%	2/19/2025	2,000,000	99.27	1,913,240	1,985,420
	GENERAL MOTORS FINL CO	Corporate obligation	N/A	6.050%	10/10/2025	2,000,000	101.23	2,024,360	2,024,560
	SOUTHERN CO	Corporate obligation	N/A	4.850%	6/15/2028	2,500,000	102.40	2,457,925	2,559,875
	INGERSOLL-RAND LUX FINAN	Corporate obligation	N/A	3.550%	11/1/2024	2,000,000	99.85	1,945,400	1,997,000
	AEP TRANSMISSION CO LLC	Corporate obligation	N/A	3.100%	12/1/2024	2,000,000	97.77	1,929,020	1,955,460
	BROADCOM INC	Corporate obligation	N/A	3.150%	11/15/2025	1,500,000	98.59	1,627,560	1,478,850
	CATERPILLAR FINANCIAL SE	Corporate obligation	N/A	3.250%	12/1/2024	1,500,000	99.48	1,482,810	1,495,170
	CENTERPOINT ENERGY INC	Corporate obligation	N/A	4.250%	11/1/2028	2,477,000	98.83	2,375,914	2,447,895
	JOHN DEERE CAPITAL CORP	Corporate obligation	N/A	2.650%	6/10/2026	2,000,000	97.82	2,136,460	1,956,400
	ENERGY CORP	Corporate obligation	N/A	2.950%	9/1/2026	1,000,000	97.59	1,075,270	975,920
	GENERAL MOTORS FINL CO	Corporate obligation	N/A	4.350%	4/9/2025	1,750,000	99.62	1,742,300	1,743,298
	HESS CORP	Corporate obligation	N/A	4.300%	4/1/2027	2,500,000	99.98	2,446,150	2,499,400
	NEXTERA ENERGY CAPITAL	Corporate obligation	N/A	3.550%	5/1/2027	3,000,000	98.62	2,878,530	2,958,720
	PPL CAPITAL FUNDING INC	Corporate obligation	N/A	3.100%	5/15/2026	2,000,000	97.90	1,957,420	1,957,940
	REALTY INCOME CORP	Corporate obligation	N/A	4.430%	11/1/2025	1,500,000	100.27	1,668,150	1,503,990
	BANK OF AMERICA CORP	Corporate obligation	N/A	4.330%	3/15/2030	516,000	90.82	550,625	468,626
	BANK OF NY MELLON CORP	Corporate obligation	N/A	3.700%	3/20/2169	458,000	97.15	434,014	444,942
	CITIGROUP INC	Corporate obligation	N/A	3.980%	3/20/2030	473,000	97.93	452,170	463,199
	CROWN CASTLE INTL CORP	Corporate obligation	N/A	4.300%	2/15/2029	459,000	99.09	482,795	454,805
	EQUINIX INC	Corporate obligation	N/A	3.200%	11/18/2029	489,000	94.39	446,317	461,567
	JPMORGAN CHASE & CO	Corporate obligation	N/A	1.470%	9/22/2027	406,000	94.72	360,309	384,559
	METLIFE INC	Corporate obligation	N/A	3.850%	3/15/2170	440,000	98.39	437,659	432,898
	MORGAN STANLEY	Corporate obligation	N/A	4.430%	1/23/2030	472,000	100.22	465,688	473,034
	CHARLES SCHWAB CORP	Corporate obligation	N/A	5.380%	9/1/2170	435,000	99.83	431,955	434,269
	WELLS FARGO & COMPANY	Corporate obligation	N/A	5.010%	4/4/2051	475,000	98.05	560,792	465,728
	AMERICAN TOWER CORP	Corporate obligation	N/A	4.050%	3/15/2032	469,000	96.02	447,610	450,353
	CAMPBELL SOUP CO	Corporate obligation	N/A	5.400%	3/21/2034	13,000	104.87	13,085	13,632
	DIAMONDBACK ENERGY INC	Corporate obligation	N/A	6.250%	3/15/2033	418,000	107.85	422,348	450,800
	ENERGY TRANSFER LP	Corporate obligation	N/A	6.100%	12/1/2028	39,000	106.36	39,498	41,479
	GENERAL MOTORS FINL CO	Corporate obligation	N/A	5.800%	6/23/2028	438,000	103.75	430,611	454,421
	JPMORGAN CHASE & CO	Corporate obligation	N/A	6.250%	10/23/2034	477,000	111.22	507,262	530,515
	KINDER MORGAN INC	Corporate obligation	N/A	5.200%	6/1/2033	442,000	101.23	430,762	447,441
	L3HARRIS TECH INC	Corporate obligation	N/A	5.050%	6/1/2029	425,000	103.00	422,034	437,746
	PNC FINANCIAL SERVICES	Corporate obligation	N/A	5.070%	1/24/2034	454,000	101.39	434,379	460,292
	ROPER TECHNOLOGIES INC	Corporate obligation	N/A	4.750%	2/15/2032	447,000	101.18	447,532	452,270
	T-MOBILE USA INC	Corporate obligation	N/A	5.150%	4/15/2034	435,000	103.02	432,910	448,133
	TRUIST FINANCIAL CORP	Corporate obligation	N/A	5.870%	6/8/2034	425,000	106.31	433,738	451,813
	AIRCASTE LTD	Corporate obligation	N/A	4.250%	6/15/2026	438,000	99.27	418,218	434,785
	ANHEUSER-BUSCH INBEV WOR	Corporate obligation	N/A	3.500%	6/1/2030	441,000	97.07	403,590	428,074
	CAMPBELL SOUP CO	Corporate obligation	N/A	2.380%	4/24/2030	484,000	90.32	399,440	437,134
	CHENIERE CORP CHRISTI HD	Corporate obligation	N/A	3.700%	11/15/2029	470,000	96.14	364,191	451,863
	COMCAST CORP	Corporate obligation	N/A	4.150%	10/15/2028	425,000	100.16	446,785	425,663
	COMMONSPIRIT HEALTH	Corporate obligation	N/A	3.350%	10/1/2029	486,000	95.27	482,274	463,027
	DCP MIDSTREAM OPERATING	Corporate obligation	N/A	5.130%	5/15/2029	25,000	102.49	25,645	25,623
	DCP MIDSTREAM OPERATING	Corporate obligation	N/A	5.630%	7/15/2027	427,000	102.87	424,686	439,242
	DELL INT LLC / EMC CORP	Corporate obligation	N/A	6.200%	7/15/2030	415,000	108.74	513,345	451,263
	DUKE ENERGY CORP	Corporate obligation	N/A	2.550%	6/15/2031	517,000	88.40	457,793	457,038
	MICROSOFT CORP	Corporate obligation	N/A	2.530%	6/1/2050	684,000	68.64	663,067	469,518
	NETFLIX INC	Corporate obligation	N/A	5.880%	11/15/2028	418,000	106.57	423,993	445,450
	NORTHERN STATES PWR-MINN	Corporate obligation	N/A	2.900%	3/1/2050	655,000	69.93	572,622	458,028
	OCCIDENTAL PETROLEUM COR	Corporate obligation	N/A	6.380%	9/1/2028	402,000	105.15	409,634	422,715
	PARKER-HANNIFIN CORP	Corporate obligation	N/A	3.250%	6/14/2029	436,000	95.98	435,575	418,490
	SUNOCO LOGISTICS PARTNER	Corporate obligation	N/A	3.900%	7/15/2026	402,000	99.06	435,035	398,213
	WALMART INC	Corporate obligation	N/A	4.050%	6/29/2048	514,000	89.83	508,238	461,711
	JOHN DEERE OWNER TRUST	Corporate obligation	N/A	2.490%	1/14/2029	439,000	98.08	421,320	430,567
	GM FINANCIAL SECURITIZED TERM	Corporate obligation	N/A	4.860%	6/18/2029	354,000	101.90	354,124	360,722
	HONDA AUTO RECEIVABLES OWNER	Corporate obligation	N/A	5.210%	8/15/2028	415,000	101.77	417,205	422,346
	UNITED AIRLNS PASS THRU	Corporate obligation	N/A	5.450%	2/15/2037	432,000	104.07	434,700	449,582
	VERIZON MASTER TRUST	Corporate obligation	N/A	5.160%	6/20/2029	419,000	101.53	418,640	425,415
	VERIZON MASTER TRUST	Corporate obligation	N/A	5.610%	9/8/2028	141,000	101.09	141,315	142,534
	Total corporate obligations							95,219,785	95,254,556
	Municipal taxable bonds								
	CALIFORNIA ST	Municipal taxable bond	N/A	7.550%	4/1/2039	660,000	125.69	974,061	829,547
	CALIFORNIA ST	Municipal taxable bond	N/A	4.600%	4/1/2038	50,000	98.21	48,222	49,105
	JOBSOHIO BEVERAGE	Municipal taxable bond	N/A	3.985%	1/1/2029	120,000	100.86	119,840	121,033
	JOBSOHIO BEVERAGE	Municipal taxable bond	N/A	4.532%	1/1/2035	300,000	102.49	322,052	307,482
	NEW JERSEY ST TRANSN	Municipal taxable bond	N/A	5.754%	12/15/2028	505,000	102.39	544,504	517,055
	Total municipal taxable bonds							2,008,679	1,824,222

HAMPTON ROADS SHIPPING ASSOCIATION - INTERNATIONAL LONGSHOREMEN'S ASSOCIATION PENSION PLAN

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

SEPTEMBER 30, 2024

Form 5500 Schedule H Item 4i

EIN: 54-0506055
Plan number: 001

(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Unit, Par or Maturity Value or Shares									
(a)	(b) Identity of Issuer, Borrower or Similar Party	Description of Investment	Collateral	Rate of Interest	Maturity Date	Units	Par or Maturity Value or Shares	(d) Cost	(e) Current Value
Foreign bonds									
	BANK OF MONTREAL CONVERTIBLE	Foreign bonds	N/A	5.203%	2/1/2028	1,000,000	103.12	\$ 997,540	\$ 1,031,190
	ENBRIDGE INC	Foreign bonds	N/A	5.300%	4/5/2029	1,000,000	103.54	1,002,420	1,035,430
	MEDTRONIC GLOBAL HLDGS	Foreign bonds	N/A	4.250%	3/30/2028	1,000,000	100.84	967,050	1,008,440
	PFIZER INVT ENTERPRISES	Foreign bonds	N/A	4.450%	5/19/2028	1,000,000	101.48	971,490	1,014,830
	ROYAL BANK OF CANADA CONVERTIBLE	Foreign bonds	N/A	5.660%	10/25/2024	1,315,000	100.04	1,326,756	1,315,487
	Total foreign bonds							5,265,256	5,405,377
Short-Term Investments									
	Wells Fargo Deposit Sweep Program	Short-Term Investments	N/A	1.500%	N/A	5,456,836	1.00	5,456,836	5,456,836
	*Principal Deposit Sweep Program	Short-Term Investments	N/A	2.800%	N/A	12,244,761	1.00	12,244,761	12,244,761
	Total short-term investments							17,701,597	17,701,597
	Total assets (held at end of year)							\$ 472,948,109	\$ 563,369,909

* Denotes party-in-interest

Schedule MB, line 8b(2) - Schedule of Active Participant Data

The participant data is for the year ended September 30, 2023

Age	Total	Pension Credits										Unknown
		0	1-4	5- 9	10 -14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over	
Under 20	2	-	2	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-
20 - 24	70	9	54	7	-	-	-	-	-	-	-	-
	\$135	-	\$121	-	-	-	-	-	-	-	-	-
25 - 29	148	7	92	44	5	-	-	-	-	-	-	-
	\$272	-	\$165	\$490	-	-	-	-	-	-	-	-
30 - 34	223	5	78	112	26	2	-	-	-	-	-	-
	\$402	-	\$159	\$502	\$712	-	-	-	-	-	-	-
35 - 39	270	1	61	119	46	36	7	-	-	-	-	-
	\$645	-	\$154	\$518	\$819	\$1,480	-	-	-	-	-	-
40 - 44	308	4	52	92	39	74	41	6	-	-	-	-
	\$942	-	\$160	\$512	\$849	\$1,502	\$1,865	-	-	-	-	-
45 - 49	319	2	36	95	35	62	45	44	-	-	-	-
	\$1,156	-	\$157	\$511	\$797	\$1,508	\$1,882	\$2,465	-	-	-	-
50 - 54	351	2	40	88	31	59	50	61	15	5	-	-
	\$1,374	-	\$167	\$528	\$857	\$1,453	\$2,002	\$2,508	-	-	-	-
55 - 59	327	-	23	68	17	55	62	56	32	13	1	-
	\$1,674	-	\$207	\$504	-	\$1,474	\$1,951	\$2,523	\$3,134	-	-	-
60 - 64	238	-	8	40	22	31	55	45	26	10	1	-
	\$1,793	-	-	\$471	\$854	\$1,477	\$1,951	\$2,544	\$3,097	-	-	-
65 - 69	80	-	4	10	-	14	11	19	13	6	3	-
	\$2,142	-	-	-	-	-	-	-	-	-	-	-
70 & over ¹	7	-	-	-	-	-	3	2	1	-	1	-
	-	-	-	-	-	-	-	-	-	-	-	-
Unknown	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-
Total	2,343	30	450	675	221	333	274	233	87	34	6	-
	\$1,118	\$15	\$160	\$506	\$821	\$1,482	\$1,932	\$2,509	\$3,110	\$3,504	-	-

¹ Excludes 22 working participants in pay status receiving age 70 ½ distributions.

Section 2: Actuarial Valuation Results

Schedule MB Line 6f(1) – Description of Withdrawal liability Interest Rate

- The actuarial assumptions and methods are reasonable (taking into account the experience of the Plan and reasonable expectations) and, in combination, represent the actuary's best estimate of anticipated experience under the Plan to determine the unfunded vested benefits for withdrawal liability purposes.
- The present value of vested benefits is based on a blend of two liability calculations:
 - The first calculation applies to benefits that could be settled immediately because assets on hand are sufficient to cover their market value. Since withdrawal liability is a final settlement of an employer's obligation to the Plan, the discount rates used are based on estimated annuity purchase rates. ERISA Sec. 4044 interest rates promulgated by the PBGC for multiemployer plans terminating by mass withdrawal on the measurement date are used as a proxy for annuity purchase rates.
 - The second calculation applies to benefits that cannot be settled immediately because they are not currently funded. This calculation uses the interest rate determined by the plan actuary for minimum funding, based on the expected return on current and future assets.

Interest	For liabilities up to market value of assets, 5.24% for 20 years and 4.58% beyond (2.81% for 20 years and 2.94% beyond, in the prior year valuation). For liabilities in excess of market value of assets, same as used for plan funding as of October 1, 2023, 6.75% (the corresponding funding rate as of a year earlier was used for the prior year's value, 7.00%).
Administrative Expenses	Calculated as prescribed by PBGC formula (29 CFR Part 4044, Appendix C); not applicable to those liabilities determined using funding interest rates.
Mortality	Same as used for plan funding as of October 1, 2023 (the corresponding mortality rates as of a year earlier were used for the prior year's value)
Retirement Rates	Same as used for plan funding as of October 1, 2023 (the corresponding retirement rates as of a year earlier were used for the prior year's value)

Section 3: Certificate of Actuarial Valuation

Schedule of FSA Bases (Charges) (Schedule MB, Line 9c)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment	10/01/1995	\$2,217,302	2	\$1,144,846
Plan Amendment	10/01/1997	152,032	4	41,809
Plan Amendment	10/01/1998	20,317,032	5	4,610,784
Plan Amendment	10/01/2000	15,069,033	7	2,596,520
Plan Amendment	10/01/2002	5,634,810	9	801,585
Change in Assumptions	10/01/2009	3,909	1	3,909
Experience Loss	10/01/2009	3,152,861	1	3,152,861
Experience Loss	10/01/2010	2,220,666	2	1,146,583
Experience Loss	10/01/2011	10,065,609	3	3,576,591
Experience Loss	10/01/2012	9,493,209	4	2,610,643
Experience Loss	10/01/2013	871,403	5	197,758
Change in Assumptions	10/01/2016	2,486,422	8	386,295
Change in Assumptions	10/01/2017	143,640	9	20,434
Experience Loss	10/01/2019	603,377	11	74,441
Change in Assumptions	10/01/2020	18,000,913	12	2,094,847
Experience Loss	10/01/2022	9,315,695	14	982,940
Experience Loss	10/01/2023	19,155,803	15	1,939,218
Change in Assumptions	10/01/2023	5,800,272	15	587,185
Total		\$124,703,988		\$25,969,249

Section 3: Certificate of Actuarial Valuation

Schedule of FSA Bases (Credits) (Schedule MB, Line 9h)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in Assumptions	10/01/2012	\$138,360	4	\$38,049
Change in Assumptions	10/01/2014	5,383,795	6	1,049,925
Experience Gain	10/01/2014	6,068,514	6	1,183,456
Experience Gain	10/01/2015	2,723,580	7	469,295
Experience Gain	10/01/2016	5,545,050	8	861,490
Experience Gain	10/01/2017	2,928,562	9	416,605
Experience Gain	10/01/2018	1,212,476	10	159,850
Change in Assumptions	10/01/2019	19,843,139	11	2,448,117
Experience Gain	10/01/2020	4,690,712	12	545,879
Experience Gain	10/01/2021	12,360,103	13	1,365,818
Total		\$60,894,291		\$8,538,484

Section 3: Certificate of Actuarial Valuation

Models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are presented to meet regulatory, legislative and client requirements. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility, and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible actuary.

Justification for Change in Actuarial Assumptions (Schedule MB, line 11)

For purposes of determining current liability, the current liability interest rate was changed from 2.38% to 3.07% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

Based on past experience and future expectations, the following assumptions were changed as of October 1, 2023:

- Administrative expense assumption, previously \$1,100,000 payable throughout the year.
- Net investment return assumption, previously 7%.
- Percent of married participants electing a 50% J&S option with pop-up, previously 90%.
- Disability incidence rates, previously as follows:

Age	Rate (%)
	Disability ¹
20	N/A
25	N/A
30	N/A
35	N/A
40	1.02
45	3.01
50	3.14
55	3.20
60	5.98

¹ Withdrawal rates include implicit disability rates until eligibility for disability benefits is reached.

Section 3: Certificate of Actuarial Valuation

Exhibit I: Statement of Actuarial Assumptions, Methods and Models

(Schedule MB, Line 6)

Rationale for Demographic and Noneconomic Assumptions	The information and analysis used in selecting each demographic assumption that has a significant effect on this actuarial valuation has been accumulated over the past valuations. Current data is reviewed in conjunction with each annual valuation. Based on professional judgment, assumption changes were made as described in this Exhibit I.
Mortality Rates	<i>Healthy:</i> RP-2006 Healthy Blue Collar Mortality Table (employee/annuitant and sex-distinct), set forward three years, projected generationally using scale MP-2019 from 2006 <i>Disabled:</i> RP-2014 Disabled Retiree Mortality Table The RP-2006 Healthy Blue Collar mortality table, set forward three years and projected to the valuation date, reasonably reflects the projected mortality experience of the Plan as of the measurement date. The mortality table was then adjusted to future years using generational projection under Scale MP-2019 to anticipate future mortality improvement. The mortality rates were based on historical and current demographic data and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of deaths by age and the projected number based on the prior years' assumption over the most recent 10 years. However, the number of deaths is too small to be statistically credible. The mortality tables used were published by the Society of Actuaries in 2014 and are appropriate for the valuation of this plan.

Section 3: Certificate of Actuarial Valuation

Termination Rates before Retirement

Age	Rate (%)	
	Disability ¹	Withdrawal ²
20	N/A	2.5
25	N/A	2.5
30	N/A	2.5
35	N/A	2.5
40	0.77	2.5
45	2.26	1.0
50	2.35	1.0
55	2.40	1.0
60	4.49	0.0

¹ Withdrawal rates include implicit disability rates until eligibility for disability benefits is reached.

² Withdrawal rates apply only through the first assumed retirement age.

The withdrawal rates and disability rates are based on historical and current data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number and amount of liability change by age and the projected number and amount of liability expected based on the prior year's assumption over the most recent ten years.

Retirement Rates from Active Status

Age	Rate (%) if eligible
55-61	1.0
62-66	5.0
67-69	10.0
70 and older	100.0

The retirement rates are based on historical and current data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number and amount of liability change due to retirements by age and the projected number and amount of liability expected based on the prior years' assumption over the most recent ten years.

Section 3: Certificate of Actuarial Valuation

Retirement Rates from Inactive Vested Status	Age	Rate (%) if eligible
	61-62	80
	63	100
	The retirement rates are based on historical and current data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number and amount of liability change due to retirements by age and the projected number and amount of liability expected based on the prior years' assumption over the most recent ten years.	
Description of Weighted Average Retirement Age	Age 68, determined as follows: The weighted average retirement age for each active participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages, based on all the active participants included in the October 1, 2023 actuarial valuation.	
Future Benefit Accruals	One service credit per year per active employee included in the valuation. The future benefit accruals are based on historical and current data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the most recent ten years.	
Unknown Data for Participants	Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.	
Definition of Active Participants	Active employees are defined as those who worked at least 500 hours in covered employment during the year.	
Exclusion of Inactive Vested Participants	No inactive vested participants are excluded from this valuation.	
Percent Married	65% of the male and 40% of the female participants.	
Age and Sex of Spouse	Where spouse information is not available, participants are assumed to have opposite-sex spouses with the female spouse three years younger than the male.	
Benefit Election	Married: 70% assumed to receive the 50% joint and survivor option with pop-up, and 30% assumed to elect a single life annuity. Not married: All assumed to receive a single life annuity. The benefit elections were based on historical and current data, adjusted to reflect the plan design, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual option election patterns over the most recent four years.	

Section 3: Certificate of Actuarial Valuation

Delayed Retirement Factors	Active participants assumed to work enough hours each month to not qualify for delayed retirement adjustment. Inactive vested participants who are assumed to commence receipt of benefits after attaining normal retirement age qualify for delayed retirement increases, but not beyond age 70.
Net Investment Return	6.75% The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes, as well as the Plan's target asset allocation.
Annual Administrative Expenses	\$1,000,000, payable monthly for year beginning October 1, 2023 (equivalent to \$965,408 payable at the beginning of the year) The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.
Actuarial Value of Assets	IRS Method 15 (Revenue Procedure 2000-40) - The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected market return and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
Actuarial Cost Method	Entry Age Normal Actuarial Cost Method (1) Entry Age is defined as attained age minus accrued vesting service as of the valuation date. (2) Normal Cost and Actuarial Accrued Liability calculated on an individual basis and allocated by service. Normal Cost calculated as if the current benefit provisions had always been in effect.
Benefits Valued	Unless otherwise indicated, includes all benefits summarized in <i>Exhibit J</i>
Current Liability Assumptions	<i>Interest</i> : 3.07%, within the permissible range prescribed under IRC Section 431(c)(6)(E) <i>Mortality</i> : Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2), RP-2014 employee and annuitant mortality tables adjusted backward to the base year (2006) using scale MP-2014, with generational projection using scale MP-2021
Estimated Rate of Investment Return	<i>On actuarial value of assets (Schedule MB, line 6g)</i> : 3.6%, for the Plan Year ending September 30, 2023 <i>On current (market) value of assets (Schedule MB, line 6h)</i> : 9.7%, for the Plan Year ending September 30, 2023
FSA Contribution Timing (Schedule MB, line 3a)	Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to an April 15 contribution date.

Section 3: Certificate of Actuarial Valuation

Models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are presented to meet regulatory, legislative and client requirements. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility, and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible actuary.

Justification for Change in Actuarial Assumptions (Schedule MB, line 11)

For purposes of determining current liability, the current liability interest rate was changed from 2.38% to 3.07% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

Based on past experience and future expectations, the following assumptions were changed as of October 1, 2023:

- Administrative expense assumption, previously \$1,100,000 payable throughout the year.
- Net investment return assumption, previously 7%.
- Percent of married participants electing a 50% J&S option with pop-up, previously 90%.
- Disability incidence rates, previously as follows:

Age	Rate (%)
	Disability ¹
20	N/A
25	N/A
30	N/A
35	N/A
40	1.02
45	3.01
50	3.14
55	3.20
60	5.98

¹ Withdrawal rates include implicit disability rates until eligibility for disability benefits is reached.

Schedule MB, Line 8b(3) - Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2023-2024	\$20,203,896	-	\$20,203,896
2024-2025	\$20,203,896	-	\$20,203,896
2025-2026	\$20,203,896	-	\$20,203,896
2026-2027	\$20,203,896	-	\$20,203,896
2027-2028	\$20,203,896	-	\$20,203,896
2028-2029	\$20,203,896	-	\$20,203,896
2029-2030	\$20,203,896	-	\$20,203,896
2030-2031	\$20,203,896	-	\$20,203,896
2031-2032	\$20,203,896	-	\$20,203,896
2032-2033	\$20,203,896	-	\$20,203,896

Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2023	\$1,153,072	\$247,952	\$33,187,760	\$34,588,784
2024	2,221,948	385,460	31,919,377	34,526,785
2025	3,247,892	481,895	30,626,864	34,356,651
2026	4,283,783	575,897	29,314,788	34,174,468
2027	5,296,473	667,180	27,987,048	33,950,701
2028	6,452,141	806,000	26,647,329	33,905,470
2029	7,575,059	898,687	25,299,425	33,773,171
2030	8,747,649	1,012,259	23,947,424	33,707,332
2031	9,761,247	1,092,602	22,595,855	33,449,704
2032	10,765,738	1,168,539	21,249,694	33,183,971
2033	11,833,324	1,259,333	19,914,290	33,006,947
2034	12,704,832	1,325,961	18,595,202	32,625,995
2035	13,552,506	1,350,316	17,298,054	32,200,876
2036	14,144,625	1,387,277	16,028,352	31,560,254
2037	14,770,066	1,436,053	14,791,368	30,997,487
2038	15,285,720	1,465,964	13,592,183	30,343,867
2039	15,738,894	1,475,422	12,435,656	29,649,972
2040	16,030,928	1,499,432	11,326,302	28,856,662

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

OtherAttachment_SchMB_Line8b(1)

Page 1 of 3

Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2041	\$16,227,307	\$1,529,106	\$10,268,184	\$28,024,597
2042	16,374,111	1,548,103	9,264,826	27,187,040
2043	16,391,081	1,550,223	8,319,099	26,260,403
2044	16,372,851	1,550,917	7,433,212	25,356,980
2045	16,272,522	1,545,133	6,608,670	24,426,325
2046	16,080,849	1,523,674	5,846,262	23,450,785
2047	15,843,242	1,508,516	5,146,018	22,497,776
2048	15,506,540	1,482,952	4,507,269	21,496,761
2049	15,150,226	1,442,805	3,928,595	20,521,626
2050	14,712,976	1,393,653	3,407,809	19,514,438
2051	14,268,354	1,338,462	2,942,163	18,548,979
2052	13,725,512	1,292,997	2,528,461	17,546,970
2053	13,183,072	1,241,940	2,163,194	16,588,206
2054	12,634,191	1,183,336	1,842,685	15,660,212
2055	12,044,396	1,122,471	1,563,134	14,730,001
2056	11,419,478	1,065,710	1,320,708	13,805,896
2057	10,791,500	1,005,009	1,111,635	12,908,144
2058	10,169,770	945,304	932,281	12,047,355

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

OtherAttachment_SchMB_Line8b(1)

Page 2 of 3

Schedule MB, Line 8b(1) - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2059	\$9,547,945	\$882,371	\$779,179	\$11,209,495
2060	8,926,992	819,849	649,088	10,395,929
2061	8,320,029	759,302	539,050	9,618,381
2062	7,734,576	700,988	446,370	8,881,934
2063	7,157,429	645,108	368,615	8,171,152
2064	6,609,137	591,822	303,612	7,504,571
2065	6,081,127	541,236	249,444	6,871,807
2066	5,573,590	493,400	204,444	6,271,434
2067	5,089,997	448,331	167,172	5,705,500
2068	4,639,668	406,010	136,385	5,182,063
2069	4,213,745	366,411	111,010	4,691,166
2070	3,814,421	329,499	90,139	4,234,059
2071	3,441,338	295,208	73,024	3,809,570
2072	3,095,556	263,466	59,034	3,418,056

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

OtherAttachment_SchMB_Line8b(1)

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

Part II Basic Plan Information - enter all requested information											
1a Name of plan HRSA-ILA PENSION PLAN 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) BOARD OF TRUSTEES OF THE HRSA-ILA PENSION PLAN 1355 INTERNATIONAL TERMINAL BLVD NORFOLK VA 23505-1458	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1b Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 12/20/1950</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 54-0506055</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 757-457-7090</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 813000</td> </tr> </table>	1b Three-digit plan number (PN) ►	001	1c Effective date of plan 12/20/1950		2b Employer Identification Number (EIN) 54-0506055		2c Plan Sponsor's telephone number 757-457-7090		2d Business code (see instructions) 813000	
1b Three-digit plan number (PN) ►	001										
1c Effective date of plan 12/20/1950											
2b Employer Identification Number (EIN) 54-0506055											
2c Plan Sponsor's telephone number 757-457-7090											
2d Business code (see instructions) 813000											

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		7-14-25	JEREMY BRIDGES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		6-30-25	THOMAS LITTLE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728

3a Plan administrator's name and address ☒ Same as Plan Sponsor	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">3b Administrator's EIN</td> </tr> <tr> <td style="padding: 2px;">3c Administrator's telephone number</td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	3b Administrator's EIN	3c Administrator's telephone number	
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">4b EIN</td> </tr> <tr> <td style="padding: 2px;">4d PN</td> </tr> </table>	4b EIN	4d PN
4b EIN			
4d PN			

5 Total number of participants at the beginning of the plan year	5	4,268
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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).		
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a(1) Total number of active participants at the beginning of the plan year	6a(1)	2,437
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a(2) Total number of active participants at the end of the plan year	6a(2)	2,371
---	--------------	-------

b Retired or separated participants receiving benefits	6b	1,122
---	-----------	-------

c Other retired or separated participants entitled to future benefits	6c	185
--	-----------	-----

d Subtotal. Add lines 6a(2), 6b, and 6c	6d	3,678
--	-----------	-------

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	540
--	-----------	-----

f Total. Add lines 6d and 6e	6f	4,218
-------------------------------------	-----------	-------

g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
--	--------------	--

(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
---	--------------	--

h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	25
--	-----------	----

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	17
--	----------	----

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

1A 1E

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

HAMPTON ROADS SHIPPING ASSOCIATION - INTERNATIONAL LONGSHOREMEN'S ASSOCIATION PENSION PLAN

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED SEPTEMBER 30, 2024

Form 5500, Schedule H, Line 4j

E.I.N. 54-0506055
Plan No. 001

(a) Identity of Party Involved	(b) Description of Asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
N/A	Principal Deposit Sweep Program	\$ 144,686,972	N/A	N/A	N/A	\$ 144,686,972	\$ 144,686,972	N/A
N/A	Principal Deposit Sweep Program	N/A	\$ 145,059,239	N/A	N/A	145,059,239	145,059,239	\$ -

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning	10/01/2023	and ending	09/30/2024
► Round off amounts to nearest dollar.			
► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.			

A Name of plan HRSA-ILA PENSION PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES OF THE HRSA-ILA PENSION PLAN	D Employer Identification Number (EIN) 54-0506055

E Type of plan:	(1) ☒ Multiemployer Defined Benefit	(2) ☐ Money Purchase (see instructions)
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1a Enter the valuation date:	Month	10	Day	01	Year	2023
b Assets						
(1) Current value of assets	1b(1)	489,989,308				
(2) Actuarial value of assets for funding standard account.....	1b(2)	531,770,210				
c (1) Accrued liability for plan using immediate gain methods	1c(1)	456,352,072				
(2) Information for plans using spread gain methods:						
(a) Unfunded liability for methods with bases	1c(2)(a)					
(b) Accrued liability under entry age normal method.....	1c(2)(b)					
(c) Normal cost under entry age normal method	1c(2)(c)					
(3) Accrued liability under unit credit cost method.....	1c(3)	431,263,761				
d Information on current liabilities of the plan:						
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)					
(2) "RPA '94" information:						
(a) Current liability	1d(2)(a)	774,940,391				
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	16,990,237				
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	34,795,086				
(3) Expected plan disbursements for the plan year	1d(3)	35,795,086				

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

SIGN HERE Maria Kirilenko <i>mk</i> Signature of actuary MARIA KIRILENKO, ASA, FCA, MAAA Type or print name of actuary SEGAL Firm name 1800 M STREET, N.W., SUITE 900 S WASHINGTON DC 20036-5802 Address of the firm	03/03/2025 Date 2308331 Most recent enrollment number 202-833-6400 Telephone number (including area code)
--	---

a	Current value of assets (see instructions)	2a	489,989,308
b	"RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1)	For retired participants and beneficiaries receiving payment	1,724	425,914,726
(2)	For terminated vested participants	234	30,320,054
(3)	For active participants:		
(a)	Non-vested benefits		49,149,585
(b)	Vested benefits		269,556,026
(c)	Total active	2,343	318,705,611
(4)	Total	4,301	774,940,391
c	If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	63.22 %

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2024	20,953,592				

a	Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	123.3 %
b	Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c	Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d	If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e	If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f	If the plan is in critical status or critical and declining status, and is: - Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; - Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here - Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

a	☐ Attained age normal	b	☒ Entry age normal	c	☐ Accrued benefit (unit credit)	d	☐ Aggregate
e	☐ Frozen initial liability	f	☐ Individual level premium	g	☐ Individual aggregate	h	☐ Shortfall
i	☐ Other (specify):						
i If box h is checked, enter period of use of shortfall method						5j	

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	3.07 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	6.75 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☐ Single rate ☐ ERISA 4044 ☒ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	3.6 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	9.7 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	965,408
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	19,155,803	1,939,218
4	5,800,272	587,185

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval.....	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☒ Yes ☐ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☒ Yes ☐ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)

8e**9** Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any

9a

0

b Employer's normal cost for plan year as of valuation date

9b

6,357,306

c Amortization charges as of valuation date:

Outstanding balance

(1) All bases except funding waivers and certain bases for which the amortization period has been extended

9c(1)

124,703,988

25,969,249

(2) Funding waivers

9c(2)

(3) Certain bases for which the amortization period has been extended

9c(3)

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

9d

2,182,042

e Total charges. Add lines 9a through 9d

9e

34,508,597

Credits to funding standard account:

f Prior year credit balance, if any

9f

139,227,835

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

9g

20,953,592

Outstanding balance

h Amortization credits as of valuation date

9h

60,894,291

8,538,484

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

9i

10,622,478

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)

9j(1)

119,504,389

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

9j(2)

172,215,434

(3) FFL credit

9j(3)

0

k (1) Waived funding deficiency

9k(1)

0

(2) Other credits

9k(2)

0

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

9l

179,342,389

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

9m

144,833,792

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

9n**o** Current year's accumulated reconciliation account:

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

9o(1)

0

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

9o(2)(a)

0

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

9o(2)(b)

0

(3) Total as of valuation date

9o(3)

0

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)

10

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions

☒ Yes ☐ No