

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 10/01/2024

- A This return/report is for: [X] 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 [X] the final return/report [ ] an amended return/report [X] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. . . . . [X]
D Check box if filing under: [X] 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: ILA LOCALS 1922-1/2062 HEALTH AND WELFARE FUND
1b Three-digit plan number (PN): 501
1c Effective date of plan: 02/01/1968
2a Plan sponsor's name (employer, if for a single-employer plan): INTERNATIONAL LONGSHOREMENS ASSOCIATION LOCAL 1922 HEALTH AND
Mailing address (include room, apt., suite no. and street, or P.O. Box): 1007 N AMERICA WAY SUITE 405 MIAMI, FL 33132
2b Employer Identification Number (EIN): 23-7038555
2c Plan Sponsor's telephone number: 305-371-4973
2d Business code (see instructions): 488300

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	275
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	275
	<b>6a(2)</b>	0
	<b>6b</b>	0
	<b>6c</b>	0
	<b>6d</b>	0
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	13

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

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

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

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

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: x-small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: large;"><b>2024</b></p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **10/01/2024**

<p><b>A</b> Name of plan <b>ILA LOCALS 1922-1/2062 HEALTH AND WELFARE FUND</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>501</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>INTERNATIONAL LONGSHOREMENS ASSOCIATION LOCAL 1922 HEALTH AND</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>23-7038555</b></p>	

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

**1 Coverage Information:**

(a) Name of insurance carrier  
**THE UNION LABOR LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	G3241 C4506	498	01/01/2023	12/31/2023

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

<p>(a) Total amount of commissions paid <b>11660</b></p>	<p>(b) Total amount of fees paid</p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**AUGUSTINE O'LALERE** **845 LOW COUNTRY BLVD STE S**  
**MT PLEASANT, SC 29464**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
7866		FULLFILLMENT OF COMMISSION AGREEMEN	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**CORNERSTONE FINANCIAL, LLC** **845 LOW COUNTRY BLVD STE S**  
**MT PLEASANT, SC 29464**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3794		OVERRIDE AND CONTINGENT COMMISSION	3

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

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

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

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

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

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

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

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

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	80018
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. .... Specify nature of costs.	<b>10b</b>	

**Part IV Provision of Information**

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

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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **10/01/2024**

<b>A</b> Name of plan ILA LOCALS 1922-1/2062 HEALTH AND WELFARE FUND	<b>B</b> Three-digit plan number (PN) ▶	501
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL LONGSHOREMENS ASSOCIATION LOCAL 1922 HEALTH AND	<b>D</b> Employer Identification Number (EIN) 23-7038555	

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

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

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

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

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

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

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

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

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

ARTY COHN & FEUER LC

65-0718930

(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	SERVICE PROVIDER	135990	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SUGARMAN & SUSSKIND PA

59-2539792

(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	SERVICE PROVIDER	26000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NANCY JIMENEZ

704 SUMMIT COURT  
305-810-9279  
MOUNT DORA, FL 32757

(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	SERVICE PROVIDER	12417	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>05/01/2024</b> and ending <b>10/01/2024</b>	
<b>A</b> Name of plan <b>ILA LOCALS 1922-1/2062 HEALTH AND WELFARE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>INTERNATIONAL LONGSHOREMENS ASSOCIATION LOCAL 1922 HEALTH AND</b>	<b>D</b> Employer Identification Number (EIN) <b>23-7038555</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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.

<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b> 63150	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b> 477312	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b> 90231	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b> 1588085	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b> 923273	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b> 1747682	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b> 3184844	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	8074577	0
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	101000	
<b>h</b> Operating payables.....	<b>1h</b>	18931	
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	119931	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	7954646	0

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	1268436	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		1268436
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	33478	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	4147	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	26006	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		63631
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	18375	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		18375
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	1479428	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	1464011	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		15417
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	575481	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		1941340

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	472697	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	43992	
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		516689
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>	23409	
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	90000	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	9072	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>	26000	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	152739	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		301220
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		817909

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1123431
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		9078077

**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: ARTY COHN & FEUER LC

(2) EIN: 65-0718930

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)
ILA AFL-CIO EMPLOYERS WELFARE FUND, SOUTHEAST FL P	59-0832169	501

**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 \_\_\_\_\_.

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION LOCAL 1922-1/2062  
HEALTH AND WELFARE FUND

FINANCIAL STATEMENTS

OCTOBER 1, 2024 AND APRIL 30, 2024

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION LOCAL 1922-1/2062  
HEALTH AND WELFARE FUND  
FINANCIAL STATEMENTS  
OCTOBER 1, 2024 AND APRIL 30, 2024

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MEMBERS  
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS  
FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

DANIEL ARTY, C.P.A.  
JOEL L. MOSKOWITS, C.P.A.

JULIA ALEMANY, C.P.A.  
JACQUELINE D. GREENBERG, C.P.A.

A R T Y  
C O H N  
F E U E R  
CERTIFIED PUBLIC  
ACCOUNTANTS

## INDEPENDENT AUDITORS' REPORT

Board of Trustees  
International Longshoremen's Association  
Local 1922-1/2062 Health and Welfare Fund  
Miami, Florida

### **Opinion**

We have audited the accompanying financial statements of INTERNATIONAL LONGSHOREMEN'S ASSOCIATION LOCAL 1922-1/2062 HEALTH AND WELFARE FUND, 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 and of benefit obligations as of October 1, 2024 and April 30, 2024, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the period ended October 1, 2024 and the year ended April 30, 2024, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations of INTERNATIONAL LONGSHOREMEN'S ASSOCIATION LOCAL 1922-1/2062 HEALTH AND WELFARE FUND as of October 1, 2024 and April 30, 2024, and the changes in its net assets available for benefits and the changes in benefit obligations for the period ended October 1, 2024 and the year ended April 30, 2024,, 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 INTERNATIONAL LONGSHOREMEN'S ASSOCIATION LOCAL 1922-1/2062 HEALTH AND WELFARE FUND 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.

### **Emphasis of Matter – Plan Merger**

As discussed in Note A to the financial statements, effective October 1, 2024, the Plan was merged into the International Longshoremen's Association AFL-CIO Employers Welfare Fund, Southeast Florida Ports, and the Plan ceased to exist as a separate plan as of that date. Our opinion is not modified with respect to that matter.

### **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.

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 INTERNATIONAL LONGSHOREMEN'S ASSOCIATION LOCAL 1922-1/2062 HEALTH AND WELFARE FUND'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.

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.

A handwritten signature in blue ink, consisting of three distinct parts separated by commas, likely representing the names of the auditors.

Miami, Florida

August 12, 2025

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION LOCAL 1922-1/2062  
HEALTH AND WELFARE FUND  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
OCTOBER 1, 2024 AND APRIL 30, 2024

	<u>OCTOBER 1,</u> <u>2024</u>	<u>APRIL 30,</u> <u>2024</u>
<u>ASSETS</u>		
Investments, at Fair Value:		
Common Stocks	\$ -	\$ 3,184,844
Corporate Bonds	-	1,747,682
Certificates of Deposit	-	1,142,083
U.S. Government Securities	-	923,273
Interest Bearing Cash	-	446,002
TOTAL INVESTMENTS	-	7,443,884
Cash	-	63,150
Employers' Contributions Receivable	-	477,312
Prepaid Expenses and Other Receivables	-	49,805
Interfunds Receivable	-	40,426
TOTAL ASSETS	-	8,074,577
<u>LIABILITIES</u>		
Accounts Payable and Accrued Expenses	-	18,931
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>	<u>\$ -</u>	<u>\$ 8,055,646</u>

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS.

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION LOCAL 1922-1/2062  
HEALTH AND WELFARE FUND  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
PERIOD ENDED OCTOBER 1, 2024 AND YEAR ENDED APRIL 30, 2024

	<u>PERIOD ENDED</u> <u>OCTOBER 1,</u> <u>2024</u>	<u>YEAR ENDED</u> <u>APRIL 30,</u> <u>2024</u>
Additions:		
Employers' Contributions	<u>\$ 1,268,436</u>	<u>\$ 2,688,711</u>
Investment Income:		
Net Appreciation in Fair Value of Investments	590,898	574,003
Interest	63,631	134,288
Dividends	18,375	41,669
	<u>672,904</u>	<u>749,960</u>
Less: Investment Expense	<u>(9,072)</u>	<u>(27,475)</u>
 TOTAL INVESTMENT INCOME	 <u>663,832</u>	 <u>722,485</u>
 TOTAL ADDITIONS	 <u>1,932,268</u>	 <u>3,411,196</u>
Deductions:		
Benefits Paid to Participants:		
Vacation	430,525	879,325
Holiday, Vision and Other	143,172	732,390
	<u>573,697</u>	<u>1,611,715</u>
Insurance Premiums Paid for:		
Health Benefits	10,200	40,590
Dental and Life Insurance Benefits	33,792	80,684
	<u>43,992</u>	<u>121,274</u>
 TOTAL BENEFITS PAID	 617,689	 1,732,989
 Administrative Expenses	 <u>292,148</u>	 <u>428,888</u>
 TOTAL DEDUCTIONS	 <u>909,837</u>	 <u>2,161,877</u>
Net Increase	1,022,431	1,249,319
Transfer of Plan Assets due to Merger	(9,078,077)	-
Net Assets Available for Benefits:		
Beginning of Year	<u>8,055,646</u>	<u>6,806,327</u>
End of Year	<u>\$ -</u>	<u>\$ 8,055,646</u>

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS.

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION LOCAL 1922-1/2062  
HEALTH AND WELFARE FUND  
STATEMENTS OF PLAN BENEFIT OBLIGATIONS  
OCTOBER 1, 2024 AND APRIL 30, 2024

	<u>OCTOBER 1,</u> <u>2024</u>	<u>APRIL 30,</u> <u>2024</u>
Amounts Currently Payable:		
Benefits Payable	\$ -	\$ 101,000
Postemployment Benefit Obligations, Net of Amounts Currently Payable:		
Accumulated Eligibility Credits	-	413,000
PLAN'S TOTAL BENEFIT OBLIGATIONS	\$ -	\$ 514,000

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS.

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION LOCAL 1922-1/2062  
HEALTH AND WELFARE FUND  
STATEMENTS OF CHANGES IN PLAN BENEFIT OBLIGATIONS  
PERIOD ENDED OCTOBER 1, 2024 AND YEARS ENDED APRIL 30, 2024

	<u>PERIOD ENDED</u>	<u>YEAR ENDED</u>
	<u>OCTOBER 1,</u>	<u>APRIL 30,</u>
	<u>2024</u>	<u>2024</u>
Amounts Currently Payable:		
Balance at Beginning of Year	\$ 101,000	\$ 102,000
Benefits Payable and Approved for Payment	574,000	1,611,000
Benefits Paid	<u>(675,000)</u>	<u>(1,612,000)</u>
Balance at End of Year	<u>-</u>	<u>101,000</u>
Postemployment Benefit Obligations, Net of Amounts Currently Payable:		
Balance at Beginning of Year	413,000	497,000
Increase (Decrease)	<u>(413,000)</u>	<u>(84,000)</u>
Balance at End of Year	<u>-</u>	<u>413,000</u>
 PLAN'S TOTAL BENEFIT OBLIGATIONS AT END OF YEAR	 <u>\$ -</u>	 <u>\$ 514,000</u>

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE FINANCIAL STATEMENTS.

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION LOCAL 1922-1/2062  
HEALTH AND WELFARE FUND  
NOTES TO FINANCIAL STATEMENTS

NOTE A     DESCRIPTION OF THE PLAN

The following description of the International Longshoremen's Association Local 1922-1/2062 Health and Welfare Fund provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

**General and Plan Merger** – The Plan provides health and other benefits to all eligible participants of the International Longshoremen's Association Local Union No. 1922-1/2062, and covered dependents, under the terms of Collective Bargaining Agreements. Effective September 30, 2020, the employers representing members of Local Union No. 2062 were no longer signatories to the Collective Bargain Agreements. The Board of Trustees is responsible for oversight of the Plan.

The Plan entered into a Merger Agreement with the International Longshoremen's Association (AFL-CIO) Employers Welfare Fund, Southeast Florida Ports (ILA Plan). In the agreement, the Board of Trustees of the ILA Plan and the Board of Trustees of the Plan agreed that the effective merger date would be October 1, 2024. The assets of the Plan were transferred to the ILA Plan on the merger date or as soon as reasonably possible after the merger date.

A "participant of the Plan" for purposes of the agreement shall mean a "Participant," as defined in the Plan document, who on the merger date is eligible for benefits under the Plan. Under the Plan, participants were eligible to participate in the Plan once they had accumulated a minimum of 700 hours of service during a six consecutive month period. All of the participants of the Plan shall become participants under the ILA Plan as of the merger date and shall be governed by the ILA Plan's benefits and eligibility rules.

On October 1, 2024, the Plan was merged into the ILA Plan. The merger will increase the ILA Plan's market value of assets by approximately \$9.1 million.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

**Contributions** – Participating employer contributions were determined by a Negotiating Committee composed of union and management.

Employers made contributions to the Plan based on the number of hours worked by participants. Participants' contributions were not required. Employers' hourly contribution rate for 2024 was \$4.13.

Collection of MILA contributions and remittance of MILA rates for Local Union No. 1922-1 participants was done through the International Longshoremen's Association (AFL-CIO) Employers Welfare Fund, Southeast Florida Ports.

**Benefits** – The Plan provides health benefits (medical, dental, prescription drugs and vision), life insurance, short-term disability benefits, accidental death and dismemberment benefits, vacation, holiday and legal benefits. The Plan also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

Eligible participants of Local Union No. 1922-1 received from one to six weeks of vacation pay and 16 paid holidays. The vacation pay was disbursed to the participants in the month after the participant's anniversary date and the holiday pay was disbursed four times a year: July, October, December and April.

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION LOCAL 1922-1/2062  
HEALTH AND WELFARE FUND  
NOTES TO FINANCIAL STATEMENTS

NOTE A     DESCRIPTION OF THE PLAN (CONTINUED)

**Insured Benefits** – Medical, dental and vision benefits are provided by Management International Longshoremen's Association (MILA) to eligible participants of Local Union No. 1922-1 and administrative employees.

The Plan fully insures the life insurance benefits (basic and dependent) and accidental death and dismemberment (basic) of all eligible participants. The Plan purchases annual insurance contracts for these insured benefits.

**Self-insured Benefits** – All other Plan benefits were self-insured. The claims for self-insured benefits were processed by Plan personnel.

**Common Administration** – The Plan shared administration costs with other related fringe benefit plans. These administration costs were allocated to each of the Plans according to ratios based on a percentage of use of administrative time incurred - which were calculated to be 45% for both, 2024 and 2023. After elimination of interfund transactions, administrative expenses were consolidated into the Health and Welfare Fund. Certain identifiable expenses were directly allocated.

NOTE B     SUMMARY OF ACCOUNTING POLICIES

The following are the significant accounting policies followed by the Plan:

**Basis of Accounting** – The accompanying financial statements have been prepared using the accrual basis of accounting.

**Investment Valuation and Income Recognition** – Investments were reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Board of Trustees determined the Plan's valuation policies utilizing information provided by its investment custodian. See Note C for discussion of fair value measurements.

Purchases and sales of securities were recorded on a trade-date basis. Interest income was recorded on the accrual basis. Dividends were recorded on the ex-dividend date. Net appreciation included the Plan's gains and losses on investments bought and sold as well as held during the year.

**Cash** – The Plan maintained deposits in financial institutions that at times may have exceeded the amounts covered by insurance provided by governmental agencies.

**Employers' Contributions Receivable** – The amount of contributions receivable was determined by a review of subsequent collections. Therefore, an allowance for doubtful accounts was not considered necessary.

**Interfunds Receivable** – The amount due from other related Fringe Benefit Funds resulted from transactions in the normal course of operations.

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION LOCAL 1922-1/2062  
HEALTH AND WELFARE FUND  
NOTES TO FINANCIAL STATEMENTS

NOTE B     SUMMARY OF ACCOUNTING POLICIES (CONTINUED)

**Other Plan Benefit Obligations** – Plan obligations for benefits payable was determined by a review of subsequent payments. Plan obligations for accumulated eligibility credits were estimated by applying the average cost of benefits times the number of eligible participants.

The plan also provides coverage to members of Local 1922-1 through Management International Longshoremen's Association (MILA). It is assumed that the benefit obligation for members covered by MILA is funded by the hourly premiums multiemployer arrangement, and the MILA plan assets will be sufficient to cover all the claims that the ILA has insured with them; therefore, this Fund is assumed to have no obligation for these benefits.

**Tax Status** – The Trust that was established under the Plan to hold the Plan's assets was intended to qualify pursuant to Section 501(c) 9 of the Internal Revenue Code (IRC), and, accordingly, the Trust's net income is exempt from income taxes. The Trust had obtained a favorable tax determination letter from the IRS, and the Board of Trustees believes that the Trust, as amended, was being operated to qualify and in accordance with applicable provisions of the IRC.

Tax positions are required to be more likely than not to be sustained upon examination by taxing authorities before related financial statement benefits are recognized. The Plan does not believe it has taken any uncertain tax positions. Although none are in process, the Plan's tax filings for 2024 through 2022 are still subject to examination.

**Use of Estimates** – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

A material estimate that is particularly susceptible to significant change in the near future is described above in Plan Benefit Obligations.

**Subsequent Events** – Management has evaluated subsequent events for the Plan through August 12, 2025, the date the financial statements were available to be issued.

NOTE C     INVESTMENTS AND FAIR VALUE MEASUREMENTS

The framework for measuring fair value 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 or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

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.

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION LOCAL 1922-1/2062  
HEALTH AND WELFARE FUND  
NOTES TO FINANCIAL STATEMENTS

NOTE C    INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

Level 2 – Inputs to the valuation methodology include 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.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at April 30, 2024:

**Common Stocks** – valued at the closing price reported on the active market on which the individual securities are traded.

**Corporate Bonds** – valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

**U.S. Government Securities** – U.S. Treasury notes are valued at the price reported by active market makers and inter-dealer brokers. U.S. Government agency issues are valued using pricing models maximizing the use of observable inputs for similar securities.

**Certificates of Deposit** – valued at amortized cost, which approximates fair value and are classified as Level 2.

**Interest Bearing Cash** – Insured Savings Account (ISA Program) offers money market deposit accounts (MMDAs), opened on the Plan's behalf by Merrill Lynch, and are valued at the closing price reported from an actively traded exchange and are classified as Level 1.

The following tables present by level, within the fair value hierarchy, the Plan's assets at fair value as of April 30, 2024.

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>Assets at Fair Value as of April 30, 2024:</u>				
Common Stocks	\$3,184,844	\$ -	\$ -	\$3,184,844
Corporate Bonds	-	1,747,682	-	1,747,682
Certificate of Deposit	-	1,142,083	-	1,142,083
U.S. Government Securities	923,273	-	-	923,273
Interest Bearing Cash	<u>446,002</u>	<u>-</u>	<u>-</u>	<u>446,002</u>
Total Assets at Fair Value	<u>\$4,554,119</u>	<u>\$2,889,765</u>	<u>\$ -</u>	<u>\$7,443,884</u>

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION LOCAL 1922-1/2062  
HEALTH AND WELFARE FUND  
NOTES TO FINANCIAL STATEMENTS

NOTE C    INVESTMENTS AND FAIR VALUE MEASUREMENTS (CONTINUED)

**Transfers between Levels**

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

The Plan evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits.

NOTE D    CONCENTRATIONS

The Plan received contributions, of approximately \$763,000 (59%) and \$1,576,000 (59%), during the period ended October 1, 2024 and the year ended April 30, 2024, respectively, from participating employers, which individually represent 10% or more of employers' contributions. The contributions receivable from these participating employers were approximately \$323,000 and \$277,000, in October 1, 2024 and April 30, 2024, respectively.

NOTE E    RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Obligations currently payable are reported in Form 5500 and the categories of income and expense have been aggregated on these financial statements in a manner other than that used on Form 5500, resulting in differences between the information reported in Form 5500 and the statements of net assets available for benefits and of changes in net assets available for benefits, as follows:

Total additions to net assets per statement of changes in net assets available for benefits	\$1,932,268
Investment expense	<u>9,072</u>
Total income per Form 5500	<u>\$1,941,340</u>
Total deductions from net assets per statement of changes in net assets available for benefits	\$ 909,837
Investment expense	9,072
Net change in benefits payable	<u>(101,000)</u>
Total expenses per Form 5500	<u>\$ 817,909</u>
Net increase during the year per statement of changes in net assets available for benefits	\$1,022,431
Net change in benefits payable	<u>101,000</u>
Net increase per Form 5500	<u>\$1,123,431</u>

MEMBERS  
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS  
FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

DANIEL ARTY, C.P.A.  
JOEL L. MOSKOWITS, C.P.A.

JULIA ALEMANY, C.P.A.  
JACQUELINE D. GREENBERG, C.P.A.

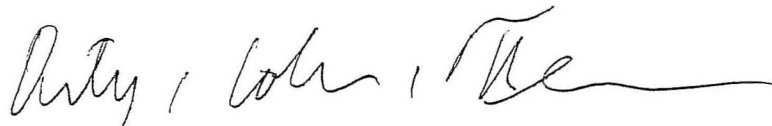
A R T Y  
C O H N  
F E U E R  
CERTIFIED PUBLIC  
ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT ON SUPPLEMENTARY INFORMATION

Board of Trustees  
International Longshoremen's Association  
Local 1922-1/2062 Health and Welfare Fund  
Miami, Florida

We have audited the financial statements of INTERNATIONAL LONGSHOREMEN'S ASSOCIATION LOCAL 1922-1/2062 HEALTH AND WELFARE FUND as of October 1, 2024 and April 30, 2024 and for the period ended October 1, 2024 and the year ended April 30, 2024, respectively, and our report thereon dated August 12, 2025, which expressed an unmodified opinion on those financial statements, appears on page one.

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of employers' contributions and administrative expenses for the period ended October 1, 2024 and year ended April 30, 2024, are presented for the purpose of additional analysis and are not a required part of 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.



August 12, 2025

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION LOCAL 1922-1/2062  
HEALTH AND WELFARE FUND  
EMPLOYERS' CONTRIBUTIONS  
PERIOD ENDED OCTOBER 1, 2024 AND YEAR ENDED APRIL 30, 2024

	<u>PERIOD ENDED</u> <u>OCTOBER 1,</u> <u>2 0 2 4</u>		<u>YEAR ENDED</u> <u>APRIL 30,</u> <u>2 0 2 4</u>		<u>INCREASE</u> <u>(DECREASE)</u>
	<u>AMOUNT</u>	<u>% OF</u> <u>TOTAL</u>	<u>AMOUNT</u>	<u>% OF</u> <u>TOTAL</u>	
Eller-ITO Stevedoring Company LLC	\$ 205,138	16	\$ 437,769	16	\$ (232,631)
Port of Miami Crane Management Inc	192,871	15	429,850	16	(236,979)
South Florida Container Terminal LLC	183,029	14	391,487	15	(208,458)
World Container Services LLC	182,290	14	316,734	12	(134,444)
Florida International Terminal LLC	103,378	8	217,779	8	(114,401)
South Florida Container Repair LLC	87,230	7	188,985	7	(101,755)
Maritime Container Services Inc	71,664	6	141,147	5	(69,483)
Florida Stevedoring Inc	70,945	6	154,656	6	(83,711)
Quality Container Terminal	47,941	4	115,913	4	(67,972)
Port of Miami Terminal Operating Co LC	45,909	4	106,595	4	(60,686)
Miami Container Repair Co	40,524	3	110,387	4	(69,863)
ZPMC NA East Coast Inc	20,472	2	28,220	1	(7,748)
Ceres Terminals	17,045	1	35,081	1	(18,036)
Salom Transportation Inc	-	0	14,108	1	(14,108)
	<u>\$ 1,268,436</u>	<u>100</u>	<u>\$ 2,688,711</u>	<u>100</u>	<u>\$ (1,420,275)</u>

INTERNATIONAL LONGSHOREMEN'S ASSOCIATION LOCAL 1922-1/2062  
HEALTH AND WELFARE FUND  
ADMINISTRATIVE EXPENSES  
PERIOD ENDED OCTOBER 1, 2024 AND YEAR ENDED APRIL 30, 2024

	PERIOD ENDED OCTOBER 1, <u>2024</u>	YEAR ENDED APRIL 30, <u>2024</u>
Audit Fees	\$ 90,000	\$ 40,000
Payroll Taxes	51,479	137,730
Tax and Other Consulting Services	42,750	25,960
Legal Fees	26,000	35,500
Salaries	23,409	56,001
Insurance	18,611	11,033
Bookkeeping Fees	14,757	36,133
Computer Maintenance	10,208	23,756
Office	6,179	17,607
Rent	5,515	13,590
Payroll Audit Fees	3,240	7,331
Seminars and Education	-	16,140
Other	-	5,274
Storage	-	2,833
	<hr/>	<hr/>
	<u>\$ 292,148</u>	<u>\$ 428,888</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

**2024**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **10/01/2024**


- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- a single-employer plan  a DFE (specify) \_\_\_\_\_
- B** This return/report is:  the first return/report  the final return/report
- an amended return/report  a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here ..... ▶
- D** Check box if filing under:  Form 5558  automatic extension  the DFVC program
- special extension (enter description)
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ..... ▶

**Part II Basic Plan Information—enter all requested information**

<b>1a</b> Name of plan <b>ILA LOCALS 1922-1/2062 HEALTH AND WELFARE FUND</b>	<b>1b</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <b>INTERNATIONAL LONGSHOREMENS ASSOCIATION LOCAL 1922 HEALTH AND</b>  <b>1007 N AMERICA WAY SUITE 405</b>  <b>MIAMI FL 33132</b>	<b>1c</b> Effective date of plan <b>02/01/1968</b>  <b>2b</b> Employer Identification Number (EIN) <b>23-7038555</b>  <b>2c</b> Plan Sponsor's telephone number <b>305-371-4973</b>  <b>2d</b> Business code (see instructions) <b>488300</b>

**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		<b>08/14/2025</b>	<b>ANTHONY ARRUFAT</b>
	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 (2024)

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

275

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)

275

a(2) Total number of active participants at the end of the plan year

6a(2)

0

b Retired or separated participants receiving benefits

6b

0

c Other retired or separated participants entitled to future benefits

6c

0

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

6d

0

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

13

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

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

4A 4B 4D 4E 4F 4G 4Q

9a Plan funding arrangement (check all that apply)

- (1) Insurance
(2) Code section 412(e)(3) insurance contracts
(3) X Trust
(4) General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) X Insurance
(2) Code section 412(e)(3) insurance contracts
(3) X 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) X H (Financial Information)
(2) I (Financial Information - Small Plan)
(3) X A (Insurance Information) - Number Attached 1
(4) X C (Service Provider Information)
(5) D (DFE/Participating Plan Information)
(6) 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 \_\_\_\_\_

---