

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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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) _____

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

<p>1a Name of plan <u>AMALGAMATED PENSION-DISABILITY PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>004</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>JAX TRANSIT MANAGEMENT CORP.</u></p> <p><u>100 N. MYRTLE AVE</u> <u>JACKSONVILLE, FL 32204</u></p>	<p>1c Effective date of plan <u>05/01/1964</u></p> <p>2b Employer Identification Number (EIN) <u>59-3041602</u></p> <p>2c Plan Sponsor's telephone number <u>904-630-3131</u></p> <p>2d Business code (see instructions) <u>485110</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	CAPITAL BENEFIT CONSULTANTS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2025	JAX TRANSIT MANAGEMENT CORP.
	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

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>CAPITAL BENEFIT CONSULTANTS, LLC 3355 LENOX ROAD NE SUITE 750 ATLANTA, GA 30326-1353</p>	<p>3b Administrator's EIN 47-4183432</p> <p>3c Administrator's telephone number 888-620-9825</p>
<p>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:</p> <p>a Sponsor's name c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5 835</p>
<p>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).</p> <p>a(1) Total number of active participants at the beginning of the plan year</p> <p>a(2) Total number of active participants at the end of the plan year</p> <p>b Retired or separated participants receiving benefits.....</p> <p>c Other retired or separated participants entitled to future benefits</p> <p>d Subtotal. Add lines 6a(2), 6b, and 6c.....</p> <p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</p> <p>f Total. Add lines 6d and 6e</p> <p>g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</p> <p>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</p> <p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<p>6a(1) 345</p> <p>6a(2) 388</p> <p>6b 266</p> <p>6c 191</p> <p>6d 845</p> <p>6e 32</p> <p>6f 877</p> <p>6g(1)</p> <p>6g(2)</p> <p>6h 44</p>
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p>	<p>7</p>

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B

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

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

<p>a Pension Schedules</p> <p>(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____</p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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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 SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<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

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>AMALGAMATED PENSION-DISABILITY PLAN</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>JAX TRANSIT MANAGEMENT CORP.</u>	D Employer Identification Number (EIN) <u>59-3041602</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>63203349</u>
	b Actuarial value	2b	<u>63203349</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>295</u>	<u>32290406</u>
	b For terminated vested participants	<u>195</u>	<u>9345606</u>
	c For active participants	<u>345</u>	<u>25382988</u>
	d Total	<u>835</u>	<u>67019000</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.19 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>1585903</u>
	b Expected plan-related expenses	6b	<u>578376</u>
	c Target normal cost	6c	<u>2164279</u>

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

SIGN HERE		
	Signature of actuary	<u>08/25/2025</u>
	<u>NOOR RAJAH</u>	Date
	Type or print name of actuary	<u>23-07192</u>
	<u>CAPITAL BENEFIT CONSULTANTS, LLC</u>	Most recent enrollment number
	Firm name	<u>917-275-3802</u>
	<u>3355 LENOX ROAD NE</u> <u>SUITE 750</u> <u>ATLANTA, GA 30326-1353</u>	Telephone number (including area code)
	Address of the firm	

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 66
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
26 Demographic and benefit information				
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 2164279
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	5149704		510259	
b Waiver amortization installment.....	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 2674538
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35)				36 2674538
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 4432772
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 1758234
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021				

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 AMALGAMATED PENSION-DISABILITY PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 JAX TRANSIT MANAGEMENT CORP.	D Employer Identification Number (EIN) 59-3041602	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

RAYMOND JAMES

880 CARILLON PARKWAY
ST. PETERSBURG, FL 33716

59-1237041

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 19 27 50 51		157109	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)

CAPITAL BENEFIT CONSULTANTS, LLC

3355 LENOX ROAD NE
SUITE 750
ATLANTA, GA 30326-1353

47-4183432

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 14		180138	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)

GRAY ROBINSON

301 EAST PINE STREET
SUITE 1400
ORLANDO, FL 32801

59-1300132

(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		52301	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

RELIANCE TRUST COMPANY

1100 ABERNATHY ROAD NE
#400
ATLANTA, GA 30328

58-1428634

(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?
21 25 58 62		31136	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input checked="" 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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <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.	<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 AMALGAMATED PENSION-DISABILITY PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 JAX TRANSIT MANAGEMENT CORP.	D Employer Identification Number (EIN) 59-3041602

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)	0	
(2) Participant contributions	1b(2)	0	
(3) Other	1b(3)	16756	108241
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	723855	4349881
(2) U.S. Government securities	1c(2)	3557134	2782677
(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)	19980207	20203957
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	27514418	35764579
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	11410979	12389483

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	63203349	75598818
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i	0	
j Other liabilities.....	1j	0	3771667
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	3771667
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	63203349	71827151

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)	4546760	
(B) Participants.....	2a(1)(B)	322286	
(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)		4869046
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	179334	
(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)	67145	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		246479
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	291748	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	1276912	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1568660
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	-1109937	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		1109937
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	0	
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		4583349
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		12377471

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3328453	
(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)		3328453
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)	84500	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	157109	
(6) Bank or trust company trustee/custodial fees	2i(6)	31136	
(7) Actuarial fees	2i(7)	95638	
(8) Legal fees	2i(8)	52301	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	4532	
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		425216
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3753669

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8623802
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **FORVIS MAZARS, LLP**

(2) EIN: **44-0160260**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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 543583.

SCHEDULE R (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>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<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 <u>AMALGAMATED PENSION-DISABILITY PLAN</u>	B Three-digit plan number (PN) ▶	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>JAX TRANSIT MANAGEMENT CORP.</u>	D Employer Identification Number (EIN) <u>59-3041602</u>	

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 1

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 58-1428634

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... 3 24

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... Yes No N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... Yes No

11 a Does the ESOP hold any preferred stock?..... Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

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

(1) Contribution rate (in dollars and cents) _____

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

<p>Structured Attachment</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Schedule SB, line 26a</p> <p>Schedule of Active Participant Data</p>	<p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Name of Plan	AMALGAMATED PENSION-DISABILITY PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	59-3041602	PN	004

Attained Age	YEARS OF CREDITED SERVICE					
	Under 1			1 to 4		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25				3		
25 to 29				7		
30 to 34				12		
35 to 39				25		
40 to 44				31		
45 to 49				16		
50 to 54				27		
55 to 59				13		
60 to 64				12		
65 to 69				3		
70 & Up				3		

Attained Age	YEARS OF CREDITED SERVICE					
	5 to 9			10 to 14		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39	4					
40 to 44	7			3		
45 to 49	5			7		
50 to 54	11			10		
55 to 59	12			13		
60 to 64	6			7		
65 to 69	2			3		
70 & Up	1			1		

Name of Plan	AMALGAMATED PENSION-DISABILITY PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	59-3041602	PN	004

Attained Age	YEARS OF CREDITED SERVICE					
	15 to 19			20 to 24		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44	1					
45 to 49	2			3		
50 to 54	9			3		
55 to 59	4			6		
60 to 64	5			9		
65 to 69	4			5		
70 & Up	1			2		

Attained Age	YEARS OF CREDITED SERVICE					
	25 to 29			30 to 34		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54	6			1		
55 to 59	10			2		
60 to 64	7			2		
65 to 69	5			2		
70 & Up	1					

Name of Plan	AMALGAMATED PENSION-DISABILITY PLAN						
Plan Year Begin Date	01/01/2024	Plan Year End Date	12/31/2024	EIN	59-3041602	PN	004

Attained Age	YEARS OF CREDITED SERVICE					
	35 to 39			40 & Up		
	No.	Average		No.	Average	
		Compensation	Cash Balance		Compensation	Cash Balance
Under 25						
25 to 29						
30 to 34						
35 to 39						
40 to 44						
45 to 49						
50 to 54						
55 to 59	1					
60 to 64	6					
65 to 69	1			1		
70 & Up	1			1		

Note Regarding Pending Audited Financial Statements

The audited financial statements for the Plan year ended December 31, 2024, are not yet available as of the date of this filing. The Form 5500 is being filed to meet the applicable filing deadline. An amended Form 5500, including the independent auditor's report and complete financial statements, will be filed as soon as the audited financial statements are finalized.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information		
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>		
A This return/report is for:	<input type="checkbox"/> a multiemployer plan	<input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	<input checked="" type="checkbox"/> a single-employer plan	<input type="checkbox"/> a DFE (specify) _____
	<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report
	<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here ▶	<input checked="" type="checkbox"/>	
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension
	<input type="checkbox"/> special extension (enter description)	<input type="checkbox"/> the DFVC program
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶	<input type="checkbox"/>	

Part II Basic Plan Information --- enter all requested information		
1a Name of plan Amalgamated Pension-Disability Plan		1b Three-digit plan number (PN) ▶ 004
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) JAX TRANSIT MANAGEMENT CORP. 100 N. MYRTLE AVE US JACKSONVILLE FL 32204		1c Effective date of plan 05/01/1964 2b Employer Identification Number (EIN) 59-3041602 2c Plan Sponsor's telephone number (904) 630-3131 2d Business code (see instructions) 485110

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		10/14/2025	Jelani K. Hooks
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/15/2025	Heather A. Obora
	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

E-SIGNATURE AUTHORIZATION

for

Amalgamated Pension-Disability Plan

59-3041602/004

For Plan Year 01/01/2024 through 12/31/2024

I/We, the undersigned, understand that a Form 5500 Series, SB, and PBGC Premium filing for the plan listed above must be prepared, electronically signed and electronically transmitted to the EBSA Electronic Filing Acceptance System (EFAST).

I/We authorize Capital Benefit Consultants, LLC to electronically sign the Form 5500, SB, and PBGC Premium filing on my/our behalf and to transmit that signed form to EFAST on or before the filing due date.

I/We understand that by granting this authority:

- A manually signed and dated Form 5500, SB, and PBGC Premium that has been provided must be returned to Capital Benefit Consultants, LLC before they can begin the electronic filing process. I/We will retain a copy of this manually signed form and any schedules and attachments in the plan records.
 - Capital Benefit Consultants, LLC will not be responsible for any late filing penalty assessed under ERISA should I/we not return the manually signed and dated Form 5500, SB, and PBGC Premium prior to the filing due date.
- An electronic copy of the manually signed and dated Form 5500, SB, and PBGC Premium showing my/our signatures will be included in the electronic filing and will be posted by the EBSA to the Internet for public disclosure.
- Capital Benefit Consultants, LLC will maintain a copy of this written authorization in its records.
- Capital Benefit Consultants, LLC will notify all signers about any inquiries and correspondence it receives about this filing from EFAST, EBSA, IRS or PBGC.
- Capital Benefit Consultants, LLC shall not be deemed to be a plan fiduciary with respect to this plan solely on account of providing the electronic signature and filing of the Form 5500, SB, and PBGC Premium for the plan year listed above.

Jelani Hooks 
Plan Administrator

10/7/2024

Date



Plan Sponsor

March 5, 2025

Date

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

**This Form is Open to Public
Inspection**

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

▶ **Round off amounts to nearest dollar.**

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

A Name of plan Amalgamated Pension-Disability Plan		B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF JAX TRANSIT MANAGEMENT CORP.		D Employer Identification Number (EIN) 59-3041602	

E Type of plan: Single Multiple-A Multiple-B **F** Prior year plan size: 100 or fewer 101-500 More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2024

2 Assets:

a Market value	2a	63,203,349
b Actuarial value	2b	63,203,349

3 Funding target/participant count breakdown:

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	295	32,290,406	32,290,406
b For terminated vested participants	195	9,345,606	9,345,606
c For active participants	345	25,382,988	26,445,257
d Total	835	67,019,000	68,081,269

4 If the plan is in at-risk status, check the box and complete lines (a) and (b)

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	

5 Effective interest rate **5** **5.19 %**

6 Target normal cost

a Present value of current plan year accruals	6a	1,585,903
b Expected plan-related expenses	6b	578,376
c Target normal cost	6c	2,164,279

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

SIGN HERE	<u>Noor</u>	<u>08/25/2025</u>
	Signature of actuary	Date
	<u>Noor Rajah</u>	<u>23-07192</u>
	Type or print name of actuary	Most recent enrollment number
	<u>Capital Benefit Consultants, LLC</u>	<u>(917) 275-3802</u>
	Firm name	Telephone number (including area code)
	<u>3355 Lenox Road NE</u>	
	<u>Suite 750</u>	
	<u>US Atlanta</u>	
	<u>GA 30326-1353</u>	
	Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	245,514
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	245,514
10 Interest on line 9 using prior year's actual return of <u>10.70</u> %	0	26,270
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		562,763
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.27</u> % ...		28,077
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		590,840
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	271,784

Part III Funding Percentages		
14 Funding target attainment percentage	14	92.43 %
15 Adjusted funding target attainment percentage	15	92.43 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	85.87 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/01/2024	4,546,760	322,286			
Totals ▶			18(b)	4,546,760	18(c)
					322,286

19 Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	4,432,772
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used To Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 66
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26 Demographic and benefit information	
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	2,164,279	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	5,149,704	510,259	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	2,674,538	
	Carryover balance	Prefunding Balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	2,674,538	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	4,432,772	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1,758,234	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.	<input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021
---	--

**Schedule SB, line 22 -
Description of Weighted Average Retirement Age**

Amalgamated Pension-Disability Plan

59-3041602 / 004

For the plan year 01/01/2024 through 12/31/2024

The age reported is the weighted average of the assumed retirement ages for all active participants as of the valuation date based on their funding target or target normal cost should the funding target of the plan be zero rounded to the nearest whole age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

Schedule SB, line 19 - Discounted Employer Contributions

Amalgamated Pension-Disability Plan

59-3041602 / 004

For the plan year 01/01/2024 through 12/31/2024

Valuation Date: 01/01/2024

	Date	Amount	Adjusted Contribution	Adjusted Prior Year Contribution	Adjusted Quarterly	Effective Rate	Penalty Rate
Deposited Contribution	01/04/2024	\$79,866					
Applied to Quarterly Contribution	04/15/2024	79,866	79,833	0	79,866	5.19	0.00
Deposited Contribution	01/11/2024	\$209,250					
Applied to Quarterly Contribution	04/15/2024	209,250	208,961	0	209,250	5.19	0.00
Deposited Contribution	01/19/2024	\$94,203					
Applied to Quarterly Contribution	04/15/2024	94,203	93,969	0	94,203	5.19	0.00
Deposited Contribution	01/25/2024	\$75,964					
Applied to Quarterly Contribution	04/15/2024	75,964	75,712	0	75,964	5.19	0.00
Deposited Contribution	02/15/2024	\$248,039					
Applied to Quarterly Contribution	04/15/2024	135,465	134,625	0	135,465	5.19	0.00
Applied to Quarterly Contribution	07/15/2024	112,574	111,876	0	112,574	5.19	0.00
Deposited Contribution	02/23/2024	\$79,285					
Applied to Quarterly Contribution	07/15/2024	79,285	78,706	0	79,285	5.19	0.00
Deposited Contribution	02/29/2024	\$78,595					
Applied to Quarterly Contribution	07/15/2024	78,595	77,957	0	78,595	5.19	0.00
Deposited Contribution	03/07/2024	\$86,018					
Applied to Quarterly Contribution	07/15/2024	86,018	85,237	0	86,018	5.19	0.00
Deposited Contribution	03/14/2024	\$82,744					
Applied to Quarterly Contribution	07/15/2024	82,744	81,913	0	82,744	5.19	0.00
Deposited Contribution	03/21/2024	\$78,106					
Applied to Quarterly Contribution	07/15/2024	78,106	77,247	0	78,106	5.19	0.00
Deposited Contribution	03/28/2024	\$77,742					
Applied to Quarterly Contribution	07/15/2024	73,628	72,748	0	73,628	5.19	0.00
Applied to Quarterly Contribution	10/15/2024	4,114	4,065	0	4,114	5.19	0.00
Deposited Contribution	04/04/2024	\$75,666					
Applied to Quarterly Contribution	10/15/2024	75,666	74,689	0	75,666	5.19	0.00
Deposited Contribution	04/11/2024	\$81,180					
Applied to Quarterly Contribution	10/15/2024	81,180	80,054	0	81,180	5.19	0.00
Deposited Contribution	04/18/2024	\$80,278					
Applied to Quarterly Contribution	10/15/2024	80,278	79,088	0	80,278	5.19	0.00
Deposited Contribution	04/25/2024	\$79,622					
Applied to Quarterly Contribution	10/15/2024	79,622	78,366	0	79,622	5.19	0.00
Deposited Contribution	05/02/2024	\$79,114					
Applied to Quarterly Contribution	10/15/2024	79,114	77,791	0	79,114	5.19	0.00
Deposited Contribution	05/09/2024	\$80,274					
Applied to Quarterly Contribution	10/15/2024	80,274	78,855	0	80,274	5.19	0.00
Deposited Contribution	05/16/2024	\$85,246					
Applied to Quarterly Contribution	10/15/2024	85,246	83,658	0	85,246	5.19	0.00
Deposited Contribution	05/23/2024	\$83,765					
Applied to Quarterly Contribution	10/15/2024	22,148	21,714	0	22,148	5.19	0.00
Applied to Quarterly Contribution	01/15/2025	61,617	60,411	0	61,617	5.19	0.00
Deposited Contribution	05/30/2024	\$81,783					
Applied to Quarterly Contribution	01/15/2025	81,783	80,105	0	81,783	5.19	0.00
Deposited Contribution	06/06/2024	\$82,185					
Applied to Quarterly Contribution	01/15/2025	82,185	80,420	0	82,185	5.19	0.00
Deposited Contribution	06/13/2024	\$87,884					
Applied to Quarterly Contribution	01/15/2025	87,884	85,914	0	87,884	5.19	0.00
Deposited Contribution	06/20/2024	\$79,375					
Applied to Quarterly Contribution	01/15/2025	79,375	77,521	0	79,375	5.19	0.00
Deposited Contribution	06/27/2024	\$79,849					

Schedule SB, line 19 - Discounted Employer Contributions

Amalgamated Pension-Disability Plan

59-3041602 / 004

For the plan year 01/01/2024 through 12/31/2024

Valuation Date: 01/01/2024

Applied to Quarterly Contribution	01/15/2025	79,849	77,908	0	79,849	5.19	0.00
Deposited Contribution	07/03/2024	\$76,722					
Applied to Quarterly Contribution	01/15/2025	76,722	74,795	0	76,722	5.19	0.00
Deposited Contribution	07/11/2024	\$66,555					
Applied to MRC	01/01/2024	31,747	30,915	0	0	5.19	0.00
Applied to Quarterly Contribution	01/15/2025	34,808	33,896	0	34,808	5.19	0.00
Deposited Contribution	07/18/2024	\$92,501					
Applied to MRC	01/01/2024	92,501	89,991	0	0	5.19	0.00
Deposited Contribution	07/25/2024	\$67,117					
Applied to MRC	01/01/2024	67,117	65,233	0	0	5.19	0.00
Deposited Contribution	08/01/2024	\$68,644					
Applied to MRC	01/01/2024	68,644	66,652	0	0	5.19	0.00
Deposited Contribution	08/08/2024	\$68,228					
Applied to MRC	01/01/2024	68,228	66,184	0	0	5.19	0.00
Deposited Contribution	08/15/2024	\$82,855					
Applied to Additional Contribution	01/01/2024	54,448	52,766	0	0	5.19	0.00
Applied to MRC	01/01/2024	28,407	27,529	0	0	5.19	0.00
Deposited Contribution	08/22/2024	\$79,956					
Applied to Additional Contribution	01/01/2024	79,956	77,411	0	0	5.19	0.00
Deposited Contribution	08/29/2024	\$79,299					
Applied to Additional Contribution	01/01/2024	79,299	76,700	0	0	5.19	0.00
Deposited Contribution	09/05/2024	\$78,782					
Applied to Additional Contribution	01/01/2024	78,782	76,127	0	0	5.19	0.00
Deposited Contribution	09/12/2024	\$80,137					
Applied to Additional Contribution	01/01/2024	80,137	77,361	0	0	5.19	0.00
Deposited Contribution	09/19/2024	\$86,999					
Applied to Additional Contribution	01/01/2024	86,999	83,904	0	0	5.19	0.00
Deposited Contribution	09/25/2024	\$85,076					
Applied to Additional Contribution	01/01/2024	85,076	81,982	0	0	5.19	0.00
Deposited Contribution	10/03/2024	\$84,404					
Applied to Additional Contribution	01/01/2024	84,404	81,244	0	0	5.19	0.00
Deposited Contribution	10/10/2024	\$89,676					
Applied to Additional Contribution	01/01/2024	89,676	86,235	0	0	5.19	0.00
Deposited Contribution	10/17/2024	\$83,332					
Applied to Additional Contribution	01/01/2024	83,332	80,057	0	0	5.19	0.00
Deposited Contribution	10/24/2024	\$84,359					
Applied to Additional Contribution	01/01/2024	84,359	80,965	0	0	5.19	0.00
Deposited Contribution	10/31/2024	\$81,682					
Applied to Additional Contribution	01/01/2024	81,682	78,320	0	0	5.19	0.00
Deposited Contribution	11/07/2024	\$84,572					
Applied to Additional Contribution	01/01/2024	84,572	81,013	0	0	5.19	0.00
Deposited Contribution	11/14/2024	\$82,107					
Applied to Additional Contribution	01/01/2024	82,107	78,576	0	0	5.19	0.00
Deposited Contribution	11/21/2024	\$82,436					
Applied to Additional Contribution	01/01/2024	82,436	78,814	0	0	5.19	0.00
Deposited Contribution	11/26/2024	\$181,818					
Applied to Additional Contribution	01/01/2024	181,818	173,710	0	0	5.19	0.00
Deposited Contribution	12/05/2024	\$76,902					
Applied to Additional Contribution	01/01/2024	76,902	73,381	0	0	5.19	0.00
Deposited Contribution	12/10/2024	\$88,758					
Applied to Additional Contribution	01/01/2024	88,758	84,636	0	0	5.19	0.00
Deposited Contribution	12/12/2024	\$102,235					
Applied to Additional Contribution	01/01/2024	102,235	97,460	0	0	5.19	0.00
Deposited Contribution	12/19/2024	\$84,959					

**Schedule SB, line 19 -
Discounted Employer Contributions**

Amalgamated Pension-Disability Plan

59-3041602 / 004

For the plan year 01/01/2024 through 12/31/2024

Valuation Date: 01/01/2024

Applied to Additional Contribution	01/01/2024	84,959	80,912	0	0	5.19	0.00
Deposited Contribution	12/30/2024	\$80,616					
Applied to Additional Contribution	01/01/2024	80,616	76,660	0	0	5.19	0.00
Totals for Deposited Contribution		\$4,546,760	\$4,432,772	\$0	\$2,357,563		

**Schedule SB, line 18 –
Contributions Made to the Plan for the Plan Year**

Amalgamated Pension- Disability Plan

59-3041602 / 004

For the plan year 01/01/2024 through 12/31/2024

Date	Amount Paid by Employer	Date	Amount Paid by Employer
1/4/2024	79,866	7/18/2024	92,501
1/11/2024	209,250	7/25/2024	67,117
1/19/2024	94,203	8/1/2024	68,644
1/25/2024	75,964	8/8/2024	68,228
2/15/2024	248,039	8/15/2024	82,855
2/23/2024	79,285	8/22/2024	79,956
2/29/2024	78,595	8/29/2024	79,299
3/7/2024	86,018	9/5/2024	78,782
3/14/2024	82,744	9/12/2024	80,137
3/21/2024	78,106	9/19/2024	86,999
3/28/2024	77,742	9/25/2024	85,076
4/4/2024	75,666	10/3/2024	84,404
4/11/2024	81,180	10/10/2024	89,676
4/18/2024	80,278	10/17/2024	83,332
4/25/2024	79,622	10/24/2024	84,359
5/2/2024	79,114	10/31/2024	81,682
5/9/2024	80,274	11/7/2024	84,572
5/16/2024	85,246	11/14/2024	82,107
5/23/2024	83,765	11/21/2024	82,436
5/30/2024	81,783	11/26/2024	181,818
6/6/2024	82,185	12/5/2024	76,902
6/13/2024	87,884	12/10/2024	88,758
6/20/2024	79,375	12/12/2024	102,235
6/27/2024	79,849	12/19/2024	84,959
7/3/2024	76,722	12/30/2024	80,616
7/11/2024	66,555		

- Biweekly contributions made for employees total \$322,286.

**Schedule SB, line 32 -
Schedule of Amortization Bases
Amalgamated Pension-Disability Plan
59-3041602 / 004
For the plan year 01/01/2024 through 12/31/2024**

Date Base Established	Original Base Amount	Type of Base	Present Value of Remaining Installments	Years Remaining Amortization Period	Amortization Installment
01/01/2023	9,316,637	Shortfall	8,902,222	14	853,224
01/01/2024	-3,752,518	Shortfall	-3,752,518	15	-342,965
Totals:			\$5,149,704		\$510,259

Schedule SB, Part V

Summary of Plan Provisions

Amalgamated Pension- Disability Plan

59-3041602 / 004

For the plan year 01/01/2024 through 12/31/2024

This summary is intended as an outline of plan provisions and does not alter the intent or meanings of the provisions contained in the contract and/or plan document.

Effective Date of Plan

May 1, 1964

Eligibility

An employee who performs at least one hour of service for the employer after December 31, 1990 and whose job classification is properly within the bargaining unit which is presently represented by the Amalgamated Transit Union and its Local Union No. 1197.

Accrued Benefit

Benefit equal to \$65 per month for each Plan Year of Service limited to 30 years for participants who perform at least one hour of service after January 1, 2022. A different dollar multiplier and service cap was in effect for participants who did not work an hour of service after January 1, 2022.

Benefit Service

Participants employed before May 1, 1978 receive credit for all years of service with the employer in which they have 1,000 or more hours of service. Participants employed after May 1, 1978 receive credit for all years of service after December 31, 1990 in which they have 1,000 or more hours of service.

Vesting Service

Participants are credited with one year of vesting service for any Plan Year in which they have 1,000 or more hours of service.

Normal Retirement

Eligibility: The earlier of (1) the Anniversary Date on which the Participant completes 30 Years of Vesting Service or (2) the later of attainment of age 65 or 5 years of plan participation.

Benefit: Accrued benefit at Normal Retirement Date.

Schedule SB, Part V

Summary of Plan Provisions

Amalgamated Pension- Disability Plan

59-3041602 / 004

For the plan year 01/01/2024 through 12/31/2024

Early Retirement

Eligibility: The attainment of age 62 and the completion of 25 Vesting Years of Service with some exceptions.

Benefit: The unreduced accrued benefit payable at the Early Retirement Date.

Deferred Retirement

Eligibility: Anytime after age 65.

Benefit: The greater of (a) the retirement benefit actually earned or "accrued" as of the end of the Plan Year in which the participant retires, or (b) the actuarial equivalent of the benefit the participant was entitled to as of the close of the Plan Year immediately preceding the actual retirement date.

Disability Benefit

Eligibility: Total and permanent disability as described in the plan document and completion of at least 10 Plan Years of Service.

Benefit: Accrued Benefit (unreduced) payable to the participant as if the participant retired upon expiration of the six-month period for determining disability.

Vested Termination

Eligibility: Termination with at least 5 Vesting Years of Service.

Benefit: Accrued Benefit at date of termination.

Schedule SB, Part V

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Pre-Retirement Death Benefit

Eligibility: 5 Vesting Years of Service and married.

Benefit: Spouse of participant who dies while actively employed will receive 66 2/3% of the retirement benefit the participant would have received assuming he terminated employment on his date of death and survived to the earliest age at which he could have elected to receive a retirement annuity payable in the form of a joint-and-survivor annuity. The spouse also has the option, instead, of electing the actuarial equivalent of 2/3 of the monthly vested benefit payable as a lump sum.

Eligibility: 5 Vesting Years of Service and unmarried.

Benefit: The actuarial equivalent of 2/3 of the monthly vested benefit payable as a single life annuity or 10-year certain and life annuity (at the election of the beneficiary)

Form of Payment

(a) Normal Form of Retirement Income
Life Annuity.

(b) Qualified Joint and Survivor Annuity

A participant who has been married for at least one year shall be deemed to have elected a 66 2/3% Joint and Survivor Annuity unless elected otherwise in writing.

(c) Other optional forms (if elected)

A married participant may elect a 75% Joint and Survivor Annuity.

All participants may elect a 10-year certain and life annuity.

Partially Vested Terminated Participants may elect to receive a lump sum distribution following his/ her termination of employment.

Schedule SB, Part V
Summary of Plan Provisions

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Changes in Plan Provisions Since the Prior Valuation

None

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Amalgamated Pension- Disability Plan

59-3041602 / 004

For the plan year 01/01/2024 through 12/31/2024

Mortality

2012 base table for Non-Annuitant and Annuitant with
2024 Adjusted Scale MP-2021 Rates Generational

Withdrawal

Age	Rate
20	6.58%
25	5.27%
30	4.83%
35	4.47%
40	3.84%
45	3.21%
50	1.52%
55	0.33%
60	0.00%

Retirement (Not-at-risk funding target)

Employees are assumed to retire upon the earlier of
30 years of credited service or the later of the Employee's
65th birthday or 5th anniversary of joining the plan.

Disability

Age	Rate
20	0.05%
25	0.05%
30	0.05%
35	0.06%
40	0.09%
45	0.18%
50	0.40%
55	0.85%
60	1.74%

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For the plan year 01/01/2024 through 12/31/2024

Valuation Interest Rate

PPA Segment Rates applicable for January 2024:

	<u>Pre HATFA</u>	<u>Post HATFA</u>
1st Segment Rate	4.37%	4.75%
2nd Segment Rate	4.96%	4.96%
3rd Segment Rate	4.95%	5.59%

Assumptions for Actuarial Increases

Interest Rate	4.15%
Mortality	IRC 417(e)(3) 2024 Applicable Mortality Table for lump sums

Form of Payment

Single life annuity (terminated vested are assumed to commence benefit at age 65); for valuation purposes actuarial increases were applied to active and terminated vested participants past age 65

Beneficiary Assumption (Pre-retirement death benefit)

80% of participants are assumed to have a beneficiary on file to receive a pre-retirement death benefit. The beneficiary is assumed to be 3 years younger for male participants and 3 years older for female participants.

Changes in Actuarial Assumptions for Funding since the prior valuation

The mortality and discount rate assumptions have been updated to comply with the requirements of the Pension Protection Act of 2006. The effective interest rate for funding purposes decreased from 5.27% to 5.19% as a result of the change in segment rates used.

The mortality table was updated to reflect applicable regulatory requirements.

Schedule SB, Part V

Statement of Actuarial Assumptions/Methods

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For the plan year 01/01/2024 through 12/31/2024

Valuation Interest Rate	The interest rate assumption used is prescribed by IRC section 430(h) subject to specified elections by the plan sponsor.
Mortality	The mortality assumption used is prescribed by IRC section 430(h) subject to specified elections by the plan sponsor.
Withdrawal Rates	Withdrawal rates are based on the plan sponsor's historical experience and expectations for the future with periodic monitoring of observed gains and losses caused by withdrawal patterns different than assumed.
Retirement Rates	Retirement rates are based on normal retirement age under the plan and the plan sponsor's expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.
Disability Rates	Disability rates are based on the plan sponsor's historical experience and expectations for the future with periodic monitoring of observed gains and losses caused by disability patterns different than assumed.
Expenses	This assumption is set based on the plan sponsor's historical experience and expectations for future expenses to be paid from the trust.
Actuarial Increase Interest Rate	Based on IRS 417(e)(3) mortality table in effect for the current plan year and long-term 30 Year treasury

Schedule SB, Part V

Statement of Actuarial Assumptions/Methods

Amalgamated Pension- Disability Plan

59-3041602 / 004

For the plan year 01/01/2024 through 12/31/2024

1. Actuarial Cost Method

The actuarial cost method is the Unit Credit Actuarial Cost Method.

Under this cost method, the target liability is defined as the present value of the accrued benefits on the valuation date. The funding shortfall is the excess, if any, of the amount by which the target liability exceeds the actuarial value of Plan Assets.

The target normal cost, determined on the valuation date, is the amount required to fund the benefit expected to be earned in the current year plus expected expenses.

2. Asset Valuation Method

Market Value

Plan Name: Amalgamated Transit Union Local 1197
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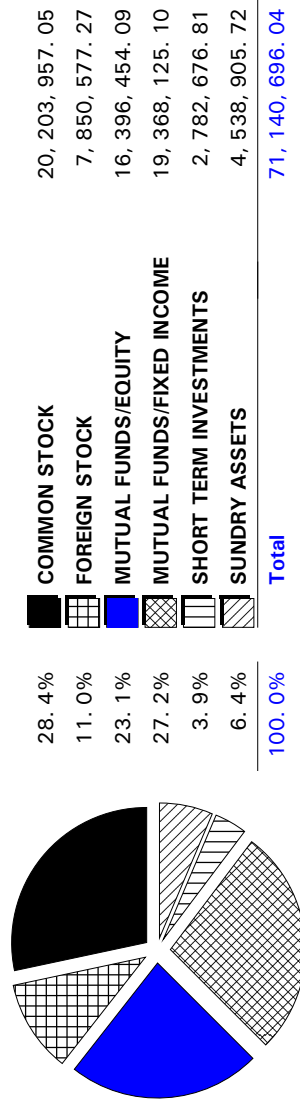
ACCOUNT STATEMENT

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 RELIANCE TRUST COMPANY, TRUSTEE
 FBO AMALGAMATED PENSION
 DISABILITY PLAN

Schedule Of Asset Detail

DESCRIPTION	MARKET VALUE	COST	% OF PORT	ACCRUED INCOME
SHORT TERM INVESTMENTS	2,782,676.81	2,782,676.81	4	0.00
COMMON STOCK	20,203,957.05	16,110,631.35	28	12,414.76
FOREIGN STOCK	7,850,577.27	7,083,986.48	11	2,692.37
MUTUAL FUNDS/EQUITY	16,396,454.09	12,135,640.31	23	0.00
MUTUAL FUNDS/FIXED INCOME	19,368,125.10	20,571,828.07	27	0.00
SUNDRY ASSETS	4,538,905.72	4,510,650.14	6	0.00
TOTAL INVESTMENTS	71,140,696.04	63,195,413.16		15,107.13
CASH	4,349,880.58			
DUE FROM BROKER	93,134.09			
DUE TO BROKER	3,771,667.38			
ACCRUED INCOME	15,107.13			
TOTAL MARKET VALUE	71,827,150.46			

Ending Asset Allocation



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Asset Detail As Of 12/31/2024

UNITS/BOOK VALUE	DESCRIPTION	MARKET VALUE	COST	% OF PORT	ACCRUED INCOME
SHORT TERM INVESTMENTS					
393,802.74	FIDELITY INSTITUTIONAL MONEY MARKET FUNDS GOVERNMENT INSTITUTIONAL CLASS	393,802.74	393,802.74	1	0.00
4,830.78	FIDELITY INVESTMENTS MONEY MARKET FUNDS TREASURY PORTFOLIO CLASS I	4,830.78	4,830.78	0	0.00
2,384,043.29	FEDERATED HERMES GOVT OBL	2,384,043.29	2,384,043.29	3	0.00
		2,782,676.81	2,782,676.81	4	0.00
COMMON STOCK					
425	ABBOTT LABORATORIES	48,071.75	49,550.75	0	0.00
571	ABBVIE INC COM	101,466.70	80,108.54	0	0.00
343	ACUITY BRANDS INC	100,200.59	39,923.41	0	0.00
158	ADOBE SYSTEMS INC	70,259.44	80,478.96	0	0.00
54	ADVANCED MICRO DEVICES INC COM	6,522.66	5,912.34	0	0.00
669	ADVANCED ENERGY INDUSTRIES INC	77,356.47	43,572.95	0	0.00
133	AFFILIATED MANAGERS GROUP INC	24,594.36	25,018.98	0	0.00
1,201	AIR LEASE CORP	57,900.21	48,184.01	0	264.22
420	ALASKA AIR GROUP INC	27,195.00	22,312.50	0	0.00
709	ALBANY INTERNATIONAL CORP	56,698.73	39,685.41	0	191.43
475	ALEXANDRIA REAL ESTATE EQ INC COM	46,336.25	66,256.11	0	627.00

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UNITS/BOOK VALUE	DESCRIPTION	MARKET VALUE	COST	% OF PORT	ACCRUED INCOME
278	ALLSTATE CORP	53,595.62	54,738.20	0	255.76
823	ALPHABET INC CAP STK CL C	156,732.12	62,732.34	0	0.00
1,946	ALPHABET INC CAP STK CL A	368,377.80	130,409.61	1	0.00
1,977	AMAZON COM INC SR COM	433,734.03	231,659.12	1	0.00
133	AMERICAN ELECTRIC POWER CO INC	12,266.59	13,181.96	0	0.00
884	AMERICAN INTL GROUP INC INC	64,355.20	64,660.34	0	0.00
142	AMERICAN TOWER CORP COM	26,044.22	33,054.14	0	230.04
833	CENCORA, INC. COM	187,158.44	176,959.34	0	0.00
242	AMERIPRISE FINANCIAL INC	128,848.06	121,982.64	0	0.00
192	AMETEK INC	34,609.92	37,674.24	0	0.00
55	AMGEN INC	14,335.20	11,379.50	0	0.00
99	ELEVANCE HEALTH INC COM	36,521.10	49,484.31	0	0.00
3,131	APPLE INC COM	784,065.02	225,440.30	1	0.00
210	APPLIED MATERIALS INC COM	34,152.30	18,574.96	0	0.00
1,379	ARCHER-DANIELS-MIDLAND CO	69,667.08	84,691.68	0	0.00
652	ARISTA NETWORKS INC COM SHS	72,065.56	55,363.55	0	0.00
148	ARROW ELECTRONICS INC	16,741.76	17,829.56	0	0.00
344	ATLASSIAN CORPORATION CL A	83,722.72	88,214.66	0	0.00
489	ATMOS ENERGY CORP	68,103.03	51,301.53	0	0.00
18	AUTOZONE INC	57,636.00	56,634.84	0	0.00

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UNITS/BOOK VALUE	DESCRIPTION	MARKET VALUE	COST	% OF PORT	ACCRUED INCOME
642	AVANTOR INC SR	13,526.94	13,506.14	0	0.00
112	AVERY DENNISON CORP COM	20,958.56	22,911.84	0	0.00
1,553	AVNET INC	81,252.96	52,639.62	0	0.00
105	BWX TECHNOLOGIES INC COM	11,695.95	13,921.95	0	0.00
576	BALL CORP COM	31,754.88	35,831.46	0	0.00
1,300	BATH & BODY WORKS INC COM	50,401.00	47,693.88	0	0.00
229	BEACON ROOFING SUPPLY INC	23,261.82	25,651.44	0	0.00
195	BEST BUY CO INC	16,731.00	19,174.35	0	183.30
521	H&R BLOCK INC	27,529.64	30,637.43	0	170.25
5	BOOKING HLDGS INC	24,842.10	17,930.65	0	0.00
1,759	BORGWARNER INC	55,918.61	60,626.32	0	0.00
405	BOYD GAMING CORP	29,378.70	29,573.55	0	60.01
830	BRISTOL-MYERS SQUIBB CO	46,944.80	41,392.11	0	0.00
913	BROADCOM INC COM	211,669.92	100,324.71	0	0.00
256	BUILDERS FIRSTSOURCE INC	36,590.08	44,028.50	0	0.00
1,536	CBRE GROUP INC CL A	201,661.44	107,662.32	0	0.00
610	CF INDUSTRIES HOLDINGS INC	52,045.20	53,131.03	0	0.00
675	CABOT CORP	61,634.25	27,279.88	0	0.00
89	CADENCE DESIGN SYSTEMS INC	26,740.94	18,291.11	0	0.00
177	CAPITAL ONE FINANCIAL CORP	31,562.64	24,063.15	0	0.00

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UNITS/BOOK VALUE	DESCRIPTION	MARKET VALUE	COST	% OF PORT	ACCRUED INCOME
282	CARDINAL HEALTH INC	33,352.14	26,227.31	0	0.00
786	CARLYLE GROUP INC	39,685.14	42,042.75	0	0.00
100	CENTENE CORP	6,058.00	7,609.01	0	0.00
1,106	CENTERPOINT ENERGY INC	35,093.38	36,076.53	0	0.00
276	CHARLES RIVER LABORATORIES INTERNATIONAL INC	50,949.60	48,001.32	0	0.00
210	CHURCHILL DOWNS INC	28,043.40	29,383.20	0	85.89
1,678	CISCO SYSTEMS INC	99,337.60	98,532.16	0	0.00
2	COCA-COLA BOTTLING CO CONSOLIDATED	2,519.98	2,454.14	0	0.00
181	COGNIZANT TECHNOLOGY SOLUTIONS CORP	13,918.90	14,626.59	0	0.00
439	COMMERCIAL METALS CO	21,774.40	27,266.11	0	0.00
565	CONMED CORP COMMON	38,668.60	48,002.66	0	113.00
923	CONOCOPHILLIPS	91,533.91	95,894.06	0	0.00
215	CONSTELLATION ENERGY CORP COM	48,097.65	44,506.78	0	0.00
975	CORTEVA INC	55,536.00	50,505.00	0	0.00
245	COSTCO WHOLESALE CORP	224,486.15	174,266.29	0	0.00
3,881	COUPANG INC CL A	85,304.38	74,156.98	0	0.00
25	CROWDSTRIKE HLDGS INC CL A	8,554.00	9,283.00	0	0.00
95	CROWN CASTLE INC COM	8,622.20	13,172.70	0	0.00
57	CUMMINS INC	19,870.20	21,530.04	0	0.00

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UNITS/BOOK VALUE	DESCRIPTION	MARKET VALUE	COST	% OF PORT	ACCRUED INCOME
87	CURTISS-WRIGHT CORP	30,873.69	32,704.85	0	0.00
533	DR HORTON INC	74,524.06	30,251.78	0	0.00
945	DTE ENERGY CO	114,108.75	118,549.89	0	1,030.05
19	DANAHER CORP	4,361.45	4,035.90	0	5.13
356	DARDEN RESTAURANTS INC	66,461.64	45,664.85	0	0.00
1,574	DARLING INGREDIENTS, INC	53,028.06	45,640.26	0	0.00
125	DELL TECHNOLOGIES INC COM CL C COM	14,405.00	17,752.50	0	0.00
555	DELTA AIR LINES INC	33,577.50	28,094.10	0	0.00
822	DIAMONDBACK ENERGY INC COM	134,668.26	67,771.78	0	0.00
2,148	DIGI INTERNATIONAL INC	64,934.04	39,313.43	0	0.00
124	DISCOVER FINANCIAL SERVICES	21,480.52	22,560.56	0	0.00
148	DOVER CORP	27,764.80	30,485.13	0	0.00
244	DUPONT DE NEMOURS INC COM	18,605.00	20,402.08	0	0.00
741	EQT CORPORATION COM	34,167.51	33,772.85	0	0.00
231	EAST WEST BANCORP INC	22,120.56	25,393.83	0	0.00
477	EASTGROUP PROPERTIES INC	76,553.73	69,635.56	0	667.80
470	EASTMAN CHEMICAL CO	42,920.40	37,909.29	0	390.10
647	EBAY INC	40,081.65	42,122.94	0	0.00
272	ELECTRONIC ARTS INC	39,793.60	38,985.76	0	0.00
72	EMERSON ELECTRIC CO	8,922.96	6,968.38	0	0.00

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UNITS/BOOK VALUE	DESCRIPTION	MARKET VALUE	COST	% OF PORT	ACCRUED INCOME
646	ENTEGRIS INC	63,992.76	39,869.39	0	0.00
328	ENERGY CORP COM	24,868.96	25,529.88	0	0.00
232	EPAM SYS INC COM	54,246.24	49,949.01	0	0.00
115	EQUIFAX INC COM	29,307.75	29,659.65	0	0.00
350	EQUITY LIFESTYLE PROPERTIES INC	23,310.00	25,009.32	0	167.13
319	EQUITY RESIDENTIAL SH BEN INT	22,891.44	24,649.13	0	0.00
59	ESSEX PROPERTY TRUST INC	16,840.96	18,318.90	0	0.00
161	EVERCORE INC. COM	44,627.59	50,179.87	0	0.00
340	EXPEDITORS INTERNATIONAL WASHINGTON INC	37,661.80	41,250.50	0	0.00
164	EXTRA SPACE STORAGE INC	24,534.40	28,174.05	0	0.00
447	META PLATFORMS INC CL A	261,722.97	82,862.32	0	0.00
219	FEDEX CORP	61,611.27	52,189.89	0	302.22
61	FERGUSON PLC COMMON STOCK	10,587.77	12,977.21	0	77.19
1,079	FIDELITY NATIONAL INFORMATION SERVICES INC	87,150.83	85,567.79	0	0.00
1,305	FIFTH THIRD BANCORP COM	55,175.40	63,168.53	0	482.85
225	FIRST AMERICAN FINL CORP COM	14,049.00	15,541.94	0	0.00
513	FIRSTCASH HOLDINGS INC COM	53,146.80	41,729.26	0	0.00
760	FIRSTENERGY CORP	30,232.80	32,091.00	0	0.00
290	FORTINET INC	27,399.20	15,218.10	0	0.00

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UNITS/BOOK VALUE	DESCRIPTION	MARKET VALUE	COST	% OF PORT	ACCRUED INCOME
1,033	FORTIVE CORP COM COM	77,475.00	79,076.41	0	0.00
561	FREEMPORT-MCMORAN INC CL B	21,362.88	24,334.22	0	0.00
514	FRONTDOOR INC COM	28,100.38	30,099.84	0	0.00
555	GATX CORP	86,002.80	39,687.53	0	0.00
971	ESC GCI LIBERTY INC SR COM	0.00	0.00	0	0.00
215	GENERAC HOLDINGS INC	33,335.75	40,036.91	0	0.00
89	GE AEROSPACE COM	14,844.31	14,947.55	0	24.92
823	GENERAL MTRS CO	43,841.21	37,866.23	0	0.00
665	GENTEX CORP	19,105.45	20,540.21	0	0.00
358	GILEAD SCIENCES INC	33,068.46	22,847.56	0	0.00
108	HCA HEALTHCARE INC	32,416.20	33,546.96	0	0.00
540	HALLIBURTON CO	14,682.60	17,099.42	0	0.00
446	HARLEY-DAVIDSON INC	13,437.98	14,845.02	0	0.00
1,012	HEARTLAND FINANCIAL USA INC	62,040.66	40,955.30	0	0.00
175	HOME DEPOT INC	68,073.25	51,961.85	0	0.00
2,670	HOST HOTELS & RESORTS INC	46,778.40	50,916.90	0	801.00
576	HOWMET AEROSPACE INC COM	62,997.12	67,437.97	0	0.00
91	HUMANA INC	23,087.61	26,581.23	0	80.54
284	JB HUNT TRANSPORT SERVICES INC	48,467.44	50,756.17	0	0.00
2,719	HUNTINGTON BANCSHARES INC	44,238.13	49,336.26	0	421.45

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 Amalgamated Pension - Disability Plan
 Plan Sponsor: Jax Transit Management Corporation
 EIN/FN: 59-3041602 / 004
 Schedule H, Line 4i - Schedule of Assets
 As of December 31, 2024

ACCOUNT STATEMENT

Statement Period: 01/01/2024 through 12/31/2024
 Account Number: M04242
 RELIANCE TRUST COMPANY, TRUSTEE
 FBO AMALGAMATED PENSION
 DISABILITY PLAN

Asset Detail As Of 12/31/2024

UNITS/BOOK VALUE	DESCRIPTION	MARKET VALUE	COST	% OF PORT	ACCRUED INCOME
261	HUNTINGTON INGALLS INDS INC	49,321.17	50,798.71	0	0.00
118	ITT INC COM	16,859.84	18,676.45	0	0.00
95	IDEXX LABORATORIES INC	39,276.80	42,248.40	0	0.00
840	INTEL CORP	16,842.00	22,741.93	0	0.00
124	INTERDIGITAL INC	24,021.28	24,304.97	0	0.00
436	INVITATION HOMES INC COM	13,938.92	14,944.95	0	126.44
838	IRON MTN INC COM	88,082.18	63,715.71	0	599.17
244	JP MORGAN CHASE & CO COM	58,489.24	32,050.51	0	0.00
606	JACOBS SOLUTIONS INC COM	80,973.72	87,998.28	0	0.00
783	JOHNSON & JOHNSON	113,237.46	109,152.89	0	0.00
93	KLA-TENCOR CORP	58,601.16	57,633.77	0	0.00
216	KEYSIGHT TECHNOLOGIES INC COM	34,696.08	36,833.71	0	0.00
887	KIMBERLY CLARK CORP	116,232.48	121,179.87	0	412.36
462	KROGER CO	28,251.30	21,393.36	0	0.00
1,098	LKQ CORP	40,351.50	59,419.61	0	0.00
182	LPL FINL HLDGS INC	59,424.82	59,518.26	0	0.00
129	L3HARRIS TECHNOLOGIES INC COM	27,126.12	31,681.76	0	0.00
436	LAM RESEARCH CORP COM	31,492.28	30,265.41	0	56.81
264	LAMAR ADVERTISING CO NEW CL A COM	32,139.36	35,146.32	0	0.00
369	LAMB WESTON HLDGS INC COM	24,660.27	27,910.46	0	0.00

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115	LANDSTAR SYSTEM INC	19,763.90	21,533.44	0	0.00
106	LEIDOS HLDGS INC COM	15,270.36	17,574.80	0	0.00
266	LENNAR CORP	36,274.42	45,931.10	0	0.00
95	ELI LILLY & CO	73,340.00	43,391.98	0	0.00
101	LOCKHEED MARTIN CORP	49,079.94	57,395.27	0	0.00
139	LOWES COMPANIES INC	34,305.20	29,651.05	0	0.00
185	MSC INDUSTRIAL DIRECT CO	13,817.65	15,830.45	0	0.00
96	MSCI INC	57,600.96	47,583.07	0	0.00
299	MAPLEBEAR INC COM	12,384.58	12,608.29	0	0.00
497	MARATHON PETE CORP	69,331.50	84,172.17	0	0.00
21	MARKEL GROUP INC. COM	36,250.83	37,251.01	0	0.00
2,419	MASCO CORP	175,546.83	144,324.11	0	0.00
464	MASTERCARD INC	244,328.48	180,592.36	0	0.00
796	MASTERBRAND INC COM	11,629.56	13,042.64	0	0.00
129	MCKESSON CORP COM	73,518.39	68,184.09	0	91.59
36	MERCADOLIBRE INC	61,215.84	50,576.82	0	0.00
229	MERCK & CO INC	22,780.92	23,472.68	0	185.49
612	METLIFE INC	50,110.56	44,914.68	0	0.00
34	METTLER TOLEDO INTERNATIONAL INC	41,605.12	40,759.44	0	0.00
1,601	MICROSOFT CORP COM	674,821.50	265,667.76	1	0.00

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312	MICROCHIP TECHNOLOGY INC	17,893.20	21,224.58	0	0.00
513	MIDDLEBY CORP	69,485.85	72,645.65	0	0.00
115	MOLINA HEALTHCARE INC	33,470.75	33,977.83	0	0.00
197	MOODY'S CORP	93,253.89	79,109.87	0	0.00
525	MOOG INC	103,341.00	39,313.40	0	0.00
560	MOSAIC CO	13,764.80	13,995.60	0	0.00
2,496	MURPHY OIL CORP	75,528.96	29,028.50	0	0.00
384	NRG ENERGY INC	34,644.48	32,032.86	0	0.00
7	NVR INC	57,252.30	57,644.56	0	0.00
3,343	NOV INC COM	48,807.80	45,070.66	0	0.00
376	NASDAQ INC COM	29,068.56	27,286.32	0	0.00
468	NETAPP INC	54,325.44	58,450.95	0	0.00
54	NETFLIX INC	48,131.28	16,448.54	0	0.00
1,425	NEXTRACKER INC CL A COM	52,055.25	24,478.82	0	0.00
225	NORFOLK SOUTHERN CORP	52,807.50	62,024.22	0	0.00
5,740	NORTHEAST UTILITIES	59,466.40	63,581.41	0	0.00
575	GEN DIGITAL INC	15,743.50	17,726.27	0	0.00
377	NUCOR CORP	43,999.67	54,631.26	0	207.35
4,921	NVIDIA CORP COM	660,841.09	75,959.13	1	0.00
513	OGE ENERGY CORP	21,161.25	22,606.47	0	0.00

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307,318.267	NUVEEN GLOBAL CITIES REIT INC COM CL D	3,595,623.72	3,328,968.13	5	0.00
218	CHORD ENERGY CORPORATION COM NEW	25,488.56	27,878.93	0	0.00
424	OLIN CORP	14,331.20	17,801.01	0	0.00
167	PACKAGING CORP OF AMERICA	37,596.71	41,205.58	0	208.75
128	PARKER HANNIFIN CORP	81,411.84	82,438.35	0	0.00
2,455	PEBBLEBROOK HOTEL TRUST	33,265.25	36,561.61	0	24.55
1,050	PERFORMANCE FOOD GROUP	88,777.50	62,566.21	0	0.00
195	PHILLIPS 66	22,216.35	23,652.76	0	0.00
703	PINNACLE FINANCIAL PARTNERS INC	80,416.17	62,876.51	0	0.00
373	PRIMO BRANDS CORPORATION CLASS A COM SHS	11,477.21	10,874.50	0	0.00
1,336	PRINCIPAL FINANCIAL GROUP INC	103,419.76	111,740.26	0	0.00
785	QUALCOMM INC	120,591.70	99,260.10	0	0.00
115	RALPH LAUREN CORP CL A	26,562.70	25,588.49	0	94.88
905	RANGE RESOURCES CORP	32,561.90	32,923.90	0	0.00
447	REGENCY CENTERS CORP	33,046.71	33,449.01	0	315.14
489	REINSURANCE GROUP OF AMERICA INC	104,465.07	64,300.69	0	0.00
73	RELIANCE INC COM	19,655.98	23,463.41	0	0.00
92	RESMED INC	21,039.48	15,262.61	0	0.00
765	RESIDEO TECHNOLOGIES INC COM	17,633.25	20,869.12	0	0.00

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380	REXFORD INDL RLTY	14,690.80	16,024.56	0	158.65
491	ROBERT HALF INC	34,595.86	36,540.17	0	0.00
1,382	ROCKET COS INC COM CL A	15,561.32	18,789.54	0	0.00
187	ROSS STORES INC	28,287.49	28,884.02	0	0.00
909	SLM CORP COM	25,070.22	24,924.78	0	0.00
365	SS&C TECHNOLOGIES HLDGS INC	27,659.70	28,092.26	0	0.00
33	SALESFORCE INC	11,032.89	7,348.86	0	13.20
1,116	SANMINA CORP COM	84,447.72	33,348.09	0	0.00
2,235	SCHNEIDER NATIONAL INC CL B	65,440.80	55,944.76	0	212.33
628	SCHWAB CHARLES CORP	46,478.28	51,696.96	0	0.00
175	SCIENCE APPLICATNS INTL CP NEW COM	19,561.50	21,743.75	0	0.00
559	SCOTTS MIRACLE-GRO CO	37,084.06	64,288.11	0	0.00
1,445	SEALED AIR CORP	48,884.35	56,948.38	0	0.00
115	SERVICENOW INC SR CV	121,913.80	77,412.58	0	0.00
137	SHERWIN-WILLIAMS CO	46,570.41	51,233.89	0	0.00
546	SIMON PROPERTY GROUP INC	94,026.66	86,918.74	0	0.00
225	SNAP-ON INC	76,383.00	35,213.09	0	0.00
186	SOLVENTUM CORP COM SHS	12,287.16	13,306.44	0	0.00
732	SONOCO PRODS CO COM	35,758.20	43,089.86	0	0.00
1,637	STAG INDL INC COM	55,363.34	50,366.80	0	201.90

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336	STEEL DYNAMICS INC	38,327.52	42,682.08	0	154.56
856	STIFEL FINANCIAL CORP COM	90,804.48	33,595.27	0	0.00
277	SYNOPSIS INC	134,444.72	65,550.13	0	0.00
624	SYNCHRONY FINL COM	40,560.00	41,742.48	0	0.00
400	SYSCO CORP COM	30,584.00	30,203.14	0	0.00
487	TAPESTRY INC COM	31,815.71	19,546.92	0	0.00
386	TARGA RES CORP	68,901.00	61,099.94	0	0.00
488	SOMNIGROUP INTERNATIONAL INC COM	27,664.72	27,432.82	0	0.00
476	TESLA INC COM	192,227.84	122,057.63	0	0.00
920	TEXTRON INC	70,370.80	73,420.10	0	18.40
24	THERMO FISHER SCIENTIFIC INC	12,485.52	9,717.69	0	9.36
224	3M CO	28,916.16	20,749.12	0	0.00
566	TIMKEN CO	40,395.42	27,664.12	0	0.00
91	THE TRAVELERS COMPANIES INC	21,920.99	23,958.48	0	0.00
324	TRINET GROUP INC	29,409.48	26,885.39	0	0.00
3,729	TRUIST FINL CORP COM	161,764.02	149,924.04	0	0.00
591	TYSON FOODS INC	33,947.04	33,382.01	0	0.00
81	UFP INDUSTRIES INC COM	9,124.65	11,076.81	0	0.00
1,995	UNITED BANKSHARES INC	74,912.25	65,682.50	0	738.15
465	UNITED CONTL HLDGS INC	45,151.50	18,711.60	0	0.00

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264	US FOODS HLDG CORP COM	17,809.44	18,511.68	0	0.00
143	UNITEDHEALTH GROUP INC	72,337.98	71,155.80	0	0.00
527	VALERO ENERGY CORP NEW	64,604.93	76,301.72	0	0.00
1,077	VERIZON COMMUNICATIONS INC	43,069.23	59,555.62	0	0.00
141	VERISK ANALYTICS INC A	38,835.63	33,755.31	0	0.00
2,008	VICI PPTYS INC	58,653.68	63,978.08	0	868.47
795	VISA INC CLASS A SHARES	251,251.80	207,662.39	0	0.00
258	VISTRA ENERGY CORP COM	35,570.46	36,610.20	0	0.00
2,695	VORNADO REALTY TRUST	113,297.80	64,268.20	0	0.00
165	VOYA FINL INC COM	11,356.95	13,563.83	0	0.00
1,849	WALMART INC	167,057.15	148,415.15	0	383.67
63	WATTS WATER TECHNOLOGIES INC CL A	12,807.90	13,578.39	0	0.00
824	WEBSTER FINANCIAL CORP	45,501.28	30,727.20	0	0.00
939	WELLS FARGO & CO NEW	65,955.36	38,750.09	0	0.00
1,898	WESBANCO INC	61,760.92	55,615.77	0	702.26
8	WEST PHARMACEUTICAL SERVICES INC	2,620.48	2,583.84	0	0.00
350	WEX INC COM	61,362.00	65,677.25	0	0.00
2,466	WEYERHAEUSER CO	69,417.90	83,474.10	0	0.00
2,675	WOLVERINE WORLD WIDE INC	59,385.00	52,523.07	0	0.00
347	WYNDHAM HOTESL & RESORTS INC COM	34,974.13	34,224.96	0	0.00

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53	XCEL ENERGY INC	3,578.56	3,124.88	0	0.00
136	ZEBRA TECHNOLOGIES INC	52,525.92	54,629.16	0	0.00
169	ZOETIS INC CL A	27,535.17	30,257.76	0	0.00
251	COCA COLA EUROPEAN PARTNERS P SHS	19,279.31	19,475.55	0	0.00
280	WEATHERFORD INTL PLC ORD SHS	20,056.40	22,418.97	0	0.00
		20,203,957.05	16,110,631.35	28	12,414.76
FOREIGN STOCK					
5,481	ADYEN N V UNSPONSRED ADS	81,557.28	80,723.49	0	0.00
1,518	ASTRAZENECA PLC SPONSORED ADR	99,459.36	102,898.45	0	0.00
1,368	BAE SYSTEMS PLC ADR	78,707.88	71,495.23	0	0.00
1,926	CANADIAN NATURAL RESOURCES LTD	59,455.62	61,217.33	0	797.92
1,320	CANADIAN PACIFIC KANSAS CITY COM	95,528.40	70,321.17	0	181.48
2,314	COMPASS GROUP PLC	77,727.26	65,231.20	0	0.00
1,328	EXPERIAN PLC SPONSORED ADR	57,296.56	40,714.69	0	0.00
2,735	ICICI BANK LTD SPON ADR	81,667.10	61,173.80	0	0.00
2,893	MEITUAN DIANPING UNSPONSRED ADS	112,994.79	144,759.93	0	0.00
3,717	MITSUBISHI HEAVY INDUSTRIES LTD. UNSPONSORED ADS	105,153.93	90,386.93	0	0.00
1,724	NOVO NORDISK A/S ADR	148,298.48	95,510.02	0	0.00
725	POPULAR INC COM	68,193.50	55,645.82	0	507.50

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380	RB GLOBAL INC COM	34,279.80	37,112.70	0	0.00
15,179	ROLLS-ROYCE HOLDINGS PLC SPONS ADR	108,089.66	111,910.21	0	0.00
2,551	SAFRAN S A SPON ADR	139,029.50	120,528.62	0	0.00
551	SAP AG ADR	135,661.71	137,745.87	0	0.00
1,703	SCHNEIDER ELECTRIC SA UNSP ADR	84,536.92	53,534.45	0	0.00
1,340	SEA LTD ADR	142,174.00	99,337.82	0	0.00
1,804	SIEMENS ENERGY AG UNSPONSORED ADR	94,111.07	89,730.72	0	0.00
944	TAIWAN SEMICONDUCTOR MANUFACTURING CO LTD ADR	186,430.56	134,177.71	0	453.50
5,091	3I GROUP PLC ADR ADR	115,056.60	103,001.62	0	751.97
327	WASTE CONNECTIONS INC COM	56,106.66	45,190.02	0	0.00
324	ALLEGION PUB LTD COM	42,340.32	45,285.70	0	0.00
237	AON PLC SHS CL A	85,120.92	66,104.53	0	0.00
1,110	ARCH CAPITAL GROUP LTD	102,508.50	72,728.86	0	0.00
116	ACCENTURE PLC IRELAND SHS CLASS A	40,807.64	41,804.08	0	0.00
360	FERGUSON PLC NEW SHS	62,485.20	50,709.40	0	0.00
573	ICON PLC COM SHS	120,163.83	123,624.35	0	0.00
202	LINDE PLC COM	84,571.34	65,957.22	0	0.00
355	RENAISSANCERE HOLDINGS LTD	88,327.55	70,087.55	0	0.00

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3,997,303.74	SEG PARTNERS OFFSHORE LTD	3,997,303.74	3,962,693.07	6	0.00
487	SENSATA TECHNOLOGIES HLDNG	13,343.80	15,654.62	0	0.00
805	SMURFIT WESTROCK PLC SHS	43,357.30	0.00	0	0.00
399	STERIS PLC SHS USD	82,018.44	61,776.71	0	0.00
149	TE CONNECTIVITY PLC ORD SHS	21,302.53	22,363.90	0	0.00
1,043	BUNGE GLOBAL SA COM	81,103.68	110,834.71	0	0.00
67	GARMIN LTD SHS	13,819.42	14,168.71	0	0.00
2,365	UBS GROUP AG SHS	71,706.80	72,391.70	0	0.00
290	SPOTIFY TECHNOLOGY S A SHS	129,740.20	84,148.05	0	0.00
275	CHECK POINT SOFTWARE TECHNOLOGIES	51,342.50	49,830.55	0	0.00
306	MONDAY COM LTD SHS	72,044.64	64,961.55	0	0.00
116	ASM INTERNATIONAL NV SHS	66,212.80	38,734.34	0	0.00
121	ASML HOLDING NV N Y REGISTRY SHS ADR	83,862.68	26,697.43	0	0.00
320	FERRARI N V COM	135,948.80	55,145.81	0	0.00
5,200	FLEX LTD	199,628.00	95,935.84	0	0.00
		7,850,577.27	7,083,986.48	11	2,692.37
MUTUAL FUNDS/EQUITY					
167,363.66	GQG PARTNERS US SELECT QUALITY EQ INSTL	3,770,703.26	4,041,939.55	5	0.00

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57,744.565	FULLER & THALER BEHAVIORAL SM CAP GWT INTL	2,761,345.10	1,700,000.00	4	0.00
79,588.981	GOLDMAN SACHS GOG PARTNERS INTERNATIONAL OPPORTUNITIES INSTITUTIONAL SHS	1,556,760.47	1,579,786.29	2	0.00
9,351.0402	ISHARES CORE S&P 500 (MKT)	5,504,770.34	3,253,667.45	8	0.00
21,703.4375	ISHARES RUSSELL MID-CAP GROWTH (MKT)	2,750,910.70	1,511,863.79	4	0.00
451	ISHARES CORE S&P SMALL-CAP (MKT)	51,964.22	48,383.23	0	0.00
	MUTUAL FUNDS/FIXED INCOME	16,396,454.09	12,135,640.31	23	0.00
112,873.867	GUGGENHEIM TOTAL RETURN BOND INSTL	2,646,892.18	2,945,226.09	4	0.00
325,300.237	PIMCO INCOME P	3,422,158.49	3,685,539.90	5	0.00
169,089.751	PIONEER SHORT TERM INCOME Y	1,499,826.09	1,516,588.00	2	0.00
628,639.953	THORNBURG STRATEGIC INCOME I	7,128,777.07	7,351,462.52	10	0.00
239,511.347	PERFORMANCE TRUST STRATEGIC BOND	4,670,471.27	5,073,011.56	7	0.00
	SUNDRY ASSETS	19,368,125.10	20,571,828.07	27	0.00
3,886,830.36	HUDSON BAY FUND	3,886,830.36	3,858,574.78	5	0.00
652,075.36	GLENDOWER ACCESS SECONDARY OPP V INTL LP	652,075.36	652,075.36	1	0.00
		4,538,905.72	4,510,650.14	6	0.00

Plan Name: Amalgamated Transit Union Local 1197
 Amalgamated Pension - Disability Plan
 Plan Sponsor: Jax Transit Management Corporation
 EIN/FN: 59-3041602 / 004
 Schedule H, Line 4i - Schedule of Assets
 As of December 31, 2024

ACCOUNT STATEMENT

Statement Period: 01/01/2024 through 12/31/2024
 Account Number: M04242
 RELIANCE TRUST COMPANY, TRUSTEE
 FBO AMALGAMATED PENSION
 DISABILITY PLAN

Asset Detail As Of 12/31/2024

UNITS/BOOK VALUE	DESCRIPTION	MARKET VALUE	COST	% OF PORT	ACCRUED INCOME
	TOTAL INVESTMENTS	71,140,696.04			
	CASH	4,349,880.58			
	DUE FROM BROKER	93,134.09			
	DUE TO BROKER	3,771,667.38			
	NET ASSETS	71,812,043.33			
	ACCRUED INCOME	15,107.13			
	TOTAL MARKET VALUE	71,827,150.46			

Plan Name: Amalgamated Transit Union Local 1197
 Amalgamated Pension - Disability Plan
 Plan Sponsor: Jax Transit Management Corporation
 EIN/FN: 59-3041602 / 004
 Schedule H, Line 4j - Sch. of Reportable Transactions
 As of December 31, 2024

ACCOUNT STATEMENT

Statement Period: 01/01/2024 through 12/31/2024
 Account Number: M04242
 RELIANCE TRUST COMPANY, TRUSTEE
 FBO AMALGAMATED PENSION
 DISABILITY PLAN

PLAN NUMBER :	EIN NUMBER : 59-2346743		VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET		
BEGINNING MARKET VALUE:	63,203,170.95			
SECURITY TRANSACTIONS EXCEEDING 5%:				
MUTUAL FUNDS/EQUITY				
GQG PARTNERS US SELECT QUALITY EQ INSTL				
PURCHASED 158,835.673 SHS ON 11/14/2024 AT 24.22	3,847,000.00	3,847,000.00	3,847,000.00	
PURCHASED 7,277.246 SHS ON 12/20/2024 AT 22.85	166,285.07	166,285.07	167,012.80	
PURCHASED 1,250.741 SHS ON 12/31/2024 AT 22.91	28,654.48	28,654.48	28,179.19	
TOTAL	4,041,939.55	4,041,939.55	4,042,191.99	
TOTAL MUTUAL FUNDS/EQUITY	4,041,939.55	4,041,939.55	4,042,191.99	
TOTAL SECURITY TRANSACTIONS EXCEEDING 5%	4,041,939.55	4,041,939.55		

Plan Name: Amalgamated Transit Union Local 1197
 Amalgamated Pension - Disability Plan
 Plan Sponsor: Jax Transit Management Corporation
 EIN/FN: 59-3041602 / 004
 Schedule H, Line 4j - Sch. of Reportable Transactions
 As of December 31, 2024

ACCOUNT STATEMENT

Statement Period: 01/01/2024 through 12/31/2024
 Account Number: M04242
 RELIANCE TRUST COMPANY, TRUSTEE
 FBO AMALGAMATED PENSION
 DISABILITY PLAN

EIN NUMBER: 59-2346743

Schedule Of Reportable Transactions

PLAN NUMBER :

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
BEGINNING MARKET VALUE:	63,203,170.95			
SINGLE TRANSACTIONS EXCEEDING 5%:				
11/15/2024 PURCHASED 158,835.673 SHS GQG PARTNERS US SELECT QUALITY EQ INSTL ON 11/14/2024 AT 24.22		3,847,000.00		
TOTAL SINGLE TRANSACTIONS EXCEEDING 5%		3,847,000.00		