

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2023</div> This Form is Open to Public Inspection
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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 <u>M.S.S.A. - I.L.A. WELFARE PLAN</u>	1b Three-digit plan number (PN) ▶ <u>501</u> 1c Effective date of plan <u>01/01/1958</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES OF THE M.S.S.A. - I.L.A. WELFARE PLAN</u> <u>PO BOX 2332 MOBILE, AL 36652-2332</u>	2b Employer Identification Number (EIN) <u>63-0381144</u> 2c Plan Sponsor's telephone number <u>251-432-5588</u> 2d Business code (see instructions) <u>525100</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/14/2025	MARK BASS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BOARD OF TRUSTEES OF THE M.S.S.A. I.L.A. WELFARE PLAN PO BOX 2332 MOBILE, AL 36652-2332	3b Administrator's EIN 63-0381144 3c Administrator's telephone number 251-432-5588
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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
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5 Total number of participants at the beginning of the plan year	5	389
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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).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	389
a(2) Total number of active participants at the end of the plan year	6a(2)	389
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	389
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan M.S.S.A. - I.L.A. WELFARE PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE M.S.S.A. - I.L.A. WELFARE PLAN	D Employer Identification Number (EIN) 63-0381144	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

HS&BA 4160 DUBLIN BLVD, SUITE 100
DUBLIN, CA 94568

(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	NONE	71711	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TANIA WILLIAMS-JORDAN PO BOX 2332
MOBILE, AL 36652

63-0381144

(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?
35	EE OF PLAN	35845	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KALIFEH BEDSOLE ADAMS, PC 3224 EXECUTIVE PARK CIRCLE
MOBILE, AL 36606

63-1134001

(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	6000	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
A Name of plan M.S.S.A. - I.L.A. WELFARE PLAN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF THE M.S.S.A. - I.L.A. WELFARE PLAN	D Employer Identification Number (EIN) 63-0381144

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	1292335	1745083
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	837663	521949
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	40272	154704
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2170270	2421736
Liabilities			
g Benefit claims payable	1g	647067	778935
h Operating payables	1h		19246
i Acquisition indebtedness	1i		
j Other liabilities	1j	683413	854038
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1330480	1652219
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	839790	769517

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)	4349423	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		4349423
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	14	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		14
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4349437

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits.....	2e(2)	206257	
(3) Other.....	2e(3)	4020721	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4226978
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)	36713	
(2) Contract administrator fees.....	2i(2)	71711	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	6000	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	2989	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	1554	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	73765	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		192732
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4419710

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-70273
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: THE KBA GROUP, PC

(2) EIN: 63-1134001

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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 _____.

M.S.S.A. – I.L.A. WELFARE PLAN

**FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION
FOR THE YEARS ENDED
SEPTEMBER 30, 2024 AND 2023**

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THE
KBA GROUP PC
Accountants ♦ Advisors

John R. Bedsole, CPA
Timothy M. Adams, CPA
Matthew J. Adams, CPA
Charles Brinson, CPA

INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
M.S.S.A.–I.L.A. Welfare Plan
Mobile, Alabama

Opinion

We have audited the accompanying financial statements of M.S.S.A.–I.L.A. Welfare 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 M.S.S.A.–I.L.A. Welfare Plan as of September 30, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of M.S.S.A.–I.L.A. Welfare 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 M.S.S.A.–I.L.A. Welfare Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of M.S.S.A. –I.L.A. Welfare 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 M.S.S.A. –I.L.A. Welfare 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.

The KBA Group PC

Mobile, Alabama
July 14, 2025

FINANCIAL STATEMENTS

M.S.S.A. – I.L.A. WELFARE PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	September 30	
	2024	2023
Assets		
Receivables		
Employers' contributions	\$ 521,949	\$ 837,663
Royalty contributions - Grieg Star Shipping	28	28
Due from M.S.S.A. - I.L.A. Supplemental Benefit Plan	154,676	40,244
Total receivables	676,653	877,935
Cash	1,745,083	1,292,335
Total assets	\$ 2,421,736	\$ 2,170,270
Liabilities		
Accounts payable - MILA	\$ 778,935	\$ 647,067
Accrued payroll taxes	19,246	-
Due to M.S.S.A. - I.L.A. Vacation Plan	63,098	60,838
Due to M.S.S.A. - I.L.A. Pension Plan	790,940	622,575
Total liabilities	1,652,219	1,330,480
Net assets available for benefits	\$ 769,517	\$ 839,790

SEE NOTES TO FINANCIAL STATEMENTS

M.S.S.A. – I.L.A. WELFARE PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Years Ended September 30	
	2024	2023
Additions		
Contributions		
Employers' contributions	\$ 4,511,307	\$ 4,174,641
Less: M.S.S.A.-I.L.A. Escrow allocation to M.S.S.A.-I.L.A. Vacation Plan	(161,884)	(178,774)
Investment income - interest	14	10
Other income		
Miscellaneous	-	19,500
Total additions	4,349,437	4,015,377
Deductions		
Benefits for participants		
Life insurance	63,763	90,287
MILA man hour payments	4,020,721	3,756,388
MILA health premiums	7,151	21,196
Short term disability claims	135,343	141,357
Total benefits for participants	4,226,978	4,009,228
Administrative expenses	192,732	138,359
Total deductions	4,419,710	4,147,587
Net decrease in net assets available for benefits	(70,273)	(132,210)
Net assets available for benefits		
Beginning of year	839,790	972,000
End of year	\$ 769,517	\$ 839,790

SEE NOTES TO FINANCIAL STATEMENTS

**M.S.S.A. – I.L.A. WELFARE PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2024 AND 2023**

NOTE 1 – PLAN DESCRIPTION

The following brief description of the M.S.S.A. – I.L.A. Welfare Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement and associated documentation for a more complete description of the Plan’s provisions and amendments.

General

The Plan was established on May 1, 1958, under the terms of collective bargaining agreements. The Plan currently includes the employees employed under the collective bargaining agreements between the participating employers and Locals 1410, 1410-1, 1459, and 1985 of the International Longshoremen’s Association (I.L.A.). The Plan also includes employees of the I.L.A. Local 1410 and the M.S.S.A. – I.L.A. Pension, Welfare, and Vacation Plans. The Board of Trustees is responsible for administration of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan is an insured plan for most benefits through insurance coverage with the Management – International Longshoremen’s Association National Health Plan (MILA).

On May 28, 2015, the Plan was amended and restated as of October 1, 2014, to incorporate all amendments adopted since the last restatement effective as of May 1, 2000 and to reflect the addition of a short-term disability benefit on a self-insured basis effective November 1, 2013.

Active employee eligibility

Eligibility for Plan Years beginning on and after October 1, 2003, for benefits provided by MILA shall be determined as follows:

- (a) An employee shall be eligible for full “Premier” coverage from MILA for the period of January 1 to December 31 of each year if in the preceding Plan Year, the employee had at least 1,300-man hours of service in covered employment.
- (b) A reduced “Basic” benefit plan has been established by the Board of Trustees of MILA. An employee shall be eligible for such reduced benefits for the period of January 1 to December 31 of each year if in the preceding Plan Year, the employee had at least 1,000-man hours of service in covered employment.
- (c) A reduced “Core” benefit plan has been established by the Board of Trustees of MILA, which the Plan became subject to effective October 1, 2007. An employee shall be eligible for such reduced benefits for the period of January 1 to December 31 of each year (beginning January 1, 2009) if in the preceding Plan Year, the employee had at least 700-man hours of service in covered employment.
- (d) If an employee becomes covered but loses coverage in a subsequent Plan Year because the employee does not satisfy the eligibility requirements set forth in (a), (b), or (c) above, the employee may again become covered on the January 1 following the Plan Year in which the employee again satisfies the eligibility requirements.

Dependent eligibility

The dependents of eligible employees and of eligible retirees will be eligible to receive benefits on such terms and conditions as may be established and modified from time to time by the Board of Trustees of MILA.

**M.S.S.A. – I.L.A. WELFARE PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2024 AND 2023**

NOTE 1 – PLAN DESCRIPTION (CONTINUED)

Retiree eligibility

The Plan is subject to the retiree eligibility provisions of the MILA National Health Plan.

The right to continue benefits under the MILA National Health Plan shall be offered in lieu of, and not addition to, COBRA coverage under the MILA National Health Plan.

Other benefits

Eligibility for life benefits are the same as for health coverage under MILA.

Eligibility for short-term disability benefits is established by completion of a short-term disability claim form by a physician. Weekly claim amounts are tiered by achievement of man hour bench marks in the prior Plan year as follows:

- (a) 700 – 1,000-man hours qualifies for Class I benefit.
- (b) 1,000 – 1,300-man hours qualifies for Class II benefit.
- (c) 1,300 or more hours qualifies for Class III benefit.

Payment of benefits

Medical, prescription, dental, and vision benefits for eligible employees and their dependents are provided by MILA.

Life benefits for eligible employees and their dependents are currently provided under a group insurance policy with Lincoln National Life Insurance Company (Cigna Life Insurance Company beginning July 1, 2019).

Short-term disability benefits are paid weekly by the Plan under terms defined by the Plan.

Employers' contributions

The contributions paid into the Plan by the employers for traditional longshore work are based on hourly rates for covered employment as described in the Plan. Covered employment is divided into classes of labor, and the associated hourly rates for the years ended September 30, 2024 and 2023 are as follows:

	2024	2023
Longshoreman - Automated	\$ 5.060	\$ 5.060
Longshoreman - Bulk	2.210	2.210
Longshoreman - Forestry	4.910	4.910
Longshoreman - Lash	1.705	1.705
Longshoreman - Other	5.510	5.510
Longshoreman - New Hires	1.710	1.710
Longshoreman - Cruise Ship	5.010	5.010
Warehouse - Automated	5.060	5.060
Warehouse - Bulk	2.210	2.210

M.S.S.A. – I.L.A. WELFARE PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2024 AND 2023

NOTE 1 – PLAN DESCRIPTION (CONTINUED)

Employers' contributions (continued)

	2024	2023
Warehouse - Other	5.510	5.510
Warehouse - New Hires	1.960	1.960
Clerk - Automated	5.060	5.060
Clerk - Bulk	2.210	2.210
Clerk - Forestry	4.910	4.910
Clerk - Other	5.510	5.510
Clerk - New Hires	1.710	1.710
Clerk - Cruise Ship	5.010	5.010
Clerk - Lash	1.705	1.705
Gear and Mechanics - Auto	5.060	5.060
Gear and Mechanics - Other	5.510	5.510
Mechanics - Bulk	2.210	2.210
M.S.S.A. - I.L.A. Plans	5.510	5.510
I.L.A. Local 1410	5.510	5.510

The collective bargaining agreement, as defined in the Plan, provides for employer contributions of \$3.40 per man hour for “new work”.

Royalty contributions

Royalty contributions are derived from contributions by steamship carriers based on a \$0.35 per ton rate on containers handled which are classified as 20 feet and over and have not been stuffed or stripped by I.L.A. longshore labor. Royalty contributions shall not be paid on inbound and outbound cargo upon which a container royalty has been assessed by another I.L.A. port. Only royalty contributions not governed by the Master Contract are collected by the Plan.

MILA payments

The Plan is required to remit all container royalties collected on automated cargo known as the Second Container Royalty (CR2) to MILA pursuant to its participation in the Master Contract between United States Maritime Alliance (U.S.M.X.) and I.L.A., AFL-CIO (Master Contract). MILA “tonnage payments” of \$1.00 per ton for the Second Container Royalty (CR2) were to be paid directly to CCC Service Corporation by the Plan each month during the term of the Master Contract. CCC Service Corporation began collecting “CR2” tonnage payments directly from the carriers. Container royalties totaling \$-0- for the years ended September 30, 2024 and 2023, respectively, for non-automated cargo, not governed by the Master Contract, were not required to be remitted under the Master Contract and were reported as royalty contributions in the statements of changes in net assets available for benefits. The Plan is required to pay \$5.00 per man hour to MILA on all man hours worked for collectively-bargained employees each month as a part of participating in the master contract. As of September 30, 2024, and 2023, the Plan owed \$778,935 and \$647,067, respectively, to MILA for man hour payments.

**M.S.S.A. – I.L.A. WELFARE PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2024 AND 2023**

NOTE 1 – PLAN DESCRIPTION (CONTINUED)

Plan termination

Although the Plan has not expressed any intent to terminate or liquidate, the Board of Trustees has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event the Plan is terminated, the net assets of the Plan shall be subject to applicable provisions of the Plan then in effect and shall be used until exhausted to pay benefits to participants in the order of their entitlement. In the event of termination or liquidation of the Plan and the fulfillment of the purposes specified in the Plan, the Board of Trustees shall turn over any surplus monies in the Plan and such other assets, including any policies of insurance issued to the Board of Trustees remaining in the Plan, to any future Plan that may be created by and among the parties. If no such Plan is created, the Board of Trustees shall use any surplus monies remaining in the Plan, after all obligations in connection with the administration thereof have been fulfilled, to continue to provide benefits to the extent that such surplus may make such benefits available until such surplus monies are exhausted.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

The accompanying financial statements of the Plan are prepared in accordance with U.S. generally accepted accounting principles.

Use of estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the Board of Trustees to make estimates and assumptions that affect certain reported amounts of assets, liabilities and changes therein, and disclosures of contingent assets and contingent liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Risks and uncertainties

The Plan invests in money market funds. Investment securities, in general, are exposed to various risks, such as interest rate risks, credit risks, and risk associated with overall market volatility. 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.

Investments and fair value measurements

The Plan's investments are reported at fair value as provided by the custodian. 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.

M.S.S.A. – I.L.A. WELFARE PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2024 AND 2023

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Allowance for doubtful accounts

The Plan's receivables consist primarily of employers' contributions which are normally collected within thirty days of invoicing. When a receivables' collectability is impaired, the Plan reserves the receivable until payment is received or charged-off. Historically, charges to the allowance account have only been the result of bankruptcy on the employer's part. The Board of Trustees believes that all receivables are collectible; thus, there is no allowance for doubtful accounts recorded at September 30, 2024 and 2023.

Property and equipment

Property and equipment are stated at cost. Depreciation is computed using the straight-line method over the estimated useful lives of the respective assets ranging from five to ten years.

Plan benefits

The Plan is fully-insured for medical, dental, and vision benefits through MILA and is fully-insured for life benefits through group insurance policies. Therefore, no benefit obligations for medical, prescription, life, dental, and vision benefits have been disclosed in the financial statements or footnotes at September 30, 2024 and 2023. The Plan is self-insured for short-term disability benefits. Management believes that no material exposure exists at September 30, 2024 and 2023 with regard to these benefits. Thus, no benefit obligation for short-term benefits has been disclosed in the financial statements or footnotes at September 30, 2024 and 2023.

Administrative expenses

Administrative expenses of the Plan are paid by the Plan as provided in the Plan Document.

Subsequent events

Subsequent events have been evaluated through July 14, 2025, which is the date the financial statements were available to be issued.

NOTE 3 – TAX STATUS

The trust established under the Plan to hold the Plan's assets is a voluntary employee benefit association (VEBA) pursuant to section 501(c)(9) of the Internal Revenue Code (the Code), and accordingly, the trust's net investment income is exempt from income taxes. The Plan obtained a favorable tax determination letter dated July 13, 1994 in which the Internal Revenue Service stated that the Plan, as then designed, was a VEBA within the applicable provisions of the Internal Revenue Code. The Plan has since been amended and restated. The Board of Trustees believes that the Plan continues as a VEBA and operates in compliance with the applicable provisions of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements. The Board of Trustees and the Administrative Manager have evaluated the guidance provided by U.S. generally accepted accounting principles on accounting for uncertainty in income taxes. The Board of Trustees and Administrative Manager have analyzed the tax positions taken by the Plan, and they have determined that the Plan had no uncertain tax positions at September 30, 2024 and 2023. The Plan is subject to audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Board of Trustees and the Administrative Manager believe that the Plan is no longer subject to income tax examinations for years prior to the year ended September 30, 2021.

**M.S.S.A. – I.L.A. WELFARE PLAN
NOTES TO FINANCIAL STATEMENTS
SEPTEMBER 30, 2024 AND 2023**

NOTE 4 – PROPERTY AND EQUIPMENT

Property and equipment at September 30, 2024 and 2023 consisted of the following:

	2024	2023
Equipment and furnishings	\$ 33,168	\$ 33,618
Less accumulated depreciation	(33,168)	(33,618)
	<u>\$ -</u>	<u>\$ -</u>

NOTE 5 – BENEFIT EXPENSE – PLAN EMPLOYEE

An employee of the M.S.S.A. – I.L.A. Welfare Plan is also a participant in the Pension and Welfare Plans and is entitled to the same benefits as participating union members. Employer contributions on behalf of this employee amounted to \$10,040 and \$20,254 for the years ended September 30, 2024 and 2023, respectively.

NOTE 6 – ESCROW FUNDS

The collective bargaining agreements between the participating employers and I.L.A. Locals 1410, 1410-1, and 1459 (the I.L.A. Locals) provide for a monthly contribution by employers based on hours worked for the month. These funds are placed in escrow by the Board of Trustees from time to time and are allocated at the discretion of the Board of Trustees. During the years ended September 30, 2024 and 2023 escrow allocations of \$161,884 and \$178,774 were made the to M.S.S.A.-I.L.A. Vacation Plan.

NOTE 7 – RELATED PARTY TRANSACTIONS

The Plan is affiliated with the M.S.S.A.- I.L.A. Pension Plan, Vacation Plan, and Supplemental Benefit Plan. The Plan pays monthly rent to the Pension Plan in the amount of \$930 and \$552 per month for the years ended September 30, 2024 and 2023, respectively. Rent expense for the years ended September 30, 2024 and 2023 was \$11,165 and \$6,621, respectively. The Plan had a payable to the Pension Plan of \$790,940 and \$622,575 for the years ended September 30, 2024 and 2023, respectively. At September 30, 2024 and 2023, the Plan had a payable to the Vacation Plan of \$63,098 and \$60,838, respectively. At September 30, 2024 and 2023, the Plan had a receivable from the Supplemental Plan of \$154,676 and \$40,244, respectively.

The ten-member Board of Trustees includes three representatives from one employer, two representatives from each of two other employers, and one representative from another employer which contributed \$4,221,422 and \$3,994,721 of man hour and escrow contributions receivable from these employers was \$497,300 and \$817,436 as of September 30, 2024 and 2023, respectively. These receivables have no specific due date, and no interest is charged.

SUPPLEMENTARY INFORMATION

M.S.S.A. – I.L.A. WELFARE PLAN
SCHEDULE OF ADMINISTRATIVE EXPENSES

	Year Ended September 30	
	2024	2023
Administrative fees	\$ 71,711	\$ 17,625
Audit and accounting	6,339	16,900
Bank charges	2,652	1,246
Benefit expense - Plan employee	10,040	20,254
Casualty insurance and bonds	2,246	2,032
Computer	23,060	685
Conference expense	12,626	35,206
Equipment rental and repairs	4,724	449
Legal	1,215	11,903
Miscellaneous	-	583
Office salary	35,845	20,229
Office supplies and postage	7,499	1,375
Payroll taxes	2,742	-
Rent paid to Pension Plan	11,165	6,621
Security	-	600
Telephone	-	105
Trustees' wage reimbursement	868	2,546
	<u>\$ 192,732</u>	<u>\$ 138,359</u>

M.S.S.A. – I.L.A. WELFARE PLAN
SCHEDULE OF EMPLOYERS' CONTRIBUTIONS RECEIVABLE
SEPTEMBER 30, 2024

	Contributions				90 Days and
	Due	Current	30 Days	60 Days	Over
CSA Equipment Co., L.L.C.	\$ 130,529	\$ 130,529	\$ -	\$ -	\$ -
APM Terminals Mobile	362,926	265,788	97,138	-	-
Integrated Industries Corp.	15,597	15,597	-	-	-
I.L.A. Local 1410	1,075	1,075	-	-	-
I.L.A. Local 1459	535	535	-	-	-
I.L.A. Local 1985	2,770	2,770	-	-	-
MRS-CMC	7,691	7,691	-	-	-
M.S.S.A. - I.L.A. Plans	826	826	-	-	-
	<u>\$ 521,949</u>	<u>\$ 424,811</u>	<u>\$ 97,138</u>	<u>\$ -</u>	<u>\$ -</u>

M.S.S.A. – I.L.A. WELFARE PLAN
SCHEDULE OF EMPLOYERS' CONTRIBUTIONS
SEPTEMBER 30, 2024

Man hour contributions	Man Hours	Employers' Contributions
CSA Equipment Co., L.L.C.	238,355.00	\$ 1,270,715
APM Terminals Mobile	508,296.00	2,604,851
Integrated Industries Corp.	28,590.00	144,665
Metro Port Services	12,130.50	60,774
I.L.A. Local 1410	2,188.00	12,056
I.L.A. Local 1459	1,350.00	6,831
I.L.A. Local 1985	3,545.50	18,028
MRS-CMC	10,016.50	50,683
M.S.S.A. - I.L.A. Plans	1,624.00	8,948
	<u>806,095.50</u>	<u>4,177,551</u>
CSA Equipment Co., L.L.C. - "New Work"	<u>-</u>	<u>-</u>
	<u>806,095.50</u>	<u>\$ 4,177,551</u>
CSA Equipment Co., L.L.C.	238,355.00	\$ 166,207
APM Terminals Mobile	508,296.00	144,865
Integrated Industries Corp.	28,590.00	8,148
Metro Port Services	12,130.50	5,459
I.L.A. Local 1410	5,156.00	3,609
I.L.A. Local 1459	1,350.00	385
I.L.A. Local 1985	3,545.50	1,091
MRS-CMC	10,016.50	2,855
M.S.S.A. - I.L.A. Plans	1,624.00	1,137
	<u>809,063.50</u>	<u>333,756</u>

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210 - 0110
1210 - 0089

2023

This Form is Open to Public Inspection

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.)
- 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 M.S.S.A. - I.L.A. WELFARE PLAN	1b Three-digit plan number (PN) ▶	501
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 M.S.S.A. - I.L.A. WELFARE PO BOX 2332 MOBILE AL 36652-2332	1c Effective date of plan 01/01/1958	2b Employer Identification Number (EIN) 63-0381144 2c Plan Sponsor's telephone number 251-432-5588 2d Business code (see instructions) 525100

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			MARK BASS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 230728

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BOARD OF TRUSTEES OF THE M.S.S.A. I.L.A. WELFARE PLAN PO BOX 2332 MOBILE AL 36652-2332	3b Administrator's EIN 63-0381144 3c Administrator's telephone number 251-432-5588
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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
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5 Total number of participants at the beginning of the plan year	5	389
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	389
a(2) Total number of active participants at the end of the plan year	6a(2)	389
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	389
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) - Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

Receipt Confirmation Code _____