

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) M, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, 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: IMTT MASTER TRUST; 1b Three-digit plan number (PN): 001; 1c Effective date of plan; 2a Plan sponsor's name: INTERNATIONAL-MATEX TANK TERMINALS LLC; 2b Employer Identification Number (EIN): 72-0771251; 2c Plan Sponsor's telephone number: 504-586-8300; 2d Business code: 493100

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: Label (SIGN HERE), Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature; 2. Signature of plan administrator; 3. Signature of employer/plan sponsor; 4. Filed with authorized/valid electronic signature; 5. Signature of DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input 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 <u> 0 </u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" 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 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 _____

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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan IMTT MASTER TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL-MATEX TANK TERMINALS LLC	D Employer Identification Number (EIN) 72-0771251	

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

AON TRUST COMPANY LLC

37-6543784

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

TOWNSEND HOLDINGS LLC

45-3073569

(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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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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

(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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>IMTT MASTER TRUST</u>	B Three-digit plan number (PN) <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>INTERNATIONAL-MATEX TANK TERMINALS LLC</u>	D Employer Identification Number (EIN) <u>72-0771251</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON LONG CREDIT BOND FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
c EIN-PN <u>37-6543784-040</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>958955</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON INTERMEDIATE CREDIT BOND FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
c EIN-PN <u>37-6543784-038</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1358928</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON MULTI-ASSET CREDIT FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
c EIN-PN <u>37-6543784-041</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7867065</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON LARGE CAP EQUITY INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
c EIN-PN <u>37-6543784-046</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19214662</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON U.S. INTERMEDIATE GOVT BOND</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
c EIN-PN <u>37-6543784-043</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1337289</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON SMALL CAP EQUITY INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
c EIN-PN <u>37-6543784-045</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2127785</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON NON-U.S. EQUITY INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
c EIN-PN <u>37-6543784-044</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11573780</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: AON HIGH YIELD PLUS FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 750331
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a Name of MTIA, CCT, PSA, or 103-12 IE: NISA COLLECTIVE INVESTMENT TRUST

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 88-6547562-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2515497
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a Name of MTIA, CCT, PSA, or 103-12 IE: NISA COLLECTIVE INVESTMENT TRUST

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 88-6547562-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4533839
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a Name of MTIA, CCT, PSA, or 103-12 IE: AON RET ENHAN ALTERNAT PORTFOLIO SP

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 98-1419542-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3675892
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a Name of MTIA, CCT, PSA, or 103-12 IE: AON PRIVATE CREDIT OPPOR FUND II,LP

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 87-3885623-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1834201
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	INTERNATIONAL-MATEX TANK TERMINALS PENSION PLAN	
b Name of plan sponsor	INTERNATIONAL-MATEX TANK TERMINALS LLC	c EIN-PN 72-0771251-333

a Plan name	IMTT-ILLINOIS UNION PENSION PLAN	
b Name of plan sponsor	INTERNATIONAL-MATEX TANK TERMINALS LLC	c EIN-PN 72-0771251-002

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
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a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
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a Plan name		
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a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan IMTT MASTER TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL-MATEX TANK TERMINALS LLC	D Employer Identification Number (EIN) 72-0771251

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	5111	10580
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)	10869550	9980964
(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)	54003460	57748224
(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)	1773811	2715315
(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	66651932	70455083
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	66651932	70455083

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)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(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)	116603	
(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)	1052760	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	955094	
(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)	728133	
(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)		3129081
(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		-666579
d Total income. Add all income amounts in column (b) and enter total	2d		3404904

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)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		0

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3404904
l Transfers of assets:			
(1) To this plan	2l(1)		5461759
(2) From this plan	2l(2)		5063512

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:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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.**

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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) M

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 IMTT Master Trust	1b Three-digit plan number (PN) ▶	001
	1c Effective date of plan	
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) International-Matex Tank Terminals LLC 400 Poydras Street, Suite 3000 New Orleans LA 70130	2b Employer Identification Number (EIN) 72-0771251	
	2c Plan Sponsor's telephone number 504-586-8300	
	2d Business code (see instructions) 493100	

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	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	<i>Tonya Simpson</i>	<u>10-9-25</u>	Tonya Simpson
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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:

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



FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE					55,751,393.06		
COMPARATIVE VALUE (5%)					2,787,569.65		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
NO TRANSACTIONS QUALIFIED FOR THIS SECTION							
CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE							
Broker: Direct From Issuer							
01/10/2024	B	Issue: 95MSCG7M2 - Aon Private Credit Opps Fund II LP 56,198.000	1.0000		- 56,198	56,198	
01/31/2024	S	Issue: 654658889 - Nisa Cit Ultra Lng Treasury Cif Cl A - 62,178.301	14.4745		900,000	621,783	278,217
01/31/2024	S	Issue: 654658707 - Nisa Cit Ultra Mid Treasury Cif Cl A - 37,527.361	13.3236		500,000	375,274	124,726
03/28/2024	B	Issue: 9SPMTJXF4 - Aon Multi-Asset Credit 8,864.304	11.2812		- 100,000	100,000	
04/30/2024	B	Issue: 654658889 - Nisa Cit Ultra Lng Treasury Cif Cl A 45,613.246	10.9617		- 500,000	500,000	
04/30/2024	B	Issue: 654658707 - Nisa Cit Ultra Mid Treasury Cif Cl A 49,764.277	10.0474		- 500,000	500,000	
05/06/2024	S	Issue: 95MSCG7M2 - Aon Private Credit Opps Fund II LP - 23,955.000	1.0000		23,955	23,955	
05/14/2024	B	Issue: 95MSCG7M2 - Aon Private Credit Opps Fund II LP 14,833.000	1.0000		- 14,833	14,833	
05/16/2024	B	Issue: 654658889 - Nisa Cit Ultra Lng Treasury Cif Cl A 64,917.771	12.3233		- 800,000	800,000	
06/04/2024	B	Issue: 95MSCG7M2 - Aon Private Credit Opps Fund II LP 11,977.000	1.0000		- 11,977	11,977	



FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/21/2024	Issue: 95MSCG7M2 - Aon Private Credit Opps Fund II LP B	14,197.000	1.0000		- 14,197	14,197	
06/24/2024	Issue: 95MSCG7M2 - Aon Private Credit Opps Fund II LP B	28,745.000	1.0000		- 28,745	28,745	
06/25/2024	Issue: 95MSCG7M2 - Aon Private Credit Opps Fund II LP B	45,119.000	1.0000		- 45,119	45,119	
07/29/2024	Issue: 95MSCG7M2 - Aon Private Credit Opps Fund II LP B	11,874.000	1.0000		- 11,874	11,874	
07/31/2024	Issue: 654658889 - Nisa Cit Ultra Lng Treasury Cif Cl A S	- 41,797.358	13.3262		557,000	435,727	121,273
07/31/2024	Issue: 654658707 - Nisa Cit Ultra Mid Treasury Cif Cl A S	- 29,093.628	12.2707		357,000	291,188	65,812
09/12/2024	Issue: 95MSCG7M2 - Aon Private Credit Opps Fund II LP B	33,537.000	1.0000		- 33,537	33,537	
09/19/2024	Issue: 95MSCG7M2 - Aon Private Credit Opps Fund II LP B	77,303.000	1.0000		- 77,303	77,303	
09/20/2024	Issue: 95MSCG7M2 - Aon Private Credit Opps Fund II LP B	28,746.000	1.0000		- 28,746	28,746	
09/24/2024	Issue: 95MSCG7M2 - Aon Private Credit Opps Fund II LP S	- 33,560.000	1.0000		33,560	33,560	
09/25/2024	Issue: 95MSCG7M2 - Aon Private Credit Opps Fund II LP B	6,903.000	1.0000		- 6,903	6,903	
10/01/2024	Issue: 95MSCF504 - Aon Return Enhancing Alt S	- 159.535	1,128.2819		180,000	159,535	20,465
10/09/2024	Issue: 95MSCG7M2 - Aon Private Credit Opps Fund II LP B	8,222.000	1.0000		- 8,222	8,222	
10/16/2024	Issue: 95MSCG7M2 - Aon Private Credit Opps Fund II LP B	15,665.000	1.0000		- 15,665	15,665	



FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
11/12/2024	Issue: 95MSCG7M2 - Aon Private Credit Opps Fund II LP S	- 12,935.000	1.0000		12,935	12,935	
11/20/2024	Issue: 95MSCG7M2 - Aon Private Credit Opps Fund II LP B	57,491.000	1.0000		- 57,491	57,491	
11/22/2024	Issue: 95MSCG7M2 - Aon Private Credit Opps Fund II LP B	28,745.000	1.0000		- 28,745	28,745	
11/27/2024	Issue: 95MSCG7M2 - Aon Private Credit Opps Fund II LP B	17,660.000	1.0000		- 17,660	17,660	
12/09/2024	Issue: 95MSCG7M2 - Aon Private Credit Opps Fund II LP B	7,350.000	1.0000		- 7,350	7,350	
12/19/2024	Issue: 95MSCG7M2 - Aon Private Credit Opps Fund II LP B	150,264.000	1.0000		- 150,264	150,264	
Total For Direct From Issuer				0	5,079,279	4,468,786	610,493
GRAND TOTAL				0	5,079,279	4,468,786	610,493

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

Issue: 38141W273 - Gs Fin Sq Govt Inst

01/03/2024	B	5,110.670	1.0000		- 5,111	5,111	
01/03/2024	B	67.530	1.0000		- 68	68	
02/01/2024	B	1,135,140.100	1.0000		- 1,135,140	1,135,140	
02/02/2024	B	5,462.460	1.0000		- 5,462	5,462	
02/21/2024	B	784.700	1.0000		- 785	785	
03/04/2024	B	9,145.870	1.0000		- 9,146	9,146	
03/12/2024	B	208,120.270	1.0000		- 208,120	208,120	



FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/19/2024	B	100,000.000	1.0000		- 100,000	100,000	
04/02/2024	B	9,035.250	1.0000		- 9,035	9,035	
04/02/2024	B	29.650	1.0000		- 30	30	
04/09/2024	B	1,815,000.000	1.0000		- 1,815,000	1,815,000	
05/01/2024	B	1,000,000.000	1.0000		- 1,000,000	1,000,000	
05/02/2024	B	11,930.590	1.0000		- 11,931	11,931	
05/06/2024	B	23,955.000	1.0000		- 23,955	23,955	
05/15/2024	B	784.700	1.0000		- 785	785	
05/17/2024	B	800,000.000	1.0000		- 800,000	800,000	
06/04/2024	B	8,837.880	1.0000		- 8,838	8,838	
06/18/2024	B	34,334.670	1.0000		- 34,335	34,335	
06/28/2024	B	20,753.080	1.0000		- 20,753	20,753	
07/02/2024	B	7,074.540	1.0000		- 7,075	7,075	
07/02/2024	B	4.900	1.0000		- 5	5	
07/10/2024	B	1,545,000.000	1.0000		- 1,545,000	1,545,000	
07/17/2024	B	180,000.000	1.0000		- 180,000	180,000	
08/01/2024	B	681,657.810	1.0000		- 681,658	681,658	
08/02/2024	B	9,723.530	1.0000		- 9,724	9,724	
09/04/2024	B	11,361.760	1.0000		- 11,362	11,362	
09/16/2024	B	58,483.120	1.0000		- 58,483	58,483	
09/25/2024	B	26,657.000	1.0000		- 26,657	26,657	
09/30/2024	B	32,481.440	1.0000		- 32,481	32,481	



FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/02/2024	B	9,018.530	1.0000		- 9,019	9,019	
10/03/2024	B	37.630	1.0000		- 38	38	
10/09/2024	B	553,692.730	1.0000		- 553,693	553,693	
10/11/2024	B	1,679,000.000	1.0000		- 1,679,000	1,679,000	
11/04/2024	B	11,695.670	1.0000		- 11,696	11,696	
11/13/2024	B	12,935.000	1.0000		- 12,935	12,935	
11/29/2024	B	241,285.710	1.0000		- 241,286	241,286	
12/03/2024	B	11,574.450	1.0000		- 11,574	11,574	
12/06/2024	B	39.020	1.0000		- 39	39	
12/13/2024	B	24,969.130	1.0000		- 24,969	24,969	
12/27/2024	B	272.030	1.0000		- 272	272	
12/31/2024	B	41,868.790	1.0000		- 41,869	41,869	
Total For Buys				0	10,327,329	10,327,329	0
01/02/2024	S	- 462,840.680	1.0000		462,841	462,841	
01/08/2024	S	- 39,453.000	1.0000		39,453	39,453	
01/10/2024	S	- 56,198.000	1.0000		56,198	56,198	
01/11/2024	S	- 39,102.330	1.0000		39,102	39,102	
01/29/2024	S	- 5,255.860	1.0000		5,256	5,256	
02/06/2024	S	- 100,000.000	1.0000		100,000	100,000	
02/07/2024	S	- 28,772.130	1.0000		28,772	28,772	
02/29/2024	S	- 27,577.370	1.0000		27,577	27,577	



FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
03/01/2024	S	- 230,190.980	1.0000		230,191	230,191	
03/18/2024	S	- 11,505.000	1.0000		11,505	11,505	
03/19/2024	S	- 75,000.000	1.0000		75,000	75,000	
03/22/2024	S	- 33,302.000	1.0000		33,302	33,302	
03/26/2024	S	- 51,490.550	1.0000		51,491	51,491	
03/28/2024	S	- 100,000.000	1.0000		100,000	100,000	
04/01/2024	S	- 232,718.100	1.0000		232,718	232,718	
04/23/2024	S	- 1,091,935.240	1.0000		1,091,935	1,091,935	
04/26/2024	S	- 5,895.120	1.0000		5,895	5,895	
05/01/2024	S	- 1,475,262.650	1.0000		1,475,263	1,475,263	
05/08/2024	S	- 6,018.550	1.0000		6,019	6,019	
05/14/2024	S	- 14,833.000	1.0000		14,833	14,833	
05/16/2024	S	- 28,230.550	1.0000		28,231	28,231	
05/17/2024	S	- 800,000.000	1.0000		800,000	800,000	
06/03/2024	S	- 299,134.200	1.0000		299,134	299,134	
06/04/2024	S	- 11,977.000	1.0000		11,977	11,977	
06/07/2024	S	- 48,924.410	1.0000		48,924	48,924	
06/21/2024	S	- 14,197.000	1.0000		14,197	14,197	
06/24/2024	S	- 28,745.000	1.0000		28,745	28,745	
06/25/2024	S	- 45,119.000	1.0000		45,119	45,119	
06/26/2024	S	- 32,309.390	1.0000		32,309	32,309	
07/01/2024	S	- 232,424.090	1.0000		232,424	232,424	



FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/23/2024	S	- 1,100,000.000	1.0000		1,100,000	1,100,000	
07/26/2024	S	- 6,158.980	1.0000		6,159	6,159	
07/29/2024	S	- 11,874.000	1.0000		11,874	11,874	
07/30/2024	S	- 35,039.710	1.0000		35,040	35,040	
08/05/2024	S	- 28,960.280	1.0000		28,960	28,960	
09/03/2024	S	- 376,006.000	1.0000		376,006	376,006	
09/12/2024	S	- 67,435.650	1.0000		67,436	67,436	
09/19/2024	S	- 77,303.000	1.0000		77,303	77,303	
09/20/2024	S	- 28,746.000	1.0000		28,746	28,746	
09/26/2024	S	- 45,138.600	1.0000		45,139	45,139	
10/01/2024	S	- 239,083.310	1.0000		239,083	239,083	
10/07/2024	S	- 661,080.000	1.0000		661,080	661,080	
10/16/2024	S	- 15,665.000	1.0000		15,665	15,665	
10/25/2024	S	- 41,905.040	1.0000		41,905	41,905	
10/28/2024	S	- 6,147.200	1.0000		6,147	6,147	
11/01/2024	S	- 330,657.970	1.0000		330,658	330,658	
11/15/2024	S	- 17,999.990	1.0000		18,000	18,000	
11/20/2024	S	- 57,491.000	1.0000		57,491	57,491	
11/22/2024	S	- 28,745.000	1.0000		28,745	28,745	
11/27/2024	S	- 17,660.000	1.0000		17,660	17,660	
12/02/2024	S	- 375,542.080	1.0000		375,542	375,542	
12/09/2024	S	- 7,350.000	1.0000		7,350	7,350	



FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/18/2024	S	- 31,157.360	1.0000		31,157	31,157	
12/19/2024	S	- 150,264.000	1.0000		150,264	150,264	
Total For Sells				0	9,385,821	9,385,821	0
Total Gs Fin Sq Govt Inst				0	19,713,150	19,713,150	0
GRAND TOTAL				0	19,713,150	19,713,150	0

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE
 NO TRANSACTIONS QUALIFIED FOR THIS SECTION



FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE					10,317,696.00		
COMPARATIVE VALUE (5%)					515,884.80		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
Issue: 38141W273 - Gs Fin Sq Govt Inst							
09/27/2024	B	561,617.000	1.0000		- 561,617 *	561,617	
10/09/2024	S	- 561,914.730	1.0000		561,915 *	561,915	
Issue: 96MSCKK12 - Townsend Real Estate Alpha Fund III							
09/27/2024	S	- 561,617.000	1.0000		561,617 *	561,617	
GRAND TOTAL				0	1,685,149	1,685,149	0

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

Broker: Direct From Issuer							
Issue: 96MSCKK12 - Townsend Real Estate Alpha Fund III							
02/05/2024	B	100,000.000	1.0000		- 100,000	100,000	
Issue: 96MSCKK12 - Townsend Real Estate Alpha Fund III							
09/27/2024	S	- 561,617.000	1.0000		561,617 *	561,617	
Issue: 96MSCKK12 - Townsend Real Estate Alpha Fund III							
11/19/2024	S	- 240,693.000	1.0000		240,693	141,666	99,027
Total For Direct From Issuer				0	902,310	803,283	99,027
GRAND TOTAL				0	902,310	803,283	99,027



FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE							
Issue: 38141W273 - Gs Fin Sq Govt Inst							
09/27/2024	B	561,617.000	1.0000		- 561,617 *	561,617	
10/02/2024	B	297.730	1.0000		- 298	298	
11/04/2024	B	592.710	1.0000		- 593	593	
11/20/2024	B	240,693.000	1.0000		- 240,693	240,693	
12/03/2024	B	272.030	1.0000		- 272	272	
Total For Buys				0	803,473	803,473	0
10/09/2024	S	- 561,914.730	1.0000		561,915 *	561,915	
11/29/2024	S	- 241,285.710	1.0000		241,286	241,286	
12/27/2024	S	- 272.030	1.0000		272	272	
Total For Sells				0	803,473	803,473	0
Total Gs Fin Sq Govt Inst				0	1,606,946	1,606,946	0
Issue: 96MSCKK12 - Townsend Real Estate Alpha Fund III							
02/05/2024	B	100,000.000	1.0000		- 100,000	100,000	
03/18/2024	B	75,000.000	1.0000		- 75,000	75,000	
Total For Buys				0	175,000	175,000	0
09/27/2024	S	- 561,617.000	1.0000		561,617 *	561,617	



FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
11/19/2024	S	- 240,693.000	1.0000		240,693	141,666	99,027
Total For Sells				0	802,310	703,283	99,027
Total Townsend Real Estate Alpha Fund III				0	977,310	878,283	99,027
GRAND TOTAL				0	2,584,256	2,485,229	99,027

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

Broker: Direct From Issuer

02/05/2024	B	Issue: 96MSCKK12 - Townsend Real Estate Alpha Fund III 100,000.000	1.0000		- 100,000	100,000	
09/27/2024	S	Issue: 96MSCKK12 - Townsend Real Estate Alpha Fund III - 561,617.000	1.0000		561,617 *	561,617	
11/19/2024	S	Issue: 96MSCKK12 - Townsend Real Estate Alpha Fund III - 240,693.000	1.0000		240,693	141,666	99,027
Total For Direct From Issuer				0	902,310	803,283	99,027
GRAND TOTAL				0	902,310	803,283	99,027



ASSET DETAIL

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Cash And Equivalents						
Money Markets						
Gs Fin Sq Govt Inst 38141W273 Asset Minor Code 1	2,715,314.730	2,715,314.73 1.0000	2,715,314.73	.00 .00	10,579.63	4.25
Total Money Markets	2,715,314.730	2,715,314.73	2,715,314.73	.00 .00	10,579.63	4.25
Total Cash And Equivalents	2,715,314.730	2,715,314.73	2,715,314.73	.00 .00	10,579.63	4.25
Mutual Funds						
Mutual Funds-Equity						
Aon Small Cap Equity Index Fund 00187K472 Asset Minor Code 98	135,873.882	2,127,784.99 15.6600	1,363,423.94	764,361.05 311,151.19	.00	0.00
Aon Non Equity Index Fund 00187K480 Asset Minor Code 98	892,350.058	11,573,780.25 12.9700	8,373,034.42	3,200,745.83 562,180.53	.00	0.00
Aon Large Cap Equity Index Fund 00187K498 Asset Minor Code 98	1,030,276.804	19,214,662.39 18.6500	9,552,120.10	9,662,542.29 3,598,253.51	.00	0.00
Nisa Cit Ultra Mid Treasury Cif Cl A 654658707 Asset Minor Code 98	243,143.288	2,515,497.48 10.3457	2,433,538.20	81,959.28 - 851,861.40	.00	0.00
Nisa Cit Ultra Lng Treasury Cif Cl A 654658889 Asset Minor Code 98	416,555.358	4,533,838.92 10.8841	4,342,489.57	191,349.35 - 2,014,366.60	.00	0.00



ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Total Mutual Funds-Equity	2,718,199.390	39,965,564.03	26,064,606.23	13,900,957.80 1,605,357.23	.00	0.00
Mutual Funds-Fixed Income						
Aon High Yield Plus Fd CI I 00185C381 Asset Minor Code 99	48,945.245	750,330.61 15.3300	691,268.05	59,062.56 50,997.01	.00	0.00
Aon US Intermediate Govt Bd Index Fu 00187K464 Asset Minor Code 99	138,579.200	1,337,289.28 9.6500	1,252,755.97	84,533.31 - 41,572.88	.00	0.00
Ahcit Long Credit Fund 00187K530 Asset Minor Code 99	113,084.370	958,955.46 8.4800	959,656.11	- 700.65 - 1,499.57	.00	0.00
Ahcit Intermediate Credit Fund 00187K548 Asset Minor Code 99	132,191.424	1,358,927.84 10.2800	1,300,000.00	58,927.84 58,927.84	.00	0.00
Total Mutual Funds-Fixed Income	432,800.239	4,405,503.19	4,203,680.13	201,823.06 66,852.40	.00	0.00
Total Mutual Funds	3,150,999.629	44,371,067.22	30,268,286.36	14,102,780.86 1,672,209.63	.00	0.00
Miscellaneous						
Partnerships/Joint Ventures						
Aon Return Enhancing Alt 95MSCF504 Asset Minor Code 77	3,140.465	3,675,892.00 1,170.4928	3,140,465.40	535,426.60 266,604.60	.00	0.00



ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Aon Private Credit Opps Fund II LP 95MSCG7M2 Asset Minor Code 77 Date Last Priced: 09/30/24	1,779,572.780	1,779,572.78 *** 1.0000 @	1,620,323.00	159,249.78 109,787.78	.00	0.00
Total Partnerships/Joint Ventures	1,782,713.245	5,455,464.78	4,760,788.40	694,676.38 376,392.38	.00	0.00
Collective Investment Funds						
Aon Multi-Asset Credit 9SPMTJXF4 Asset Minor Code 17	652,854.954	7,867,064.48 12.0502	6,010,865.74	1,856,198.74 515,696.00	.00	0.00
Total Collective Investment Funds	652,854.954	7,867,064.48	6,010,865.74	1,856,198.74 515,696.00	.00	0.00
Total Miscellaneous	2,435,568.199	13,322,529.26	10,771,654.14	2,550,875.12 892,088.38	.00	0.00
Total Assets	8,301,882.558	60,408,911.21	43,755,255.23	16,653,655.98 2,564,298.01	10,579.63	0.19
Accrued Income	.000	10,579.63	10,579.63			
Grand Total	8,301,882.558	60,419,490.84	43,765,834.86			

***The value shown on this US Bank statement is lagged. The actual 12/31/2024 value is shown on the enclosed Aon Private Credit Opportunities Fund II, LP statement.



ASSET DETAIL

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Miscellaneous						
Partnerships/Joint Ventures						
Townsend Real Estate Fund-E LP 96MSCJD62 Asset Minor Code 76	7,184,253.000	7,184,253.00 1.0000	6,241,116.86	943,136.14 39,864.00	.00	0.00
Townsend Real Estate Alpha Fund III 96MSCKK12 Asset Minor Code 76 Date Last Priced: 09/30/24	2,935,074.000	2,935,074.00 1.0000 @	1,737,090.17	1,197,983.83 290,049.83	.00	0.00
Total Partnerships/Joint Ventures	10,119,327.000	10,119,327.00	7,978,207.03	2,141,119.97 329,913.83	.00	0.00
Total Miscellaneous	10,119,327.000	10,119,327.00	7,978,207.03	2,141,119.97 329,913.83	.00	0.00
Total Assets	10,119,327.000	10,119,327.00	7,978,207.03	2,141,119.97 329,913.83	.00	0.00
Accrued Income	.000	.00	.00			
Grand Total	10,119,327.000	10,119,327.00	7,978,207.03			

***The value shown on this US Bank statement is lagged. The actual 12/31/2024 value is shown on the enclosed Townsend Real Estate Alpha Fund III, L.P. statement.

IMTT Master Trust
EIN: 72-0771251 PN: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

AON PRIVATE CREDIT OPPORTUNITIES FUND II, LP

ACCOUNT STATEMENT FOR THE QUARTER ENDED DECEMBER 31, 2024

(UNAUDITED)

Class 0 (all values in USD)	Quarter-to-Date		Year-to-Date		Inception-to-Date
Beginning capital account balance	\$	1,526,895.78	\$	1,116,921.60	\$ -
Capital contributions		305,979.00		738,364.00	1,927,985.00
Capital distributions		(33,517.00)		(149,178.00)	(340,675.00)
Capital distributions - Prior Period Adjustment		-		5,397.00	5,397.00
Transfer in/out (if applicable)		-		-	-
Fund Level Activity					
Operating Expenses		(305.33)		(1,086.42)	(1,687.28)
Unrealized Gain/Loss		32,782.72		44,057.09	105,265.41
Realized Gain/Loss		(15,258.92)		32,859.42	80,104.69
Interest Income		159.15		613.64	6,482.79
Interest Income - Prior Period Adjustment		-		(5,582.43)	(5,582.43)
Dividend Income		17,465.70		51,835.19	56,910.91
Capital account balance		1,834,201.09		1,834,201.09	1,834,201.09

IMTT Master Trust
EIN: 72-0771251 PN: 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

Townsend Real Estate Alpha Fund III, L.P.

Investor Statement (Unaudited)

For IMTT Master Trust

For the Period: 10/01/24 - 12/31/24

<i>Capital Account</i>	<u>Current Period</u>		<u>Year-to-Date</u>		<u>Since Inception</u>
Beginning Balance	\$	3,175,767	\$	3,723,197	\$ -
Contributions ¹		-		75,000	3,700,000
Distributions		(240,693)		(802,310)	(2,061,937)
Portfolio Management Fees		(8,916)		(37,467)	(347,020)
Net Change in Appreciation(Depreciation)		(449,323)		(905,645)	145,123
Other Portfolio Income(Loss) ²		17,057		(50,286)	128,790
Realized Gain(Loss)		287,605		783,434	1,377,963
General Partner Carried Interest		15,215		10,788	(146,208)
Capital Balance 12/31/2024	\$	2,796,711	\$	2,796,711	\$ 2,796,711
