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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                      |
| For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025 |                                                                                                                                                                                                                                                                                                                                                                                                               |
| A                                                                                          | This return/report is for: <div><div><input checked="" type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. ....▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                           |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                            |
| 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<br>WATERFRONT EMPLOYERS - ILA PENSION PLAN                                                                                                                                                                                                                                                                                                                 | 1b Three-digit plan number (PN) ▶ 001                                                                                                               |
|         |                                                                                                                                                                                                                                                                                                                                                                         | 1c Effective date of plan 10/03/1957                                                                                                                |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>BOARD OF TRUSTEES WATERFRONT EMPLOYERS - ILA PENSION PLAN<br><br>899 MORRISON DRIVE<br>CHARLESTON, SC 29403-1889 | 2b Employer Identification Number (EIN) 57-6027499<br>2c Plan Sponsor's telephone number 843-723-5561<br>2d Business code (see instructions) 483000 |

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. | 06/02/2026 | NEAL EDGERTON                                                |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE | Filed with authorized/valid electronic signature. | 06/02/2026 | WILLIAM J. BEAN                                              |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                              |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                             |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>5</b> 2388                                                                                                                                                                                                                                                                                                                 |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 1343<br><b>6a(2)</b> 1342<br><b>6b</b> 699<br><b>6c</b> 55<br><b>6d</b> 2096<br><b>6e</b> 300<br><b>6f</b> 2396<br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>7</b> 15                                                                                                                                                                                                                                                                                                                   |

**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:

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 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 \_\_\_\_\_

|                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                                     |                                                      |     |
|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025                          |                                                      |     |
| A Name of plan<br>WATERFRONT EMPLOYERS - ILA PENSION PLAN                                                           | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BOARD OF TRUSTEES WATERFRONT EMPLOYERS - ILA PENSION PLAN | D Employer Identification Number (EIN)<br>57-6027499 |     |

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

1 Coverage Information:

(a) Name of insurance carrier  
PRINCIPAL LIFE INSURANCE COMPANY

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 42-0127290 | 61271         | 611299                                |                                                                             | 10/01/2024              | 09/30/2025 |

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

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|                                      |                               |

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

---

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

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

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|                                                                                                        |          |          |
|--------------------------------------------------------------------------------------------------------|----------|----------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |          |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 10138800 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier .....**6b****c** Premiums due but unpaid at the end of the year .....**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....**6d**

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year .....**7b****c** Additions: (1) Contributions deposited during the year .....**7c(1)**

(2) Dividends and credits.....

**7c(2)**

(3) Interest credited during the year.....

**7c(3)**

(4) Transferred from separate account .....

**7c(4)**

(5) Other (specify below).....

**7c(5)**

▶

(6) Total additions .....

**7c(6)****d** Total of balance and additions (add lines **7b** and **7c(6)**) .....**7d****e** Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

**7e(1)**

(2) Administration charge made by carrier.....

**7e(2)**

(3) Transferred to separate account .....

**7e(3)**

(4) Other (specify below).....

**7e(4)**

▶

(5) Total deductions .....

**7e(5)****f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**).....**7f**

**Part III Welfare Benefit Contract Information**

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                    |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE A</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                                     |                                                      |     |
|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025                          |                                                      |     |
| A Name of plan<br>WATERFRONT EMPLOYERS - ILA PENSION PLAN                                                           | B Three-digit plan number (PN) ▶                     | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BOARD OF TRUSTEES WATERFRONT EMPLOYERS - ILA PENSION PLAN | D Employer Identification Number (EIN)<br>57-6027499 |     |

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

1 Coverage Information:

|                                                                              |
|------------------------------------------------------------------------------|
| (a) Name of insurance carrier<br>THE PRUDENTIAL INSURANCE COMPANY OF AMERICA |
|------------------------------------------------------------------------------|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 22-1211670 | 68241         | 030178                                |                                                                             | 10/01/2024              | 09/30/2025 |

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

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|                                      |                               |

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

---

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

---

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

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

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

---

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

---

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

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|                                                                                                        |          |          |
|--------------------------------------------------------------------------------------------------------|----------|----------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |          |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....    | <b>5</b> | 15647124 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

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

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

|                                                                                                         |              |  |
|---------------------------------------------------------------------------------------------------------|--------------|--|
| <b>b</b> Balance at the end of the previous year .....                                                  | <b>7b</b>    |  |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                                   | <b>7c(1)</b> |  |
| (2) Dividends and credits .....                                                                         | <b>7c(2)</b> |  |
| (3) Interest credited during the year .....                                                             | <b>7c(3)</b> |  |
| (4) Transferred from separate account .....                                                             | <b>7c(4)</b> |  |
| (5) Other (specify below) .....                                                                         | <b>7c(5)</b> |  |
|                                                                                                         |              |  |
| (6) Total additions .....                                                                               | <b>7c(6)</b> |  |
| <b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....                   | <b>7d</b>    |  |
| <b>e</b> Deductions:                                                                                    |              |  |
| (1) Disbursed from fund to pay benefits or purchase annuities during year .....                         | <b>7e(1)</b> |  |
| (2) Administration charge made by carrier .....                                                         | <b>7e(2)</b> |  |
| (3) Transferred to separate account .....                                                               | <b>7e(3)</b> |  |
| (4) Other (specify below) .....                                                                         | <b>7e(4)</b> |  |
|                                                                                                         |              |  |
| (5) Total deductions .....                                                                              | <b>7e(5)</b> |  |
| <b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) ..... | <b>7f</b>    |  |

**Part III Welfare Benefit Contract Information**

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| <div>SCHEDULE MB</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Multiemployer Defined Benefit Plan and Certain<br/>Money Purchase Plan Actuarial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public<br/>Inspection</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

- ▶ 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.

|                                                                                                                                                   |                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <div>A Name of plan</div> <div>WATERFRONT EMPLOYERS - ILA PENSION PLAN</div>                                                                      | <div>B Three-digit plan number (PN)</div> <div>001</div>                |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF</div> <div>BOARD OF TRUSTEES WATERFRONT EMPLOYERS - ILA PENSION PLAN</div> | <div>D Employer Identification Number (EIN)</div> <div>57-6027499</div> |

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

|                                                                                                                    |                                          |
|--------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| <div>1a Enter the valuation date:</div> <div>Month 10 Day 01 Year 2024</div>                                       |                                          |
| <div>b Assets</div>                                                                                                |                                          |
| <div>(1) Current value of assets</div>                                                                             | <div>1b(1)</div> <div>458209584</div>    |
| <div>(2) Actuarial value of assets for funding standard account</div>                                              | <div>1b(2)</div> <div>448427069</div>    |
| <div>c (1) Accrued liability for plan using immediate gain methods</div>                                           | <div>1c(1)</div> <div>390424209</div>    |
| <div>(2) Information for plans using spread gain methods:</div>                                                    |                                          |
| <div>(a) Unfunded liability for methods with bases</div>                                                           | <div>1c(2)(a)</div>                      |
| <div>(b) Accrued liability under entry age normal method</div>                                                     | <div>1c(2)(b)</div>                      |
| <div>(c) Normal cost under entry age normal method</div>                                                           | <div>1c(2)(c)</div>                      |
| <div>(3) Accrued liability under unit credit cost method</div>                                                     | <div>1c(3)</div> <div>358508566</div>    |
| <div>d Information on current liabilities of the plan:</div>                                                       |                                          |
| <div>(1) Amount excluded from current liability attributable to pre-participation service (see instructions)</div> | <div>1d(1)</div>                         |
| <div>(2) "RPA '94" information:</div>                                                                              |                                          |
| <div>(a) Current liability</div>                                                                                   | <div>1d(2)(a)</div> <div>510860537</div> |
| <div>(b) Expected increase in current liability due to benefits accruing during the plan year</div>                | <div>1d(2)(b)</div> <div>16959155</div>  |
| <div>(c) Expected release from "RPA '94" current liability for the plan year</div>                                 | <div>1d(2)(c)</div> <div>29799541</div>  |
| <div>(3) Expected plan disbursements for the plan year</div>                                                       | <div>1d(3)</div> <div>31147812</div>     |

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.

|                                                                                   |                                                                  |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>SIGN HERE</div>                                                              | <div>06/01/2026</div>                                            |
| <div>Signature of actuary</div> <div>BEN KIRKLAND, FSA, EA, FCA, MAAA</div>       | <div>Date</div> <div>26-07599</div>                              |
| <div>Type or print name of actuary</div> <div>SEGAL</div>                         | <div>Most recent enrollment number</div> <div>678-306-3100</div> |
| <div>Firm name</div> <div>2727 PACES FERRY RD SE<br/>ATLANTA, GA 30339-4053</div> | <div>Telephone number (including area code)</div>                |
| <div>Address of the firm</div>                                                    |                                                                  |

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

**2** Operational information as of beginning of this plan year:

|                                                                                                                                     |                                   |                              |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....                                                                           | <b>2a</b>                         | 458209584                    |
| <b>b</b> "RPA '94" current liability/participant count breakdown:                                                                   | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| <b>(1)</b> For retired participants and beneficiaries receiving payment .....                                                       | 918                               | 219284413                    |
| <b>(2)</b> For terminated vested participants .....                                                                                 | 71                                | 11885808                     |
| <b>(3)</b> For active participants:                                                                                                 |                                   |                              |
| <b>(a)</b> Non-vested benefits .....                                                                                                |                                   | 5076297                      |
| <b>(b)</b> Vested benefits .....                                                                                                    |                                   | 274614019                    |
| <b>(c)</b> Total active .....                                                                                                       | 1459                              | 279690316                    |
| <b>(4)</b> Total .....                                                                                                              | 2448                              | 510860537                    |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... | <b>2c</b>                         | %                            |

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

| (a) Date<br>(MM/DD/YYYY)                                                        | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM/DD/YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|---------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 04/15/2025                                                                      | 16802358                          | 0                               |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>                                                                 |                                   |                                 | <b>3(b)</b>              | 16802358                          | <b>3(c)</b> 0                   |
| <b>(d)</b> Total withdrawal liability amounts included in line 3(b) total ..... |                                   |                                 |                          | <b>3(d)</b>                       | 0                               |

**4** Information on plan status:

|                                                                                                                                                                            |           |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------|
| <b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....                                                                            | <b>4a</b> | 125.1 %                                                  |
| <b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status).<br>If entered code is "N," go to line 5 .....     | <b>4b</b> | N                                                        |
| <b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....                                                  |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time<br>(see instructions)? ..... |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions),<br>measured as of the valuation date .....      | <b>4e</b> |                                                          |
| <b>f</b> If the plan is in critical status or critical and declining status, and is:                                                                                       | <b>4f</b> |                                                          |
| • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to<br>emerge;                                                     |           |                                                          |
| • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and<br>check here. .... <input type="checkbox"/>                      |           |                                                          |
| • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."                                                                     |           |                                                          |

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

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

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

**6** Checklist of certain actuarial assumptions:

|                                                                                                                         |                                                                                                                            |                                                                                                                                                 |                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Interest rate for "RPA '94" current liability .....                                                            | <b>6a</b>                                                                                                                  |                                                                                                                                                 | 3.85 %                                                                                                                      |
| <b>b</b> Rates specified in insurance or annuity contracts .....                                                        | <div>Pre-retirement</div> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                                                                                                                                 | <div>Post-retirement</div> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| <b>c</b> Mortality table code for valuation purposes:                                                                   |                                                                                                                            |                                                                                                                                                 |                                                                                                                             |
| (1) Males .....                                                                                                         | <b>6c(1)</b>                                                                                                               | 6P                                                                                                                                              | 6P                                                                                                                          |
| (2) Females .....                                                                                                       | <b>6c(2)</b>                                                                                                               | 6FP                                                                                                                                             | 6FP                                                                                                                         |
| <b>d</b> Valuation liability interest rate .....                                                                        | <b>6d</b>                                                                                                                  | 7.00 %                                                                                                                                          | 7.00 %                                                                                                                      |
| <b>e</b> Salary scale .....                                                                                             | <b>6e</b>                                                                                                                  | % <input checked="" type="checkbox"/> N/A                                                                                                       |                                                                                                                             |
| <b>f</b> Withdrawal liability interest rate:                                                                            |                                                                                                                            |                                                                                                                                                 |                                                                                                                             |
| (1) Type of interest rate .....                                                                                         | <b>6f(1)</b>                                                                                                               | <input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A |                                                                                                                             |
| (2) If "Single rate" is checked in (1), enter applicable single rate .....                                              | <b>6f(2)</b>                                                                                                               | 7.00 %                                                                                                                                          |                                                                                                                             |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....           | <b>6g</b>                                                                                                                  | 7.2 %                                                                                                                                           |                                                                                                                             |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....             | <b>6h</b>                                                                                                                  | 14.4 %                                                                                                                                          |                                                                                                                             |
| <b>i</b> Expense load included in normal cost reported in line 9b .....                                                 | <b>6i</b>                                                                                                                  | <input type="checkbox"/> N/A                                                                                                                    |                                                                                                                             |
| (1) If expense load is described as a percentage of normal cost, enter the assumed percentage .....                     | <b>6i(1)</b>                                                                                                               | %                                                                                                                                               |                                                                                                                             |
| (2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b ..... | <b>6i(2)</b>                                                                                                               | 1300000                                                                                                                                         |                                                                                                                             |
| (3) If neither (1) nor (2) describes the expense load, check the box .....                                              | <b>6i(3)</b>                                                                                                               | <input type="checkbox"/>                                                                                                                        |                                                                                                                             |

**7** New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1                | 468299              | 48053                          |
| 4                | -6475711            | -664484                        |

**8** Miscellaneous information:

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

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

|                                                                          |           |         |
|--------------------------------------------------------------------------|-----------|---------|
| <b>a</b> Prior year funding deficiency, if any .....                     | <b>9a</b> | 0       |
| <b>b</b> Employer's normal cost for plan year as of valuation date ..... | <b>9b</b> | 8972734 |

**c** Amortization charges as of valuation date:

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

(2) Funding waivers .....

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

|              | Outstanding balance |          |
|--------------|---------------------|----------|
| <b>9c(1)</b> | 92264585            | 18400371 |
| <b>9c(2)</b> | 0                   | 0        |
| <b>9c(3)</b> | 0                   | 0        |

**d** Interest as applicable on lines 9a, 9b, and 9c.....**9d** 1916117**e** Total charges. Add lines 9a through 9d.....**9e** 29289222**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 120366346**g** Employer contributions. Total from column (b) of line 3.....**9g** 16802358**h** Amortization credits as of valuation date.....**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....**9i** 9342411**j** Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....

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

(3) FFL credit .....

|              | Outstanding balance |         |
|--------------|---------------------|---------|
| <b>9h</b>    | 29901099            | 5395582 |
| <b>9j(1)</b> | 76329755            |         |
| <b>9j(2)</b> | 18407372            |         |

**9j(3)** 0**k** (1) Waived funding deficiency .....**9k(1)** 0

(2) Other credits .....

**9k(2)** 0**l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....**9l** 151906697**m** Credit balance: If line 9l is greater than line 9e, enter the difference .....**9m** 122617475**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference .....**9n****o** Current year's accumulated reconciliation account:

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

**9o(1)** 0

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

(a) Reconciliation outstanding balance as of valuation date .....

**9o(2)(a)** 0

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

**9o(2)(b)** 0

(3) Total as of valuation date .....

**9o(3)** 0**10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....☒ Yes ☐ No

|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>2024</b>                                    |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025                                                                                                                          |                                                                                                                                                                                                                        |                                                |
| <b>A</b> Name of plan<br>WATERFRONT EMPLOYERS - ILA PENSION PLAN                                                                                                                                                    | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 001                                            |
|                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>BOARD OF TRUSTEES WATERFRONT EMPLOYERS - ILA PENSION PLAN                                                                                          | <b>D</b> Employer Identification Number (EIN)<br>57-6027499                                                                                                                                                            |                                                |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| BOYD WATTERSON ASSET MANAGEMENT LLC                                                                               |
| 34-1922005                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| CONSTITUTION CAPITAL EQUITY PARTNER                                                                               |
| 74-3246212                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| CORBIN ERISA OPPORTUNITY FUND, L.P.                                                                               |
| 575 MADISON AVENUE<br>NEW YORK, NY 10022                                                                          |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| FIRST EAGLE INVESTMENT MGMT LLC                                                                                   |
| 57-1156902                                                                                                        |

---

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

---

GCM GROSVENOR LP

20-3979494

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

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HAMILTON LANE ADVISORS LLC

23-2962336

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

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INVESCO ADVISERS, INC

58-1707262

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

---

INVESCO TRUST COMPANY

46-3793325

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

---

MESIROW FIN'L PRIVATE EQUITY ADVISO

353 NORTH CLARK STREET  
CHICAGO, IL 60654

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

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NB ALTERNATIVE ADVISORS LLC

325 NORTH SAINT PAUL STREET - STE 4  
DALLAS, TX 75201

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

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POST ADVISORY GROUP LLC

95-4818300

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

---

PRINCIPAL LIFE INSURANCE CO

42-0127290

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

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

ULLICO INVESTMENT ADVISORS INC

52-6435649

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51                  | NONE                                                                                              | 461261                                                                 | 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)

THE SEGAL (SOUTHEAST STATES) INC

13-2619259

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 50                  | NONE                                                                                              | 278947                                                                 | 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)

NEWTON INVESTMENT MANAGEMENT

81-2114065

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51 52 68            | NONE                                                                                              | 251451                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" 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)

US BANK NATIONAL ASSOCIATION

31-0841368

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 19 51 52 72            | NONE                                                                                              | 237443                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

EMPLOYEE A

57-6027499

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | NONE                                                                                              | 208312                                                                 | 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)

GLOBAL TRUST COMPANY

26-3761443

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51 52 68            | NONE                                                                                              | 193671                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" 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)

INVESTMENT PERFORMANCE SVCS LLC

58-2432390

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 51                  | NONE                                                                                              | 178415                                                                 | 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)

SEGALL BRYANT & HAMILL SMID

35-2679129

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51 52 68            | NONE                                                                                              | 160268                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

EMPLOYEE B

57-6027499

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | NONE                                                                                              | 137017                                                                 | 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)

EMPLOYEE C

57-6027499

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | NONE                                                                                              | 125651                                                                 | 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)

FRED ALGER MGMT LLC

13-2510833

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51 52 68            | NONE                                                                                              | 114158                                                                 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

SCHULTHEIS & PANETTIERI LLP

13-1577780

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE                                                                                              | 110114                                                                 | 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)

SEGALL BRYANT & HAMILL

41-1788385

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51                  | NONE                                                                                              | 85096                                                                  | 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)

BRIDGEWAY BENEFIT TECHNOLOGIES, LLC

23-2182079

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 83244                                                                  | 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)

PRUDENTIAL INSURANCE CO

22-1211670

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51 52 72            | NONE                                                                                              | 82880                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" 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)

EMPLOYEE D

57-6027499

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | NONE                                                                                              | 74872                                                                  | 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)

EMPLOYEE E

57-6027499

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | NONE                                                                                              | 71176                                                                  | 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)

EMPLOYEE F

57-6027499

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | NONE                                                                                              | 63587                                                                  | 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)

PIEDMONT INVESTMENT ADVISORS

83-0697926

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51                  | NONE                                                                                              | 60658                                                                  | 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)

WILLIG WILLIAMS & DAVIDSON

23-2416488

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE                                                                                              | 59859                                                                  | 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)

EMPLOYEE G

57-6027499

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | NONE                                                                                              | 59157                                                                  | 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)

EMPLOYEE H

57-6027499

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | NONE                                                                                              | 57872                                                                  | 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)

BLACKROCK INSTITUTIONAL TRUST CO NA

94-3112180

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 24 28<br>50 51 68   | NONE                                                                                              | 40200                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

EMPLOYEE I

57-6027499

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | NONE                                                                                              | 32227                                                                  | 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)

CLEMENT RIVERS

57-0471590

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE                                                                                              | 21560                                                                  | 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)

BEACON COMMUNICATIONS

20-1613737

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 50                  | NONE                                                                                              | 15981                                                                  | 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)

EMPLOYEE J

57-6027499

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 30 50                  | NONE                                                                                              | 15417                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(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<br>(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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                   |                                                                                                                                                                                                                                   |                                                                                                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div>       |
| For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025                                                                                        |                                                                                                                                                                                                                                   |                                                                                                       |
| A Name of plan<br>WATERFRONT EMPLOYERS - ILA PENSION PLAN                                                                                                                         |                                                                                                                                                                                                                                   | B Three-digit plan number (PN) ▶ 001                                                                  |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>BOARD OF TRUSTEES WATERFRONT EMPLOYERS - ILA PENSION PLAN                                                        |                                                                                                                                                                                                                                   | D Employer Identification Number (EIN)<br>57-6027499                                                  |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)  |                                                                                                                                                                                                                                   |                                                                                                       |
| a Name of MTIA, CCT, PSA, or 103-12 IE: PRISA II SA                                                                                                                               |                                                                                                                                                                                                                                   |                                                                                                       |
| b Name of sponsor of entity listed in (a): PRUDENTIAL INS CO OF AMERICA                                                                                                           |                                                                                                                                                                                                                                   |                                                                                                       |
| c EIN-PN 22-1211670-039                                                                                                                                                           | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15647124 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL US PROPERTY SEP ACCT-PG12                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                       |
| b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                       |
| c EIN-PN 42-0127290-027                                                                                                                                                           | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10138800 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: LONGVIEW ULTRA CONSTR LOAN INV FD                                                                                                         |                                                                                                                                                                                                                                   |                                                                                                       |
| b Name of sponsor of entity listed in (a): AMALGAMATED BANK                                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                       |
| c EIN-PN 20-8434730-006                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2684     |
| a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO INTERNATIONAL EQUITY TRUST                                                                                                        |                                                                                                                                                                                                                                   |                                                                                                       |
| b Name of sponsor of entity listed in (a): INVESCO TRUST COMPANY                                                                                                                  |                                                                                                                                                                                                                                   |                                                                                                       |
| c EIN-PN 20-2583973-114                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13622256 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK GLOBAL ALLOCATION COLLECT                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                       |
| b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY N.A.                                                                                             |                                                                                                                                                                                                                                   |                                                                                                       |
| c EIN-PN 46-0563260-001                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0        |
| a Name of MTIA, CCT, PSA, or 103-12 IE: VICTORY TRIVALENT INTL SMALL CAP CF                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                       |
| b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY                                                                                                                   |                                                                                                                                                                                                                                   |                                                                                                       |
| c EIN-PN 80-6249702-006                                                                                                                                                           | d Entity code C                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24853929 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO INFRASTRUCTURE TAX EXEMPT FD                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                       |
| b Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS, INC.                                                                                                       |                                                                                                                                                                                                                                   |                                                                                                       |
| c EIN-PN 90-0622302-001                                                                                                                                                           | d Entity code E                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24802060 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                           |                                                                                                                                                                                                                                   |                                                                                                       |
| Schedule D (Form 5500) 2024 v. 240311                                                                                                                                             |                                                                                                                                                                                                                                   |                                                                                                       |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NORTHERN TRUST INVESTMENTS, INC.

**b** Name of sponsor of entity listed in (a): NORTHERN TRUST COLLECTIVE RUSSELL 1000 GROWTH INDEX FUND - NON LENDING

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 45-6138589-099 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24455948 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                      |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | 2024                                   |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | This Form is Open to Public Inspection |

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

|                                                                                                                     |                                                      |
|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| A Name of plan<br>WATERFRONT EMPLOYERS - ILA PENSION PLAN                                                           | B Three-digit plan number (PN) ▶ 001                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BOARD OF TRUSTEES WATERFRONT EMPLOYERS - ILA PENSION PLAN | D Employer Identification Number (EIN)<br>57-6027499 |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     | 3837865               | 7914742         |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  | 519000                | 494000          |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  | 6239971               | 7826958         |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  | 6389143               | 6724468         |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  | 9001778               | 19030375        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               | 6643916               | 12596942        |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               | 41524468              | 59752059        |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               | 307322                | 187523          |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               | 211126159             | 201559741       |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  | 52920844              | 63545051        |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  | 3783477               | 2735556         |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  | 78691832              | 62934817        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 | 25817986              | 25785924        |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 | 23452439              | 24802060        |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 5705913               | 3128686         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 | 3866187               | 620415          |

| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    | 2143609               | 20840835        |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 481971909             | 520480152       |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    | 1127395               | 1346943         |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    | 21223101              | 25914202        |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 22350496              | 27261145        |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 459621413             | 493219007       |

**Part II Income and Expense Statement**

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

| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 16802358   |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 16802358  |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| <b>(1) Interest:</b>                                                                                       |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 420632     |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> | 860886     |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 1281518   |
| <b>(2) Dividends:</b>                                                                                      |                 |            |           |
| <b>(A)</b> Preferred stock .....                                                                           | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 1430395    |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 214139     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 1644534   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>                                                              |                 |            |           |
| <b>(A)</b> Aggregate proceeds .....                                                                        | <b>2b(4)(A)</b> | 149908185  |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 145903205  |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 4004980   |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>                                               |                 |            |           |
| <b>(A)</b> Real estate .....                                                                               | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> | 27092391   |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            | 11865831  |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            | 1706034   |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            |           |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            | 89878     |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 64487524  |

**Expenses**

|                                                                                             |               |          |          |
|---------------------------------------------------------------------------------------------|---------------|----------|----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 27540198 |          |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |          |          |
| (3) Other .....                                                                             | <b>2e(3)</b>  |          |          |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |          | 27540198 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |          |          |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |          |          |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |          |          |
| <b>i</b> Administrative expenses:                                                           |               |          |          |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  | 484514   |          |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  |          |          |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  |          |          |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  | 110114   |          |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 1633802  |          |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  | 237441   |          |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  | 278947   |          |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  | 81419    |          |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  |          |          |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> |          |          |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> | 523495   |          |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |          | 3349732  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |          | 30889930 |

**Net Income and Reconciliation**

|                                                                               |              |  |          |
|-------------------------------------------------------------------------------|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 33597594 |
| <b>l</b> Transfers of assets:                                                 |              |  |          |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  |          |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |          |

**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: **SCHULTHEIS & PANETTIERI, LLP**

(2) EIN: **13-1577780**

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

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

**Part IV Compliance Questions**

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

During the plan year:

|                                                                                                                                                                                                                                                                                                                  | Yes                                 | No                                  | Amount    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-----------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....                 |                                     | <input checked="" type="checkbox"/> |           |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) ..... |                                     | <input checked="" type="checkbox"/> |           |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |           |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |           |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 3000000   |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |           |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                       | <input checked="" type="checkbox"/> |                                     | 218335861 |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |           |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |           |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                     | <input checked="" type="checkbox"/> |                                     |           |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |           |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |           |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |                                     |                                     |           |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                         |                                     |                                     |           |

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

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

**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 576953.

|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                       | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>WATERFRONT EMPLOYERS - ILA PENSION PLAN                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BOARD OF TRUSTEES WATERFRONT EMPLOYERS - ILA PENSION PLAN                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>57-6027499                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                                | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | 1                                                                                               |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s):                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  | 3 0                                                                                             |
| Part II                                                                                                                                                                                                                                                                                                                                                               | Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                                                                                                              | Amendments                                                                                                                                                                                                                                                                                       |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... <input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2024 v. 240311                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**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.*

|          |                                                                                                                                                                                                                                                                                                         |          |                                                       |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------|
| <b>a</b> | Name of contributing employer <b>CHARLESTON STEVEDORING CO</b>                                                                                                                                                                                                                                          |          |                                                       |
| <b>b</b> | EIN <b>84-4520027</b>                                                                                                                                                                                                                                                                                   | <b>c</b> | Dollar amount contributed by employer <b>10835535</b> |
| <b>d</b> | Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month <b>09</b> Day <b>30</b> Year <b>2025</b> |          |                                                       |
| <b>e</b> | Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)                                                                                                 |          |                                                       |
|          | (1) Contribution rate (in dollars and cents) <b>6.00</b>                                                                                                                                                                                                                                                |          |                                                       |
|          | (2) Base unit measure: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):                                                                                                                 |          |                                                       |
| <b>a</b> | Name of contributing employer <b>MRS. CONTAINER MAINTENANCE</b>                                                                                                                                                                                                                                         |          |                                                       |
| <b>b</b> | EIN <b>13-2860772</b>                                                                                                                                                                                                                                                                                   | <b>c</b> | Dollar amount contributed by employer <b>2644321</b>  |
| <b>d</b> | Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month <b>09</b> Day <b>30</b> Year <b>2025</b> |          |                                                       |
| <b>e</b> | Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)                                                                                                 |          |                                                       |
|          | (1) Contribution rate (in dollars and cents) <b>6.00</b>                                                                                                                                                                                                                                                |          |                                                       |
|          | (2) Base unit measure: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):                                                                                                                 |          |                                                       |
| <b>a</b> | Name of contributing employer <b>CHARLESTON GATE LLC</b>                                                                                                                                                                                                                                                |          |                                                       |
| <b>b</b> | EIN <b>27-4542400</b>                                                                                                                                                                                                                                                                                   | <b>c</b> | Dollar amount contributed by employer <b>1541916</b>  |
| <b>d</b> | Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month <b>09</b> Day <b>30</b> Year <b>2025</b> |          |                                                       |
| <b>e</b> | Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)                                                                                                 |          |                                                       |
|          | (1) Contribution rate (in dollars and cents) <b>6.00</b>                                                                                                                                                                                                                                                |          |                                                       |
|          | (2) Base unit measure: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):                                                                                                                 |          |                                                       |
| <b>a</b> | Name of contributing employer <b>PORTS AMERICA - MTC</b>                                                                                                                                                                                                                                                |          |                                                       |
| <b>b</b> | EIN <b>94-3387128</b>                                                                                                                                                                                                                                                                                   | <b>c</b> | Dollar amount contributed by employer <b>645238</b>   |
| <b>d</b> | Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month <b>09</b> Day <b>30</b> Year <b>2025</b> |          |                                                       |
| <b>e</b> | Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)                                                                                                 |          |                                                       |
|          | (1) Contribution rate (in dollars and cents) <b>6.00</b>                                                                                                                                                                                                                                                |          |                                                       |
|          | (2) Base unit measure: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):                                                                                                                 |          |                                                       |
| <b>a</b> | Name of contributing employer <b>STEVEDORING SVC OF AMER-SSA/COOPER</b>                                                                                                                                                                                                                                 |          |                                                       |
| <b>b</b> | EIN <b>91-2171689</b>                                                                                                                                                                                                                                                                                   | <b>c</b> | Dollar amount contributed by employer <b>398295</b>   |
| <b>d</b> | Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month <b>09</b> Day <b>30</b> Year <b>2025</b> |          |                                                       |
| <b>e</b> | Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)                                                                                                 |          |                                                       |
|          | (1) Contribution rate (in dollars and cents) <b>6.00</b>                                                                                                                                                                                                                                                |          |                                                       |
|          | (2) Base unit measure: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):                                                                                                                 |          |                                                       |
| <b>a</b> | Name of contributing employer <b>COASTAL GREAT SOUTHERN</b>                                                                                                                                                                                                                                             |          |                                                       |
| <b>b</b> | EIN <b>94-3228406</b>                                                                                                                                                                                                                                                                                   | <b>c</b> | Dollar amount contributed by employer <b>163654</b>   |
| <b>d</b> | Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month <b>09</b> Day <b>30</b> Year <b>2025</b> |          |                                                       |
| <b>e</b> | Contribution rate information (If more than one rate applies, check this box <input type="checkbox"/> and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)                                                                                                 |          |                                                       |
|          | (1) Contribution rate (in dollars and cents) <b>6.00</b>                                                                                                                                                                                                                                                |          |                                                       |
|          | (2) Base unit measure: <input checked="" type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Unit of production <input type="checkbox"/> Other (specify):                                                                                                                 |          |                                                       |

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer **CHARLESTON PORT SVC**

**b** EIN **57-6000923**

**c** Dollar amount contributed by employer **162225**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **09** Day **30** Year **2025**

**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) **6.00**

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

**a** Name of contributing employer **CERES MARINE TERMINALS**

**b** EIN **52-0903206**

**c** Dollar amount contributed by employer **70281**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **09** Day **30** Year **2025**

**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) **6.00**

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

**a** Name of contributing employer **SOUTHERN CRESCENT**

**b** EIN **56-1333590**

**c** Dollar amount contributed by employer **7536**

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **09** Day **30** Year **2025**

**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) **6.00**

(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: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

0

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14b**

0

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14c**

0

**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: 40.00 % Private Equity: 8.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 10.00 %

High-Yield Debt: 17.00 % Real Assets: 14.00 % Cash or Cash Equivalents: \_\_\_\_\_ % Other: 11.00 %

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



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**Independent Auditor's Report**

Board of Trustees  
Waterfront Employers - I.L.A. Pension Plan

**Opinion**

We have audited the accompanying financial statements of the Waterfront Employers - I.L.A. Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of September 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years ended September 30, 2025 and 2024, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of September 30, 2025 and 2024, and the changes in net assets available for benefits for the years ended September 30, 2025 and 2024 in accordance with accounting principles generally accepted in the United States of America.

**Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America; and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

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

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

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

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

### **Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 20 through 42 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

### **Supplemental Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 43 through 44 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

*Schulthies & Panethier, LLP*

Hauppauge, New York  
May 19, 2026

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                                    |                                                                      |                                                                                                                                                                        |                                           |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| Part I Annual Report Identification Information                                                    |                                                                      |                                                                                                                                                                        |                                           |
| For calendar plan year 2024 or fiscal plan year beginning                                          |                                                                      | 10/01/2024                                                                                                                                                             | and ending 09/30/2025                     |
| A This return/report is for:                                                                       | <input checked="" 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.) |                                           |
|                                                                                                    | <input type="checkbox"/> a single-employer plan                      | <input type="checkbox"/> a DFE (specify) _____                                                                                                                         |                                           |
| B This return/report is:                                                                           | <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"/> the DFVC program |
|                                                                                                    | <input type="checkbox"/> special extension (enter description) _____ |                                                                                                                                                                        |                                           |
| 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<br>WATERFRONT EMPLOYERS - ILA PENSION PLAN                                                                                                                                                                                                                                                                                                                                     |  | 1b Three-digit plan number (PN) ▶                     | 001                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                |  | 1c Effective date of plan                             | 10/03/1957                                           |
| 2a Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>BOARD OF TRUSTEES WATERFRONT<br>EMPLOYERS - ILA PENSION PLAN<br><br>PO BOX 21889, 899 MORRISON DRIVE<br><br>CHARLESTON SC 29413-1889 |  | 2b Employer Identification Number (EIN)<br>57-6027499 | 2c Plan Sponsor's telephone number<br>(843) 723-5561 |
|                                                                                                                                                                                                                                                                                                                                                                                                |  | 2d Business code (see instructions)<br>483000         |                                                      |

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 | <input checked="" type="checkbox"/>  | 06/03/2026 | <input checked="" type="checkbox"/> NEAL EDGERTON            |
|           | Signature of plan administrator                                                                                         | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE | <input checked="" type="checkbox"/>  | 06/03/2026 | <input checked="" type="checkbox"/> WILLIAM J. BEAN          |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                  |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                 |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 2,388                                                                                                                                                                                                                                                                                                                    |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 1,343<br><b>6a(2)</b> 1,342<br><b>6b</b> 699<br><b>6c</b> 55<br><b>6d</b> 2,096<br><b>6e</b> 300<br><b>6f</b> 2,396<br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>7</b> 15                                                                                                                                                                                                                                                                                                                       |

**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:

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

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

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

|                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                    |
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| <div>SCHEDULE MB</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Multiemployer Defined Benefit Plan and Certain<br/>Money Purchase Plan Actuarial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public<br/>Inspection</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

▶ 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.

|                                                                                                                                                   |                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <div>A Name of plan</div> <div>Waterfront Employers - ILA Pension Plan</div>                                                                      | <div>B Three-digit<br/>plan number (PN) ▶</div> <div>001</div>          |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF</div> <div>Board of Trustees Waterfront Employers - ILA Pension Plan</div> | <div>D Employer Identification Number (EIN)</div> <div>57-6027499</div> |

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

|                                                                                                               |                      |
|---------------------------------------------------------------------------------------------------------------|----------------------|
| 1a Enter the valuation date: Month 10 Day 01 Year 2024                                                        |                      |
| b Assets                                                                                                      |                      |
| (1) Current value of assets .....                                                                             | 1b(1) 458,209,584    |
| (2) Actuarial value of assets for funding standard account .....                                              | 1b(2) 448,427,069    |
| c (1) Accrued liability for plan using immediate gain methods .....                                           | 1c(1) 390,424,209    |
| (2) Information for plans using spread gain methods:                                                          |                      |
| (a) Unfunded liability for methods with bases .....                                                           | 1c(2)(a)             |
| (b) Accrued liability under entry age normal method .....                                                     | 1c(2)(b)             |
| (c) Normal cost under entry age normal method .....                                                           | 1c(2)(c)             |
| (3) Accrued liability under unit credit cost method .....                                                     | 1c(3) 358,508,566    |
| d Information on current liabilities of the plan:                                                             |                      |
| (1) Amount excluded from current liability attributable to pre-participation service (see instructions) ..... | 1d(1)                |
| (2) "RPA '94" information:                                                                                    |                      |
| (a) Current liability .....                                                                                   | 1d(2)(a) 510,860,537 |
| (b) Expected increase in current liability due to benefits accruing during the plan year .....                | 1d(2)(b) 16,959,155  |
| (c) Expected release from "RPA '94" current liability for the plan year .....                                 | 1d(2)(c) 29,799,541  |
| (3) Expected plan disbursements for the plan year .....                                                       | 1d(3) 31,147,812     |

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.

|                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN<br/>HERE</div> <div>Ben Kirkland BMK</div> <div>Signature of actuary</div> <div>Ben Kirkland, FSA, EA, FCA, MAAA</div> <div>Type or print name of actuary</div> <div>SEGal</div> <div>Firm name</div> <div>2727 Paces Ferry Rd SE<br/>Atlanta GA 30339-4053<br/>Address of the firm</div> | <div>06/01/2026</div> <div>Date</div> <div>2607599</div> <div>Most recent enrollment number</div> <div>678-306-3100</div> <div>Telephone number (including area code)</div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**2** Operational information as of beginning of this plan year:

|                                                                                                                                     |                                   |                              |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....                                                                           | <b>2a</b>                         | 458,209,584                  |
| <b>b</b> "RPA '94" current liability/participant count breakdown:                                                                   | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| (1) For retired participants and beneficiaries receiving payment .....                                                              | 918                               | 219,284,413                  |
| (2) For terminated vested participants .....                                                                                        | 71                                | 11,885,808                   |
| (3) For active participants:                                                                                                        |                                   |                              |
| <b>(a)</b> Non-vested benefits .....                                                                                                |                                   | 5,076,297                    |
| <b>(b)</b> Vested benefits .....                                                                                                    |                                   | 274,614,019                  |
| <b>(c)</b> Total active .....                                                                                                       | 1,459                             | 279,690,316                  |
| (4) Total .....                                                                                                                     | 2,448                             | 510,860,537                  |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... | <b>2c</b>                         | %                            |

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

| (a) Date<br>(MM/DD/YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM/DD/YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 04/15/2025               | 16,802,358                        | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
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|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>3(b)</b>              | 16,802,358                        | <b>3(c)</b><br>0                |

(d) Total withdrawal liability amounts included in line 3(b) total ..... **3(d)** 0**4** Information on plan status:

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>4a</b> | 125.0 % |
| <b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status).<br>If entered code is "N," go to line 5 .....                                                                                                                                                                                                                                                                                                                                                           | <b>4b</b> | N       |
| <b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                               |           |         |
| <b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time<br>(see instructions)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                              |           |         |
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions),<br>measured as of the valuation date .....                                                                                                                                                                                                                                                                                                                                                            | <b>4e</b> |         |
| <b>f</b> If the plan is in critical status or critical and declining status, and is: <ul style="list-style-type: none"> <li>• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;</li> <li>• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/></li> <li>• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."</li> </ul> | <b>4f</b> |         |

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

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

**j** If box h is checked, enter period of use of shortfall method ..... **5j**

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

**6** Checklist of certain actuarial assumptions:

- a** Interest rate for "RPA '94" current liability **6a** 3.85 %
- |                                                                                                                          | Pre-retirement                                                                                                                                               | Post-retirement                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <b>b</b> Rates specified in insurance or annuity contracts                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A                                                             | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |
| <b>c</b> Mortality table code for valuation purposes:                                                                    |                                                                                                                                                              |                                                                                                  |
| <b>(1)</b> Males                                                                                                         | <b>6c(1)</b> <span style="border: 1px solid black; padding: 0 20px;">6P</span>                                                                               | <span style="border: 1px solid black; padding: 0 20px;">6P</span>                                |
| <b>(2)</b> Females                                                                                                       | <b>6c(2)</b> <span style="border: 1px solid black; padding: 0 20px;">6FP</span>                                                                              | <span style="border: 1px solid black; padding: 0 20px;">6FP</span>                               |
| <b>d</b> Valuation liability interest rate                                                                               | <b>6d</b> <span style="border: 1px solid black; padding: 0 20px;">7.00 %</span>                                                                              | <span style="border: 1px solid black; padding: 0 20px;">7.00 %</span>                            |
| <b>e</b> Salary scale                                                                                                    | <b>6e</b> <span style="border: 1px solid black; padding: 0 20px;">% <input checked="" type="checkbox"/> N/A</span>                                           |                                                                                                  |
| <b>f</b> Withdrawal liability interest rate:                                                                             |                                                                                                                                                              |                                                                                                  |
| <b>(1)</b> Type of interest rate                                                                                         | <b>6f(1)</b> <input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A |                                                                                                  |
| <b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate                                              | <b>6f(2)</b> <span style="border: 1px solid black; padding: 0 20px;">7.00 %</span>                                                                           |                                                                                                  |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date                  | <b>6g</b> <span style="border: 1px solid black; padding: 0 20px;">7.2 %</span>                                                                               |                                                                                                  |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date                    | <b>6h</b> <span style="border: 1px solid black; padding: 0 20px;">14.4 %</span>                                                                              |                                                                                                  |
| <b>i</b> Expense load included in normal cost reported in line 9b                                                        | <b>6i</b> <span style="border: 1px solid black; padding: 0 20px;"><input type="checkbox"/> N/A</span>                                                        |                                                                                                  |
| <b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage                     | <b>6i(1)</b> <span style="border: 1px solid black; padding: 0 20px;">%</span>                                                                                |                                                                                                  |
| <b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b | <b>6i(2)</b> <span style="border: 1px solid black; padding: 0 20px;">1,300,000</span>                                                                        |                                                                                                  |
| <b>(3)</b> If neither (1) nor (2) describes the expense load, check the box                                              | <b>6i(3)</b> <span style="border: 1px solid black; padding: 0 20px;"><input type="checkbox"/></span>                                                         |                                                                                                  |

**7** New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1                | 468,299             | 48,053                         |
| 4                | -6,475,711          | -664,484                       |
|                  |                     |                                |
|                  |                     |                                |
|                  |                     |                                |
|                  |                     |                                |

**8** Miscellaneous information:

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

|                                                                                                                                                                                                                                                                                                                                                                          |           |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>e</b> If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s). | <b>8e</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|

  

|                                                                    |           |           |
|--------------------------------------------------------------------|-----------|-----------|
| <b>9</b> Funding standard account statement for this plan year:    |           |           |
| <b>Charges to funding standard account:</b>                        |           |           |
| <b>a</b> Prior year funding deficiency, if any                     | <b>9a</b> | 0         |
| <b>b</b> Employer's normal cost for plan year as of valuation date | <b>9b</b> | 8,972,734 |

  

|                                                                                                            |              |                     |            |
|------------------------------------------------------------------------------------------------------------|--------------|---------------------|------------|
| <b>c</b> Amortization charges as of valuation date:                                                        |              | Outstanding balance |            |
| (1) All bases except funding waivers and certain bases for which the amortization period has been extended | <b>9c(1)</b> | 92,264,585          | 18,400,371 |
| (2) Funding waivers                                                                                        | <b>9c(2)</b> | 0                   | 0          |
| (3) Certain bases for which the amortization period has been extended                                      | <b>9c(3)</b> | 0                   | 0          |

  

|                                                         |           |            |
|---------------------------------------------------------|-----------|------------|
| <b>d</b> Interest as applicable on lines 9a, 9b, and 9c | <b>9d</b> | 1,916,117  |
| <b>e</b> Total charges. Add lines 9a through 9d         | <b>9e</b> | 29,289,222 |

  

|                                                                  |           |             |
|------------------------------------------------------------------|-----------|-------------|
| <b>Credits to funding standard account:</b>                      |           |             |
| <b>f</b> Prior year credit balance, if any                       | <b>9f</b> | 120,366,346 |
| <b>g</b> Employer contributions. Total from column (b) of line 3 | <b>9g</b> | 16,802,358  |

  

|                                                    |           |                     |           |
|----------------------------------------------------|-----------|---------------------|-----------|
| <b>h</b> Amortization credits as of valuation date |           | Outstanding balance |           |
|                                                    | <b>9h</b> | 29,901,099          | 5,395,582 |

  

|                                                                             |           |           |
|-----------------------------------------------------------------------------|-----------|-----------|
| <b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h | <b>9i</b> | 9,342,411 |
|-----------------------------------------------------------------------------|-----------|-----------|

  

|                                                     |              |            |   |
|-----------------------------------------------------|--------------|------------|---|
| <b>j</b> Full funding limitation (FFL) and credits: |              |            |   |
| (1) ERISA FFL (accrued liability FFL)               | <b>9j(1)</b> | 76,329,755 |   |
| (2) "RPA '94" override (90% current liability FFL)  | <b>9j(2)</b> | 18,407,372 |   |
| (3) FFL credit                                      | <b>9j(3)</b> |            | 0 |

  

|                                        |              |   |
|----------------------------------------|--------------|---|
| <b>k</b> (1) Waived funding deficiency | <b>9k(1)</b> | 0 |
| (2) Other credits                      | <b>9k(2)</b> |   |

  

|                                                                                       |           |             |
|---------------------------------------------------------------------------------------|-----------|-------------|
| <b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)              | <b>9l</b> | 151,906,697 |
| <b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference     | <b>9m</b> | 122,617,475 |
| <b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference | <b>9n</b> |             |

  

|                                                                                                                        |                 |   |
|------------------------------------------------------------------------------------------------------------------------|-----------------|---|
| <b>o</b> Current year's accumulated reconciliation account:                                                            |                 |   |
| <b>(1)</b> Due to waived funding deficiency accumulated prior to the current plan year                                 | <b>9o(1)</b>    | 0 |
| <b>(2)</b> Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code: |                 |   |
| (a) Reconciliation outstanding balance as of valuation date                                                            | <b>9o(2)(a)</b> | 0 |
| (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))                                                     | <b>9o(2)(b)</b> | 0 |
| (3) Total as of valuation date                                                                                         | <b>9o(3)</b>    | 0 |

  

|                                                                                                  |           |  |
|--------------------------------------------------------------------------------------------------|-----------|--|
| <b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (see instructions.) | <b>10</b> |  |
|--------------------------------------------------------------------------------------------------|-----------|--|

  

|                                                                                                                     |                                                                            |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions | <input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|

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

| Plan Year | Employer Contributions | Withdrawal Liability Payments | Total        |
|-----------|------------------------|-------------------------------|--------------|
| 2024      | \$15,268,345           | -                             | \$15,268,345 |
| 2025      | \$15,268,345           | -                             | \$15,268,345 |
| 2026      | \$15,268,345           | -                             | \$15,268,345 |
| 2027      | \$15,268,345           | -                             | \$15,268,345 |
| 2028      | \$15,268,345           | -                             | \$15,268,345 |
| 2029      | \$15,268,345           | -                             | \$15,268,345 |
| 2030      | \$15,268,345           | -                             | \$15,268,345 |
| 2031      | \$15,268,345           | -                             | \$15,268,345 |
| 2032      | \$15,268,345           | -                             | \$15,268,345 |
| 2033      | \$15,268,345           | -                             | \$15,268,345 |

## Section 3: Certificate of Actuarial Valuation

### Exhibit J: Statement of actuarial assumptions, methods and models

(Schedule MB, Line 6)

#### Rationale for assumptions

Current data is reviewed in conjunction with each annual valuation. Based on professional judgment, the following assumption was changed: active disability rates were lowered to better reflect plan experience.

#### Mortality rates

**Healthy pre-retirement mortality:** Sex-distinct, headcount-weighted RP-2014 Blue Collar Employee Mortality Tables, times 1.15, projected generationally with Scale MP-2016 from 2014.

**Healthy post-retirement mortality:** Sex-distinct, headcount-weighted RP-2014 Blue Collar Annuity Mortality Tables, times 1.15, projected generationally with Scale MP-2016 from 2014.

**Disabled post-retirement mortality:** Sex-distinct, headcount-weighted RP-2014 Disabled Retiree Mortality Tables, projected generationally with Scale MP-2016 from 2014.

The mortality rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of deaths and the projected number based on the prior year's assumption over the most recent five years, taking into consideration the results of Segal's industry mortality study.

## Section 3: Certificate of Actuarial Valuation

### Termination rates before retirement

| Age | Disability | Withdrawal <sup>1</sup> |
|-----|------------|-------------------------|
| 20  | 0.09       | 8.40                    |
| 25  | 0.13       | 6.69                    |
| 30  | 0.16       | 5.13                    |
| 35  | 0.22       | 3.64                    |
| 40  | 0.33       | 2.64                    |
| 45  | 0.54       | 2.04                    |
| 50  | 0.91       | 1.69                    |
| 55  | 1.51       | 0.00                    |
| 60  | 2.44       | 0.00                    |

Additional rates are added to the withdrawal rates above for the first five years of service, as follows:

| Year of Employment | Additional Rate (%) |
|--------------------|---------------------|
| 1                  | 5.00                |
| 2                  | 4.00                |
| 3                  | 3.00                |
| 4                  | 2.00                |
| 5                  | 1.00                |

The termination rates and disability rates were based on historical and current demographic data and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of participant withdrawals and disability retirement and the projected number based on the prior year's assumption over the most recent five years.

<sup>1</sup> Withdrawal rates cut out at age 54.

## Section 3: Certificate of Actuarial Valuation

### Retirement rates

| Age   | Annual Retirement Rates (%) |
|-------|-----------------------------|
| 55-59 | 1.00                        |
| 60-69 | 5.00                        |
| 70    | 60.00                       |
| 71    | 100.00                      |

The retirement rates were based on historical and current demographic data and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior year's assumption over the most recent five years

### Description of weighted average retirement age

Age 68.4, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the October 1, 2024 actuarial valuation (excluding those receiving 70 ½ benefits).

### Retirement age for inactive vested participants

Age 60 or current age, if older

The retirement age for inactive vested participants was based on historical and current demographic data and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior year's assumption over the most recent five years.

### Future benefit accruals

As experienced in the year prior to the valuation date

The future benefit accruals were based on historical and current demographic data and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the most recent five years.

## Section 3: Certificate of Actuarial Valuation

### Unknown data for participants

Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.

### Definition of active participants

Active participants are defined as those with at least 400 hours in the most recent plan year and who have accumulated at least one pension credit, excluding those who have retired as of the valuation date.

### Percent married

80%

### Age of spouse

Spouses of male participants are assumed to be four years younger and spouses of female participants are assumed to be four years older.

### Benefit election

Married participants are assumed to elect the Life Annuity with 120 Months Guaranteed, followed by the 75% Spouses' Survivor Annuity. Non-married participants are assumed to elect the Single Life Annuity with 120 Months Guaranteed. All participants are assumed to elect to receive 25% of their benefit at retirement as a lump sum.

The benefit elections were based on historical and current demographic data and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual option election patterns over the most recent ten years.

### Partial lump sums

100% of retirees are assumed to elect a 25% lump sum at retirement. This lump sum is assumed to be based on a 4% interest rate and actuarial equivalent mortality rates as defined in the Plan.

These assumptions were based on historical and current demographic data and estimated future experience and professional judgement.

## Section 3: Certificate of Actuarial Valuation

### Supplemental bonus

100% of retirees are assumed to choose to receive the Supplemental Bonus Benefit as a lump sum.

### Net investment return

7.00%

The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.

### Annual administrative expenses

\$1,300,000 for the year beginning October 1, 2024 (assumed payable at the beginning of the year)

The annual administrative expenses were based on historical and current data and estimated future experience and professional judgment.

### Actuarial value of assets

The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected return on the market value, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.

### Actuarial cost method

Entry Age Normal Actuarial Cost Method. Entry Age is the age at date of employment or, if date is unknown, current age minus years of service. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis, with Normal Cost determined as if the current benefit accrual rate had always been in effect.

### Benefits valued

Unless otherwise indicated, includes all benefits summarized in Exhibit K.

## Section 3: Certificate of Actuarial Valuation

### Current liability assumptions

- **Interest:** 3.85%, within the permissible range prescribed under IRC Section 431(c)(6)(E)
- **Mortality:** Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(1): Pri-2012 separate annuitant and non-annuitant healthy mortality tables (sex-distinct) with generational projection using scale 2024 Adjusted MP-2021. Previously, the RP-2006 employee and annuitant mortality tables, projected generationally using scale MP-2018 were used.

### Estimated rate of investment return

- **On actuarial value of assets (Schedule MB, line 6g):** 7.2%, for the Plan Year ending September 30, 2024
- **On current (market) value of assets (Schedule MB, line 6h):** 14.4%, for the Plan Year ending September 30, 2024

### FSA contribution timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a April 15 contribution date.

### Actuarial models

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

## Section 3: Certificate of Actuarial Valuation

### Justification for change in actuarial assumptions (Schedule MB, line 11)

- For purposes of determining current liability, the current liability interest rate was changed from 3.07% to 3.85% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.
- Assumed administrative expenses were increased from \$1,200,000 to \$1,300,000.
- Based on past experience and future expectations, the following actuarial assumption was changed as of October 1, 2024:
  - Active disability rates were lowered from OASDI times 2.6 to OASDI rates times 1.5 to better reflect plan experience.

## Section 3: Certificate of Actuarial Valuation

### Exhibit K: Summary of plan provisions

(Schedule MB, Line 6)

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

#### Plan year

October 1 through September 30

#### Pension credit year

October 1 through September 30

#### Plan status

Ongoing plan

#### Eligibility

All employees are eligible to become members of the Plan. Employees include:

- Waterfront employees whose employers are subject to the Collective Bargaining Agreements.
- Union Employees who are bona fide representatives or employees of the International Longshoremen's Association or the local Unions (as defined in the Plan) and for whom required contributions are made by the appropriate Union.
- Administrative employees employed by the Trust for the Plan or by the related Welfare Trust, and
- Container Spotter Employees by the Trustees as required by the Collective Bargaining Agreement

## Section 3: Certificate of Actuarial Valuation

### Regular pension

- **Age Requirement:** 60
- **Service Requirement:** Three Years of Service
- **Amount:** \$100 for each year of service for participants who worked in 2017 or later. Participants who retired prior to 2017 had lower benefit multipliers (most recently \$92 and \$82 per year of service).

### Unreduced early retirement

- **Service Requirement:** 30 Years of Service
- **Amount:** Regular retirement benefit accrued

### Early retirement

- **Age Requirement:** 55
- **Service Requirement:** 10 Years of Service
- **Amount:** Regular pension accrued, reduced by 3% for each year of age less than 60

### Disability

- **Age Requirement:** None
- **Service Requirement:** 10 Years of Service or 10 years of continuous service with at least 10,000 hours
- **Amount:** Regular pension accrued

### Vesting

A participant with three Years of Service is 100% vested in the accrued benefit. 100% vesting also occurs not later than the date a participant attains both age 65 and the fifth anniversary of the beginning of the Plan Year in which participant commenced, provided the participant is "in service."

## Section 3: Certificate of Actuarial Valuation

### Special Service Rules

**10-Year Rule:** A participant with ten years of Continuous Service and 10,000 Hours of Service therein is credited with 10 Years of Service and each additional Year of Service after the Continuous Period. The 10-year rule is frozen effective October 1, 2023.

**20-Year Rule:** A participant with 20 years of Continuous Service and an average of 800 Hours of Service therein is credited with a minimum of 20 years of service. The 20-year rule is frozen effective October 1, 2003.

### Spouse's pre-retirement death benefit

- **Age Requirement:** None
- **Service Requirement:** Three Years of Service
- **Amount:** 100% of the regular retirement benefit accrued, payable immediately, for the lifetime of the spouse with 10 years guaranteed
- **Charge for Coverage:** None

### Pre-retirement death benefit (if unmarried)

- **Age Requirement:** None
- **Service Requirement:** Three Years of Service
- **Amount:** 100% of the regular retirement benefit accrued, payable immediately, for 120 payments

### Post-retirement death benefit

**Husband and Wife:** If married, pension benefits are paid in the form of a 75% joint and survivor annuity with 120 payment guaranteed unless this form is rejected by the participant and spouse. If rejected, or if the participant is not married, benefits are payable for the life of the participant with 120 payments guaranteed.

### Optional forms of benefits

Participants and beneficiaries may elect a 5%, 10%, 15%, 20%, or 25% lump sum of benefits upon retirement. A lump sum payment does not reduce the 75% survivor's benefit.

## Section 3: Certificate of Actuarial Valuation

### Years of service

For purposes of determining benefit accruals and vesting, a Plan Year in which an employee completes 800 hours of service.

### Supplemental Bonus Benefit

Payable upon retirement (or death) in the form of a lump-sum or annuity.

**Amount:** For plan years ending 9/30/1996 and thereafter:

- (i) \$1,000 for participants with not less than 800 hours of service, plus
- (ii) \$2 for each hour of service over 1,000
- (iii) Union and Container Spotter employees with 1,000 (700 before 10/1/1999) hours of service and administrative employees with 1,800 hours will receive \$1,000. Effective October 1, 2003, these employees accrue a supplemental bonus equal to the sum of (i) and (ii) above.

**Interest:** (i) No interest is granted for benefits in the year credited.

- (ii) Simple interest at 5% per annum from 10/1/1996 to 6/30/2003 and 4.5% per annum from 7/1/2003 to 5/31/2005 based on completed months.

- (iii) Interest, compounded annually on October 1, at the rate of 2.5% per annum beginning 6/1/2005.

### Contribution rate

\$5.98 per hour

### Changes in plan provisions

There were no changes in plan provisions reflected in this actuarial valuation.

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

The participant data is for the year ended September 30, 2024

| Age          | Total          | Pension Credits |              |                |                |                |                |                |                |                |
|--------------|----------------|-----------------|--------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
|              |                | Less than 5     | 5 - 9        | 10 -14         | 15 - 19        | 20 - 24        | 25 - 29        | 30 - 34        | 35 - 39        | 40 & over      |
| Under 20     | 1              | 1               | -            | -              | -              | -              | -              | -              | -              | -              |
|              | -              | -               | -            | -              | -              | -              | -              | -              | -              | -              |
| 20 - 24      | 25             | 25              | -            | -              | -              | -              | -              | -              | -              | -              |
|              | \$300          | \$300           | -            | -              | -              | -              | -              | -              | -              | -              |
| 25 - 29      | 84             | 60              | 21           | 3              | -              | -              | -              | -              | -              | -              |
|              | \$433          | \$338           | \$624        | -              | -              | -              | -              | -              | -              | -              |
| 30 - 34      | 131            | 53              | 62           | 16             | -              | -              | -              | -              | -              | -              |
|              | \$578          | \$313           | \$689        | -              | -              | -              | -              | -              | -              | -              |
| 35 - 39      | 144            | 48              | 70           | 22             | 3              | 1              | -              | -              | -              | -              |
|              | \$645          | \$327           | \$684        | \$1,027        | -              | -              | -              | -              | -              | -              |
| 40 - 44      | 166            | 71              | 44           | 30             | 11             | 9              | 1              | -              | -              | -              |
|              | \$741          | \$299           | \$655        | \$1,063        | -              | -              | -              | -              | -              | -              |
| 45 - 49      | 179            | 46              | 53           | 32             | 8              | 26             | 14             | -              | -              | -              |
|              | \$1,083        | \$309           | \$702        | \$1,097        | -              | \$2,185        | -              | -              | -              | -              |
| 50 - 54      | 207            | 37              | 52           | 28             | 21             | 37             | 26             | 5              | 1              | -              |
|              | \$1,380        | \$330           | \$690        | \$1,071        | \$1,771        | \$2,197        | \$2,696        | -              | -              | -              |
| 55 - 59      | 187            | 35              | 33           | 28             | 19             | 27             | 25             | 9              | 11             | -              |
|              | \$1,550        | \$317           | \$688        | \$1,079        | -              | \$2,144        | \$2,680        | -              | -              | -              |
| 60 - 64      | 157            | 25              | 21           | 21             | 14             | 25             | 22             | 10             | 8              | 11             |
|              | \$1,832        | \$328           | \$695        | \$1,057        | -              | \$2,128        | \$2,645        | -              | -              | -              |
| 65 - 69      | 92             | 9               | 9            | 11             | 6              | 13             | 10             | 6              | 9              | 19             |
|              | \$2,428        | -               | -            | -              | -              | -              | -              | -              | -              | -              |
| 70 & over    | 26             | 1               | 6            | 2              | 2              | 2              | 2              | 2              | -              | 9              |
|              | \$2,600        | -               | -            | -              | -              | -              | -              | -              | -              | -              |
| <b>Total</b> | <b>1,414</b>   | <b>426</b>      | <b>371</b>   | <b>193</b>     | <b>84</b>      | <b>140</b>     | <b>100</b>     | <b>32</b>      | <b>29</b>      | <b>39</b>      |
|              | <b>\$1,192</b> | <b>\$311</b>    | <b>\$683</b> | <b>\$1,070</b> | <b>\$1,738</b> | <b>\$2,159</b> | <b>\$2,667</b> | <b>\$3,131</b> | <b>\$3,641</b> | <b>\$4,428</b> |

Note: Excludes 4 participants with less than one pension credit and 45 active participants over the age of 70.5 who are currently receiving benefits

OtherAttachment\_SchMB\_Line8b(2)

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

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries | Total        |
|-----------|---------------------|--------------------------------|----------------------------------------|--------------|
| 2024      | \$9,720,296         | \$1,986,417                    | \$18,565,636                           | \$30,272,349 |
| 2025      | 9,267,331           | 343,034                        | 18,308,533                             | 27,918,898   |
| 2026      | 9,123,862           | 422,390                        | 17,999,690                             | 27,545,942   |
| 2027      | 10,538,355          | 577,448                        | 17,684,325                             | 28,800,128   |
| 2028      | 11,195,603          | 665,693                        | 17,335,897                             | 29,197,193   |
| 2029      | 11,517,021          | 585,467                        | 16,907,661                             | 29,010,149   |
| 2030      | 12,616,485          | 649,448                        | 16,448,282                             | 29,714,215   |
| 2031      | 12,834,661          | 448,673                        | 15,904,234                             | 29,187,568   |
| 2032      | 12,841,512          | 434,166                        | 15,339,857                             | 28,615,535   |
| 2033      | 12,945,466          | 653,708                        | 14,741,455                             | 28,340,629   |
| 2034      | 12,908,449          | 475,723                        | 14,125,428                             | 27,509,600   |
| 2035      | 13,084,009          | 461,716                        | 13,536,615                             | 27,082,340   |
| 2036      | 13,564,231          | 552,250                        | 12,929,546                             | 27,046,027   |
| 2037      | 14,001,846          | 522,939                        | 12,307,419                             | 26,832,204   |
| 2038      | 13,959,197          | 605,980                        | 11,673,670                             | 26,238,847   |
| 2039      | 13,951,016          | 458,207                        | 11,031,968                             | 25,441,191   |
| 2040      | 14,506,457          | 763,916                        | 10,386,204                             | 25,656,577   |
| 2041      | 14,574,769          | 537,133                        | 9,740,378                              | 24,852,280   |

This assumes the following:

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

OtherAttachment\_SchMB\_Line8b(1)

Page 1 of 3

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

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries | Total        |
|-----------|---------------------|--------------------------------|----------------------------------------|--------------|
| 2042      | \$14,204,494        | \$571,241                      | \$9,098,488                            | \$23,874,223 |
| 2043      | 13,624,074          | 458,725                        | 8,464,513                              | 22,547,312   |
| 2044      | 13,312,068          | 450,346                        | 7,842,305                              | 21,604,719   |
| 2045      | 13,080,685          | 441,297                        | 7,235,531                              | 20,757,513   |
| 2046      | 12,934,408          | 431,329                        | 6,647,649                              | 20,013,386   |
| 2047      | 13,342,279          | 459,222                        | 6,081,765                              | 19,883,266   |
| 2048      | 13,258,078          | 445,662                        | 5,540,598                              | 19,244,338   |
| 2049      | 12,802,618          | 404,524                        | 5,026,491                              | 18,233,633   |
| 2050      | 12,186,661          | 391,204                        | 4,541,382                              | 17,119,247   |
| 2051      | 12,254,276          | 528,317                        | 4,086,698                              | 16,869,291   |
| 2052      | 11,932,498          | 376,437                        | 3,663,336                              | 15,972,271   |
| 2053      | 11,132,631          | 386,106                        | 3,271,670                              | 14,790,407   |
| 2054      | 10,782,653          | 393,217                        | 2,911,543                              | 14,087,413   |
| 2055      | 10,475,958          | 339,700                        | 2,582,390                              | 13,398,048   |
| 2056      | 9,924,455           | 349,363                        | 2,283,325                              | 12,557,143   |
| 2057      | 9,746,745           | 311,273                        | 2,013,112                              | 12,071,130   |
| 2058      | 9,367,778           | 325,564                        | 1,770,250                              | 11,463,592   |
| 2059      | 8,866,682           | 282,422                        | 1,553,079                              | 10,702,183   |

This assumes the following:

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

OtherAttachment\_SchMB\_Line8b(1)

Page 2 of 3

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

| Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries | Total        |
|-----------|---------------------|--------------------------------|----------------------------------------|--------------|
| 2060      | \$8,379,764         | \$266,952                      | \$1,359,810                            | \$10,006,526 |
| 2061      | 7,828,382           | 251,284                        | 1,188,603                              | 9,268,269    |
| 2062      | 7,494,003           | 236,180                        | 1,037,608                              | 8,767,791    |
| 2063      | 6,952,522           | 221,325                        | 904,969                                | 8,078,816    |
| 2064      | 6,482,180           | 206,779                        | 788,834                                | 7,477,793    |
| 2065      | 6,101,526           | 192,789                        | 687,443                                | 6,981,758    |
| 2066      | 5,690,765           | 179,225                        | 599,097                                | 6,469,087    |
| 2067      | 5,323,614           | 166,244                        | 522,225                                | 6,012,083    |
| 2068      | 4,985,517           | 153,752                        | 455,412                                | 5,594,681    |
| 2069      | 4,624,982           | 141,885                        | 397,385                                | 5,164,252    |
| 2070      | 4,288,029           | 130,594                        | 347,008                                | 4,765,631    |
| 2071      | 3,969,584           | 119,888                        | 303,283                                | 4,392,755    |
| 2072      | 3,673,818           | 109,775                        | 265,349                                | 4,048,942    |
| 2073      | 3,395,288           | 100,253                        | 232,460                                | 3,728,001    |

This assumes the following:

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

OtherAttachment\_SchMB\_Line8b(1)

Page 3 of 3

## Section 3: Certificate of Actuarial Valuation

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

| Type of Base          | Date Established | Outstanding Balance | Years Remaining | Amortization Amount |
|-----------------------|------------------|---------------------|-----------------|---------------------|
| Plan amendment        | 10/01/1995       | \$371,222           | 1               | \$371,222           |
| Plan amendment        | 10/01/1996       | 707,825             | 2               | 365,881             |
| Change in assumptions | 10/01/1997       | 2,186,424           | 3               | 778,636             |
| Plan amendment        | 10/01/1998       | 1,759,053           | 4               | 485,348             |
| Plan amendment        | 10/01/1999       | 5,033,546           | 5               | 1,147,322           |
| Change in assumptions | 10/01/1999       | 11,052,756          | 5               | 2,519,312           |
| Plan amendment        | 10/01/2001       | 1,490,003           | 7               | 258,388             |
| Plan amendment        | 10/01/2003       | 188,737             | 9               | 27,073              |
| Plan amendment        | 10/01/2004       | 107,666             | 10              | 14,326              |
| Plan amendment        | 10/01/2005       | 133,301             | 11              | 16,614              |
| Plan amendment        | 10/01/2006       | 3,991,935           | 12              | 469,713             |
| Plan amendment        | 10/01/2007       | 10,785,662          | 13              | 1,206,087           |
| Experience loss       | 10/01/2010       | 1,939,363           | 1               | 1,939,363           |
| Experience loss       | 10/01/2011       | 2,924,656           | 2               | 1,511,779           |
| Experience loss       | 10/01/2013       | 2,541,222           | 4               | 701,159             |
| Experience loss       | 10/01/2014       | 3,071,371           | 5               | 700,074             |
| Experience loss       | 10/01/2015       | 3,511,609           | 6               | 688,524             |
| Change in assumptions | 10/01/2016       | 1,424,771           | 7               | 247,076             |
| Experience loss       | 10/01/2016       | 1,708,868           | 7               | 296,342             |
| Experience loss       | 10/01/2017       | 3,805,674           | 8               | 595,633             |
| Plan amendment        | 10/01/2018       | 8,774,972           | 9               | 1,258,728           |
| Experience loss       | 10/01/2019       | 1,223,163           | 10              | 162,758             |
| Change in assumptions | 10/01/2021       | 7,203,485           | 12              | 847,601             |
| Experience loss       | 10/01/2022       | 9,800,025           | 13              | 1,095,870           |

## Section 3: Certificate of Actuarial Valuation

| Type of Base    | Date Established | Outstanding Balance | Years Remaining | Amortization Amount |
|-----------------|------------------|---------------------|-----------------|---------------------|
| Experience loss | 10/01/2023       | 6,058,977           | 14              | 647,489             |
| Experience loss | 10/01/2024       | 468,299             | 15              | 48,053              |
| <b>Total</b>    |                  | <b>\$92,264,585</b> |                 | <b>\$18,400,371</b> |

## Section 3: Certificate of Actuarial Valuation

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

| Type of Base          | Date Established | Outstanding Balance | Years Remaining | Amortization Amount |
|-----------------------|------------------|---------------------|-----------------|---------------------|
| Plan amendment        | 10/01/2010       | \$25,904            | 1               | \$25,904            |
| Change in assumptions | 10/01/2011       | 3,616,247           | 2               | 1,869,268           |
| Experience gain       | 10/01/2012       | 2,164,921           | 3               | 770,978             |
| Experience gain       | 10/01/2018       | 677,502             | 9               | 97,184              |
| Change in assumptions | 10/01/2019       | 2,449,509           | 10              | 325,939             |
| Experience gain       | 10/01/2020       | 483,254             | 11              | 60,229              |
| Experience gain       | 10/01/2021       | 7,835,781           | 12              | 922,000             |
| Change in assumptions | 10/01/2023       | 6,172,270           | 14              | 659,596             |
| Change in assumptions | 10/01/2024       | 6,475,711           | 15              | 664,484             |
| <b>Total</b>          |                  | <b>\$29,901,099</b> |                 | <b>\$5,395,582</b>  |

## Section 3: Certificate of Actuarial Valuation

### Justification for change in actuarial assumptions (Schedule MB, line 11)

- For purposes of determining current liability, the current liability interest rate was changed from 3.07% to 3.85% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.
- Assumed administrative expenses were increased from \$1,200,000 to \$1,300,000.
- Based on past experience and future expectations, the following actuarial assumption was changed as of October 1, 2024:
  - Active disability rates were lowered from OASDI times 2.6 to OASDI rates times 1.5 to better reflect plan experience.

**WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN**  
**FINANCIAL STATEMENTS**  
**YEARS ENDED SEPTEMBER 30, 2025 AND 2024**

**WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN**  
**YEARS ENDED SEPTEMBER 30, 2025 AND 2024**  
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**Independent Auditor's Report**

Board of Trustees  
Waterfront Employers - I.L.A. Pension Plan

**Opinion**

We have audited the accompanying financial statements of the Waterfront Employers - I.L.A. Pension Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of September 30, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years ended September 30, 2025 and 2024, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of September 30, 2025 and 2024, and the changes in net assets available for benefits for the years ended September 30, 2025 and 2024 in accordance with accounting principles generally accepted in the United States of America.

**Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America; and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

### **Auditor's Responsibilities for the Audit of the Financial Statements**

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

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

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

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

### **Supplemental Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 20 through 42 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

### **Supplemental Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information on pages 43 through 44 is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

*Schulthess & Panethier, LLP*

Hauppauge, New York  
May 19, 2026

**WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

**SEPTEMBER 30, 2025 AND 2024**

|                                          | <u><b>2025</b></u>           | <u><b>2024</b></u>           |
|------------------------------------------|------------------------------|------------------------------|
| <b>Assets</b>                            |                              |                              |
| <b>Investments at fair value</b>         |                              |                              |
| U.S. government securities               | \$ 19,030,375                | \$ 8,752,461                 |
| Corporate debt instruments               | 26,052,921                   | 12,229,449                   |
| Corporate stock                          | 178,447,766                  | 163,280,128                  |
| Partnership/joint venture interests      | 142,474,169                  | 137,950,374                  |
| Common/collective trust funds            | 62,934,817                   | 78,691,832                   |
| Pooled separate accounts                 | 25,785,924                   | 25,817,986                   |
| 103-12 investment entities               | 24,802,060                   | 23,452,439                   |
| Registered investment companies          | <u>3,128,686</u>             | <u>3,696,094</u>             |
| <b>Total investments</b>                 | 482,656,718                  | 453,870,763                  |
| <b>Receivables</b>                       |                              |                              |
| Employers' contributions                 | 494,000                      | 519,000                      |
| Accrued interest/dividends               | 458,285                      | 247,143                      |
| Net trades pending settlement            | 231,890                      | 385,118                      |
| Other                                    | 194,505                      | 169,685                      |
| <b>Cash</b>                              | 7,914,742                    | 3,837,865                    |
| <b>Other assets</b>                      | <u>166,881</u>               | <u>149,353</u>               |
| <b>Total assets</b>                      | <u>492,117,021</u>           | <u>459,178,927</u>           |
| <b>Liabilities</b>                       |                              |                              |
| <b>Accounts payable</b>                  | 199,197                      | 435,877                      |
| <b>Related organizations - net</b>       | <u>114,111</u>               | <u>533,466</u>               |
| <b>Total liabilities</b>                 | <u>313,308</u>               | <u>969,343</u>               |
| <b>Net assets available for benefits</b> | <u><u>\$ 491,803,713</u></u> | <u><u>\$ 458,209,584</u></u> |

# WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN

## STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED SEPTEMBER 30, 2025 AND 2024

|                                                                | <u>2025</u>           | <u>2024</u>           |
|----------------------------------------------------------------|-----------------------|-----------------------|
| <b><i>Additions to net assets attributed to:</i></b>           |                       |                       |
| <b>Investment income</b>                                       |                       |                       |
| Net appreciation in fair value of investments                  | \$ 44,180,275         | \$ 57,406,984         |
| Interest/dividends                                             | <u>3,415,013</u>      | <u>2,483,590</u>      |
| <b>Total investment income</b>                                 | 47,595,288            | 59,890,574            |
| Less investment expenses                                       | <u>(1,871,243)</u>    | <u>(1,329,807)</u>    |
| <b>Net investment income</b>                                   | 45,724,045            | 58,560,767            |
| <b>Contributions</b>                                           |                       |                       |
| Employers'                                                     | 16,802,358            | 14,335,088            |
| <b>Other income</b>                                            | <u>86,413</u>         | <u>54,560</u>         |
| <b>Total additions</b>                                         | <u>62,612,816</u>     | <u>72,950,415</u>     |
| <b><i>Deductions from net assets attributed to:</i></b>        |                       |                       |
| <b>Benefits paid directly to participants or beneficiaries</b> | 27,540,198            | 26,322,894            |
| <b>Administrative expenses</b>                                 | <u>1,478,489</u>      | <u>1,416,845</u>      |
| <b>Total deductions</b>                                        | <u>29,018,687</u>     | <u>27,739,739</u>     |
| <b>Net increase</b>                                            | 33,594,129            | 45,210,676            |
| <b>Net assets available for benefits</b>                       |                       |                       |
| Beginning of year                                              | <u>458,209,584</u>    | <u>412,998,908</u>    |
| End of year                                                    | <u>\$ 491,803,713</u> | <u>\$ 458,209,584</u> |

## **WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

#### **YEARS ENDED SEPTEMBER 30, 2025 AND 2024**

##### **Note 1 - Description of Plan and Significant Accounting Policies**

The following description of the Waterfront Employers - I.L.A. Pension Plan (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

##### ***General***

The Plan first became effective October 3, 1957 and is a defined benefit pension plan established under an Agreement and Declaration of Trust pursuant to collective bargaining agreements between the International Longshoremen Association Local Unions 1422, 1422-A and 1771 (the "Unions") and various employers and employer associations in the longshoreman industry in the Ports of Charleston and Georgetown. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Management has evaluated subsequent events through the date of the auditor's report, the date the financial statements were available to be issued.

##### ***Purpose***

The purpose of the Plan is to provide retirement benefits to eligible participants.

##### ***Participation***

A participant is a pensioner, beneficiary or individual covered by a collective bargaining agreement requiring contributions on his/her behalf. Employees of the Union and its related fringe benefit funds are also participants of the Plan.

##### ***Benefits***

In general, participants with five or more years vesting service are entitled to monthly pension benefits beginning at normal retirement age 60. However there is three year vesting for participants with at least one hour of service on or after October 1, 2010 and for certain non-bargained participants. The Plan permits early retirement at ages 55 and other forms of retirement based on age and years of credited service (pension credits).

Pension credits are based on earnings in covered employment. A participant may accumulate up to a maximum of 1 credit per year for 800 hours or more in a plan year.

## **WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

#### **YEARS ENDED SEPTEMBER 30, 2025 AND 2024**

##### **Note 1 - Description of Plan and Significant Accounting Policies (cont'd)**

###### ***Benefits (cont'd)***

Monthly pension benefits are based on years of credited service times an accrual rate of \$100 effective October 1, 2017. The benefit will be calculated for participants based on the following schedule:

For participants first employed in the industry on or after October 1, 2017, monthly benefits are based on \$100 per year of credited service.

For participants with at least one hour of service prior to October 1, 2017 that have also earned at least 400 hours of service in the plan year ended September 30, 2017, monthly benefits are based on \$100 per year of credited service.

For participants with at least one hour of service prior to October 1, 2017 but have not earned at least 400 hours of service in the plan year ended September 30, 2017, monthly benefits are based on \$82 or \$92 per year of credited service prior to October 1, 2017, as defined in the plan document, and \$100 per year of credited service for each year of service earned on or after October 1, 2017.

A participant may elect to receive up to 25% of the actuarial equivalent of the life annuity portion of the accrued pension benefit in a lump sum payment.

A participant is entitled to a supplemental bonus benefit for plan years ended September 30, 1996 and thereafter. In general, this supplemental bonus benefit is based on the following:

- a) \$1,000 for each year with a minimum of 800 hours worked plus;
- b) \$2.00 for each hour worked in excess of 1,000 hours.

###### ***Plan termination***

The Trustees expect and intend to continue the Plan indefinitely, but reserve the right to amend or terminate it as provided for by the applicable Trust Agreement and Plan provisions, in accordance with applicable law. The Plan is insured by the Pension Benefit Guaranty Corporation ("PBGC"); however, the PBGC does not guarantee the payment of all benefits provided under the Plan. In addition, the PBGC guarantees apply only when the Plan becomes insolvent; that is, when available resources are insufficient to pay benefits under the Plan.

###### ***Basis of accounting***

The financial statements are presented on the accrual basis of accounting.

## **WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

#### **YEARS ENDED SEPTEMBER 30, 2025 AND 2024**

##### **Note 1 - Description of Plan and Significant Accounting Policies (cont'd)**

###### ***Investment valuation and income recognition***

The Plan's investments are stated at fair value. See "Fair value measurements" footnote for additional information.

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

###### ***Administrative expense allocation***

The administrative office is occupied by the Plan, the Waterfront Employers - I.L.A. Welfare Plan (the "Welfare Fund") and the Container Royalty Supplemental Cash Benefit Plan (the "Container Royalty Fund"). Certain expenses not specifically applicable to a particular entity are allocated based on the estimated benefit received by each entity. Amounts reported as receivable from related organizations or payable to related organizations generally include balances for shared expenses.

Reimbursements received from related organizations for the years ended September 30, 2025 and 2024 were \$1,439,226 and \$1,272,064, respectively.

###### ***Use of estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from these estimates.

###### ***Employers' contributions receivable***

Employers' contributions receivable is estimated based on receipts in the subsequent plan year that pertain to prior plan years.

###### ***Lease***

The Plan assesses whether a contractual arrangement qualifies as a lease at inception and only reassesses its determination if the terms and conditions of the arrangement are modified. If an arrangement qualifies as a lease, the Plan evaluates whether it should be classified as an operating or financing lease.

## **WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

#### **YEARS ENDED SEPTEMBER 30, 2025 AND 2024**

##### **Note 1 - Description of Plan and Significant Accounting Policies (cont'd)**

###### ***Lease (cont'd)***

For leases assessed as long-term, lease right-of-use assets represent the Plan's right to use the underlying asset for the lease term and lease liabilities represent the Plan's obligation to make lease payments arising from the leases. The Plan records a lease liability based on the future estimated cash payments discounted over the non-cancellable portion of the lease term. In the event an implicit discount rate is not readily determined in lease agreements, the Plan uses the risk-free Treasury rate at the lease commencement date in determining the present value of future lease payments. Lease right-of-use assets may include lease payments made and exclude lease incentives. Lease terms may include options to extend or terminate the lease when it is reasonably certain that the Plan will exercise that option. Lease expense for lease payments is recognized on a straight-line basis over the lease term.

##### **Note 2 - Fair value measurements**

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

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

Level 2 inputs to the valuation methodology include: quoted prices for similar assets in active markets, quoted prices for identical or similar assets in inactive markets, inputs other than quoted prices that are observable for the asset, and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset.

Level 3 inputs to the valuation methodology are unobservable and significant to the fair value measurement. Level 3 inputs are generally based on the best information available, which may include the reporting entity's own assumptions and data.

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

U.S. government securities: U.S. Treasury notes are valued at the closing price reported on the active market on which the individual securities are traded. Other U.S. government and agency obligations are valued using pricing models maximizing the use of observable inputs for similar securities.

## **WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

#### **YEARS ENDED SEPTEMBER 30, 2025 AND 2024**

##### **Note 2 - Fair value measurements (cont'd)**

Corporate debt instruments: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Corporate stock and registered investment companies: Valued at the closing price reported in the active market in which the securities are traded.

Investments measured at net asset value: The partnership/joint venture interests, common/collective trust funds, pooled separate accounts, 103-12 investment entities, and certain corporate stock values are estimated by the management of the trusts/accounts.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the tables below are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

# WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN

## NOTES TO FINANCIAL STATEMENTS

### YEARS ENDED SEPTEMBER 30, 2025 AND 2024

#### Note 2 - Fair value measurements (cont'd)

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of September 30, 2025, with fair value measurements on a recurring basis:

|                                          | 2025                  | Level 1               | Level 2              | Level 3     |
|------------------------------------------|-----------------------|-----------------------|----------------------|-------------|
| <b>Investments at fair value</b>         |                       |                       |                      |             |
| U.S. government securities               | \$ 19,030,375         | \$ 10,555,830         | \$ 8,474,545         | \$ -        |
| Corporate debt instruments               | 26,052,921            | -                     | 26,052,921           | -           |
| Corporate stock                          | 127,390,818           | 127,390,818           | -                    | -           |
| Registered investment companies          | <u>3,128,686</u>      | <u>3,128,686</u>      | <u>-</u>             | <u>-</u>    |
| Total assets in the fair value hierarchy | 175,602,800           | <u>\$ 141,075,334</u> | <u>\$ 34,527,466</u> | <u>\$ -</u> |
| Investments measured at net asset value  | <u>307,053,918</u>    |                       |                      |             |
| Investments at fair value                | <u>\$ 482,656,718</u> |                       |                      |             |

The following table sets forth, by level within the fair value hierarchy, the Plan's investments, as of September 30, 2024, with fair value measurements on a recurring basis:

|                                          | 2024                  | Level 1               | Level 2              | Level 3     |
|------------------------------------------|-----------------------|-----------------------|----------------------|-------------|
| <b>Investments at fair value</b>         |                       |                       |                      |             |
| U.S. government securities               | \$ 8,752,461          | \$ 5,191,092          | \$ 3,561,369         | \$ -        |
| Corporate debt instruments               | 12,229,449            | -                     | 12,229,449           | -           |
| Corporate stock                          | 117,584,738           | 117,584,738           | -                    | -           |
| Registered investment companies          | <u>3,696,094</u>      | <u>3,696,094</u>      | <u>-</u>             | <u>-</u>    |
| Total assets in the fair value hierarchy | 142,262,742           | <u>\$ 126,471,924</u> | <u>\$ 15,790,818</u> | <u>\$ -</u> |
| Investments measured at net asset value  | <u>311,608,021</u>    |                       |                      |             |
| Investments at fair value                | <u>\$ 453,870,763</u> |                       |                      |             |

## **WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

#### **YEARS ENDED SEPTEMBER 30, 2025 AND 2024**

##### **Note 3 - Cash**

At times throughout the year the Plan may have, on deposit in banks, amounts in excess of FDIC insurance limits. The Plan has not experienced any losses in such accounts and the Trustees believe it is not exposed to any significant credit risks.

##### **Note 4 - Non-publicly traded corporate stock**

The Plan has several non-publicly traded corporate stock investments. The fair value of the investments are determined by the management of each investment and are generally based on the estimated fair value of the underlying assets of each investment. The Plan records the investments at estimated fair value based on its capital shares, as reported on the annual audited financial statements. The investments generally require the Plan to enter into agreements to contribute a minimum amount of capital. Individually significant investments in non-publicly traded corporate stock held by the Plan are as follows:

GCM Grosvenor Opportunistic Credit Fund Ltd. ("GCM") whose assets are substantially all invested in the GCM Grosvenor Opportunistic Credit Master Fund V, L.P. (the "Master Fund"), was established as a Cayman Islands exempt company. The Master Fund invests primarily in offshore investment funds, investment partnerships and pooled investment vehicles ("Portfolio Funds"). The Master Fund records investments in Portfolio Funds on a trade date basis at fair value, based on financial data, which is generally the net asset value per share or the Master Fund's proportionate interest in the net assets of the Portfolio. If no such information is available, or if such information is deemed to be not reflective of fair value, an estimated fair value is determined by the General Partner. GCM does not permit voluntary redemptions. However, a Shareholder may cause part or all of such Shareholder's participating shares to cease participating in new Investments made by the Master Fund by converting some or all of its participating shares into liquidating shares as of December 31 of any fiscal year, upon not less than 90 days' prior written notice to the GCM. Upon conversion, a Shareholder will receive liquidating shares that generally represent an undivided interest in an approximate pro rata portion of the relevant Master Fund Participating Series' assets and liabilities as of the conversion date. Any cash attributable to the liquidating shares will be distributed as soon as practicable as proceeds are available. The estimated fair value of the Plan's investment as of September 30, 2025 and 2024 was \$22,064,148 and \$20,256,105, respectively.

Grosvenor Institutional Partners, (PF) Ltd ("GIPF") is a Cayman Islands exempted company and invests in portfolio funds which generally implement "nontraditional" or "alternative" investment strategies. Substantially all of the assets of the GIPF that are available for investment are invested in Grosvenor Institutional Partners Master Fund, LTD, a Cayman Islands exempted company which has the same investment objectives as GIPF. Withdrawals of capital from GIPF may be made at the end of any calendar quarter upon 70 days' prior written notice. The estimated fair value of the Plan's investment as of September 30, 2025 and 2024 was \$28,667,535 and \$25,024,084, respectively

## **WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

#### **YEARS ENDED SEPTEMBER 30, 2025 AND 2024**

##### **Note 5 - Partnerships/joint venture interests**

The Plan is a limited partner or investor in several private placement investment partnerships and investment companies. The fair value of the investments were determined by the management of the investment entity and are generally based on the estimated fair value of the underlying assets of the investment entity. The Plan records the investments at estimated fair value based on its capital shares, as reported on the annual K-1 Forms or available audited financial statements. The entities generally require the Plan to enter into agreements to contribute a minimum amount of capital. In addition, partnership investments may be subject to withdrawal restrictions. Individually significant investments in partnerships held by the Plan are as follows:

Post Traditional High Yield Fund, LP ("Post") is a Delaware limited partnership that converted from a stand-alone entity to a domestic feeder fund effective January 1, 2017. Post invests substantially all of its partners' capital in the Post Traditional High Yield Master Fund, LP (the "Master Fund") a Cayman Islands exempted limited partnership. The Master Fund was formed to maximize current income by primarily investing in a diversified portfolio of public and private issue debt securities that are generally rated below investment grade or deemed to be below investment grade by the General Partner. The Master Fund also seeks capital appreciation by investing in issues whose value is expected to increase over time. Withdrawals of capital from Post may be made as of the last business day of any calendar month upon 30 days' prior written notice to the General Partner. The estimated fair value of the Plan's investment as of September 30, 2025 and 2024 was \$44,180,237 and \$34,317,724, respectively.

##### **Note 6 - Common/collective trust funds**

The Plan is invested in several common/collective trust funds. The fair value of the investments are determined by the management of each investment and are generally based on the estimated fair value of the underlying assets of each investment. The investments generally require the Plan to enter into agreements to contribute a minimum amount of capital. In addition, common/collective trust fund investments may be subject to withdrawal restrictions. Individually significant investments in common/collective trust funds held by the Plan are as follows:

The Invesco EQV International Equity Trust ("Invesco") is a collective investment trust managed by Invesco National Trust Company. The investment objective is long term growth of capital. Redemptions are processed each business day based on the value per unit as of the valuation date preceding the date the withdrawal notice is received. The estimated fair value of the Plan's investment as of September 30, 2025 and 2024 was \$13,622,256 and \$23,212,552, respectively.

The Victory Trivalent International Small Cap Collective Fund ("Victory") is a collective investment trust managed by Global Trust Company ("Global"). Global determines the value of Victory as of the close of business on the last business day of each calendar month and upon the day in which either a withdrawal or an investment/addition occurs. Participating plans must provide 10 days prior written notice to Global of an intent to withdraw funds on any given valuation date. Participant withdrawals are normally processed within one day. The estimated fair value of the Plan's investment as of September 30, 2025 and 2024 was \$24,853,929 and \$25,096,692, respectively.

## **WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

#### **YEARS ENDED SEPTEMBER 30, 2025 AND 2024**

##### **Note 6 - Common/collective trust funds (cont'd)**

The Northern Trust Collective Russell 1000 Growth Index Fund ("Northern") is a collective investment trust managed by Northern Trust Investments Inc. The investment objective is to provide investment results that approximate the overall performance of the common stocks in the Russell 1000 Growth Index. The fund is valued in U.S. dollars at the close of each business day that trading occurs on the New York Stock Market. This fund may make limited use of futures and/or options for the purpose of maintaining equity exposure. The fund may not participate in securities lending. The estimated fair value of the Plan's investment as of September 30, 2025 and 2024 was \$24,455,948 and \$19,887,502, respectively.

##### **Note 7 - 103-12 Investment entities**

The Ullico Infrastructure Tax-Exempt Fund, L.P. ("UIT Fund") is a Delaware limited partnership. A Limited Partner may, upon 45 days prior written notice, elect to redeem all or a portion of its interest after the expiration of the four year Lock-up period from admission date, applicable to the Limited Partner. The Plan's admission date was March 30, 2020. Redemptions will be satisfied on the last business day of the calendar quarter or on an earlier day the general partner may determine. The estimated fair value of the Plan's investment as of September 30, 2025 and 2024 was \$24,802,060 and \$23,452,439, respectively.

##### **Note 8 - Investment commitments**

As of September 30, 2025 the Plan has total future capital commitments to certain investments detailed in these financial statements of \$32,200,000.

##### **Note 9 - Risks and uncertainties**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

##### **Note 10 - Funding policy**

In accordance with current collective bargaining agreements, employers are required to contribute for each hour worked, with predominant rates varying between \$11.20 and \$15.15 per hour to the Plan and the Welfare Fund. Upon recommendation from the Board of Trustees, the South Carolina Stevedores Association and the Unions determine the distribution of the single man-hour contribution rate between the two entities.

## WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN

### NOTES TO FINANCIAL STATEMENTS

#### YEARS ENDED SEPTEMBER 30, 2025 AND 2024

##### Note 10 - Funding policy (cont'd)

The hourly breakdown is as follows; Pension: the first \$6.00, and Welfare: the remaining balance.

The purpose of the South Atlantic District Escrow Fund (SADEF) is to collect and supply funds for the District Vacation and Holiday Fund. Employers contribute \$1.00 per hour on certain hours worked. Effective October 1, 2024, total contributions were increased \$1.00 per man hour and the Fund elected the additional \$1 per hour to be paid to the District Vacation and Holiday Fund.

##### Note 11 - Reconciliation of financial statements to Form 5500

For financial statement purposes, the Plan's net assets available for benefits reflects land, building and related improvements at book value. This differs from the reporting requirements of the Department of Labor which requires that the Plan's net assets available for benefits be shown at fair value.

The following is a reconciliation of the net assets available for benefits reported on the financial statements to the net assets available for benefits reported on Form 5500:

|                                                                               | <u>2025</u>           | <u>2024</u>           |
|-------------------------------------------------------------------------------|-----------------------|-----------------------|
| Net assets available for benefits per the financial statements                | \$ 491,803,713        | \$ 458,209,584        |
| Adjustment from book to fair value for property used for operational purposes | <u>1,415,294</u>      | <u>1,411,829</u>      |
| Net assets available for benefits as reported on Form 5500                    | <u>\$ 493,219,007</u> | <u>\$ 459,621,413</u> |

For financial statement purposes, investment expenses are reported as a reduction of investment income. The reporting requirements of the Department of Labor require these fees be shown as administrative expenses.

The net increase (decrease) in net assets available for benefits is also affected by the difference in reporting requirements related to property used for operational purposes.

# WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN

## NOTES TO FINANCIAL STATEMENTS

### YEARS ENDED SEPTEMBER 30, 2025 AND 2024

#### Note 11 - Reconciliation of financial statements to Form 5500 (cont'd)

The following is a reconciliation of the reclassifications:

|                                                         | Per Financial<br>Statements | Reclassification | Per Form 5500        |
|---------------------------------------------------------|-----------------------------|------------------|----------------------|
| Investment income                                       | \$ 45,724,045               | \$ 1,871,243     | \$ 47,595,288        |
| Contributions                                           | 16,802,358                  | -                | 16,802,358           |
| Other income                                            | <u>86,413</u>               | <u>3,465</u>     | <u>89,878</u>        |
| Total additions                                         | <u>62,612,816</u>           | <u>1,874,708</u> | <u>64,487,524</u>    |
| Benefits paid directly to participants or beneficiaries | 27,540,198                  | -                | 27,540,198           |
| Administrative expenses                                 | <u>1,478,489</u>            | <u>1,871,243</u> | <u>3,349,732</u>     |
| Total deductions                                        | <u>29,018,687</u>           | <u>1,871,243</u> | <u>30,889,930</u>    |
| Net increase                                            | <u>\$ 33,594,129</u>        | <u>\$ 3,465</u>  | <u>\$ 33,597,594</u> |

In addition to the above reclassifications, the Plan's investments have been reclassified for Form 5500 purposes in accordance with the Department of Labor's plan asset regulations. See the Schedule Reconciling the Statement of Net Assets Available for Benefits to Form 5500 on page 43.

#### Note 12 - Accumulated plan benefits

The latest available calculations of the actuarial present value of accumulated plan benefits were made by consulting actuaries as of October 1, 2024 and 2023. Details of accumulated plan benefit information as of such dates are as follows:

|                                                                   | October 1,<br>2024    | October 1,<br>2023    |
|-------------------------------------------------------------------|-----------------------|-----------------------|
| <b>Actuarial present value of accumulated plan benefits:</b>      |                       |                       |
| Vested benefits:                                                  |                       |                       |
| Participants currently receiving benefit payments                 | \$ 165,364,090        | \$ 164,482,579        |
| Other vested participants                                         | <u>189,246,590</u>    | <u>184,705,865</u>    |
| Total vested benefits                                             | 354,610,680           | 349,188,444           |
| Nonvested benefits                                                | <u>3,897,886</u>      | <u>7,679,563</u>      |
| <b>Total actuarial present value of accumulated plan benefits</b> | <u>\$ 358,508,566</u> | <u>\$ 356,868,007</u> |

# WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN

## NOTES TO FINANCIAL STATEMENTS

### YEARS ENDED SEPTEMBER 30, 2025 AND 2024

#### Note 12 - Accumulated plan benefits (cont'd)

The changes in the actuarial present value of accumulated plan benefits from the previous benefit information date were as follows:

|                                                                                     | October 1,<br>2024    | October 1,<br>2023    |
|-------------------------------------------------------------------------------------|-----------------------|-----------------------|
| <b>Actuarial present value of accumulated plan benefits -<br/>Beginning of year</b> | <u>\$ 356,868,007</u> | <u>\$ 355,156,396</u> |
| Increase (decrease) during the year attributable to:                                |                       |                       |
| Benefits accumulated and actuarial gains or losses                                  | 11,481,072            | 10,855,562            |
| Interest due to the decrease in the discount period                                 | 24,059,459            | 23,933,070            |
| Benefits paid                                                                       | (26,322,894)          | (26,510,778)          |
| Change of assumptions                                                               | <u>(7,577,078)</u>    | <u>(6,566,243)</u>    |
| Net increase (decrease) in actuarial present value of<br>accumulated plan benefits  | <u>1,640,559</u>      | <u>1,711,611</u>      |
| <b>Actuarial present value of accumulated plan benefits -<br/>End of year</b>       | <u>\$ 358,508,566</u> | <u>\$ 356,868,007</u> |

Through October 1, 2024, the Plan met minimum funding standard requirements under ERISA.

## WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN

### NOTES TO FINANCIAL STATEMENTS

#### YEARS ENDED SEPTEMBER 30, 2025 AND 2024

##### Note 12 - Accumulated plan benefits (cont'd)

The significant methods and assumptions underlying the actuarial computations are as follows:

|                                                 |                                                                                                                                                   |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Actuarial cost method                           | Entry age normal                                                                                                                                  |
| Assumed net rate of return on investments:      | 7.00%                                                                                                                                             |
| Mortality rates - Healthy Pre-retirement        | Sex-distinct, headcount-weighted RP-2014 Blue Collar Employee Mortality Tables, times 1.15, projected generationally with Scale MP-2016 from 2014 |
| Mortality rates - Healthy Post-retirement       | Sex-distinct, headcount-weighted RP-2014 Blue Collar Annuity Mortality Tables, times 1.15, projected generationally with Scale MP-2016 from 2014  |
| Mortality rates - Disabled Post-retirement      | Sex-distinct, headcount-weighted RP-2014 Disabled Retiree Mortality Tables projected generationally with Scale MP-2016 from 2014                  |
| Normal retirement                               | 60                                                                                                                                                |
| Assumed election of 25% Lump sum benefit option | 100%                                                                                                                                              |
| Annual Administrative expenses                  | 2025 - \$1,300,000<br>2024 - \$1,200,000                                                                                                          |

As of October 1, 2024 the actuary has certified that the Plan is not in the endangered or critical status as identified under the Pension Protection Act of 2006 and the Multiemployer Pension Reform Act of 2014.

##### Note 13 - Subsequent event

In December 2025, the Plan and the Welfare Fund accepted an offer to sell the jointly owned administrative office for \$10,980,000, pending a 60-day due diligence period. In March 2026, purchaser notified the Plan and the Welfare Fund that it needed to complete a Voluntary Cleanup Contract ("VCC") process with the South Carolina Department of Environmental Services. This amendment provides that closing shall be no later than August 31, 2026. The Plan and the Welfare Fund have received deposits totaling \$915,000, the deposits are non-refundable to the Purchaser except in the event of a default by the Seller, or in the event the Purchaser does not receive the VCC or waive the Conditions Precedent prior to the Closing Date. The office is located at 899 Morrison Drive, Charleston, SC. All proceeds from the sale of the building will be split by the Plan and the Welfare Fund based on their ownership percentages of 34.09% and 65.91%, respectively.

## **WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

#### **YEARS ENDED SEPTEMBER 30, 2025 AND 2024**

##### **Note 14 - Tax status**

The Plan has received a determination letter from the Internal Revenue Service dated November 20, 2015, stating that the Plan is qualified under Section 401(a) and is exempt from federal income taxes under Section 501(a) of the Internal Revenue Code. The Trustees believe that the Plan, including amendments subsequent to the IRS determination, is currently designed and operated in compliance with the requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax exempt as of the financial statement date. Additionally, the Plan believes it has no uncertain tax positions as of September 30, 2025 and 2024 in accordance with FASB ASC Topic 740 "Income Taxes".

# WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN

## SCHEDULE OF INTEREST BEARING CASH

SEPTEMBER 30, 2025

EIN 57-6027499, PLAN NO. 001

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

| (b)                                                                           | (c) -<br>DESCRIPTION<br>INTEREST<br>BEARING CASH<br>INTEREST<br>RATE | (d)<br>COST         | (e)<br>CURRENT<br>VALUE |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------|-------------------------|
| ISSUER                                                                        |                                                                      |                     |                         |
| BOYD WATTERSON GSA FUND LP AND SUBSIDIARY - INTEREST BEARING CASH             |                                                                      | \$ 937,337          | \$ 937,337              |
| BOYD WATTERSON STATE GOVERNMENT FUND LP - INTEREST BEARING CASH               |                                                                      | 1,494,848           | 1,494,848               |
| CORBIN ERISA OPPORTUNITY FUND LP - INTEREST BEARING CASH                      |                                                                      | 417,648             | 417,648                 |
| GCM GROSVENOR OPPORTUNISTIC CREDIT FUND LTD - INTEREST BEARING CASH           |                                                                      | 1,203,447           | 1,203,447               |
| GROSVENOR INSTITUTIONAL PARTNERS (PF) LTD - INTEREST BEARING CASH             |                                                                      | 17,792              | 17,792                  |
| GROSVENOR OPPORTUNISTIC CREDIT FUND III LTD - INTEREST BEARING CASH           |                                                                      | 21,590              | 21,590                  |
| HAMILTON LANE SECONDARY FEEDER FUND IV-A LP - INTEREST BEARING CASH           |                                                                      | 252,742             | 252,742                 |
| HAMILTON LANE SECONDARY FEEDER FUND V-A LP - INTEREST BEARING CASH            |                                                                      | 16,841              | 16,841                  |
| IRONSIDES OFFSHORE PRIVATE EQUITY FUND VII (50/50) LP - INTEREST BEARING CASH |                                                                      | 9,167               | 9,167                   |
| MESIROW FINANCIAL PRIVATE EQUITY FUND VIII-A LP - INTEREST BEARING CASH       |                                                                      | 15,652              | 15,652                  |
| NB CROSSROADS FUND 23 PLAN LP - INTEREST BEARING CASH                         |                                                                      | 329,773             | 329,773                 |
| POST TRADITIONAL HIGH YIELD FUND LP - INTEREST BEARING CASH                   |                                                                      | <u>2,007,631</u>    | <u>2,007,631</u>        |
|                                                                               |                                                                      | <u>\$ 6,724,468</u> | <u>\$ 6,724,468</u>     |

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

# WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN

## SCHEDULE OF U.S. GOVERNMENT SECURITIES

SEPTEMBER 30, 2025

EIN 57-6027499, PLAN NO. 001

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

(b)

(c) - DESCRIPTION

(d)

(e)

### U.S. GOVERNMENT SECURITIES

| ISSUER                         | INTEREST<br>RATE | MATURITY<br>DATE | PAR OR<br>MATURITY<br>VALUE | COST       | CURRENT<br>VALUE |
|--------------------------------|------------------|------------------|-----------------------------|------------|------------------|
| F H L M C MULTICLASS MTG PARTN | 2.99%            | 12/25/2025       | \$ 233,465                  | \$ 230,957 | \$ 232,458       |
| U S TREASURY NOTE              | 1.50%            | 08/15/2026       | 215,000                     | 205,927    | 210,846          |
| U S TREASURY NOTE              | 2.00%            | 11/15/2026       | 500,000                     | 490,096    | 490,585          |
| U S TREASURY NOTE              | 2.75%            | 02/15/2028       | 570,000                     | 568,031    | 558,714          |
| U S TREASURY NOTE              | 3.13%            | 11/15/2028       | 225,000                     | 219,016    | 221,573          |
| G N M A PASS THRU CERT         | 6.00%            | 12/15/2028       | 1,013                       | 1,119      | 1,033            |
| U S TREASURY NOTE              | 2.38%            | 05/15/2029       | 575,000                     | 559,373    | 549,936          |
| U S TREASURY NOTE              | 1.50%            | 02/15/2030       | 545,000                     | 498,390    | 496,991          |
| F H L M C GOLD PARTN CERT      | 3.00%            | 07/01/2030       | 16,583                      | 17,484     | 16,269           |
| F N M A                        | 0.88%            | 08/05/2030       | 660,000                     | 572,468    | 576,959          |
| U S TREASURY NOTE              | 0.63%            | 08/15/2030       | 850,000                     | 733,188    | 732,828          |
| F N M A DEB                    | 6.63%            | 11/15/2030       | 375,000                     | 434,944    | 423,848          |
| UNITED STATES TREAS NTS        | 4.38%            | 11/30/2030       | 650,000                     | 659,658    | 668,356          |
| F H L M C GOLD PARTN CERT      | 3.00%            | 12/01/2030       | 2,304                       | 2,423      | 2,257            |
| G N M A PASS THRU CERT         | 8.00%            | 12/15/2030       | 10                          | 12         | 11               |
| U S TREASURY NOTE              | 1.13%            | 02/15/2031       | 300,000                     | 263,406    | 262,149          |
| F H L M C GOLD PARTN CERT      | 3.00%            | 05/01/2031       | 30,853                      | 32,570     | 30,238           |
| U S TREASURY NOTE              | 4.13%            | 07/31/2031       | 615,000                     | 622,675    | 624,348          |
| U S TREASURY NOTE              | 1.25%            | 08/15/2031       | 1,100,000                   | 954,005    | 951,324          |
| F N M A PARTN CERT             | 3.00%            | 04/01/2032       | 36,532                      | 37,519     | 35,567           |
| F H L M C MULTICLASS MTG PARTN | 2.92%            | 06/25/2032       | 180,000                     | 161,997    | 166,163          |
| F H L M C MTN                  | 6.25%            | 07/15/2032       | 300,000                     | 344,937    | 340,542          |
| U S TREASURY NOTE              | 2.75%            | 08/15/2032       | 755,000                     | 683,807    | 701,886          |
| U S TREASURY NOTE              | 4.13%            | 11/15/2032       | 1,030,000                   | 1,035,425  | 1,041,989        |
| U S TREASURY NOTE              | 3.38%            | 05/15/2033       | 1,050,000                   | 1,000,174  | 1,008,578        |
| U S TREASURY NOTE              | 4.00%            | 02/15/2034       | 1,145,000                   | 1,121,487  | 1,142,000        |
| U S TREASURY NOTE              | 4.63%            | 02/15/2035       | 860,000                     | 884,815    | 893,727          |
| F H L M C PARTN CERT           | 2.00%            | 06/01/2035       | 162,869                     | 144,673    | 150,595          |
| F N M A PARTN CERT UMBS        | 2.50%            | 05/01/2036       | 48,633                      | 44,845     | 45,856           |
| F H L M C PARTN CERT           | 2.50%            | 04/01/2037       | 87,945                      | 81,473     | 83,045           |
| F N M A PARTN CERT UMBS        | 3.50%            | 07/01/2037       | 252,830                     | 244,139    | 245,033          |
| F N M A PARTN CERT UMBS        | 4.00%            | 07/01/2037       | 161,465                     | 159,043    | 159,004          |
| G N M A PASS THRU CERT         | 6.00%            | 07/15/2037       | 912                         | 992        | 944              |
| F H L M C PARTN CERT           | 4.00%            | 08/01/2037       | 232,939                     | 226,979    | 229,386          |
| F H L M C PARTN CERT           | 4.50%            | 09/01/2037       | 249,885                     | 245,230    | 249,670          |
| F H L M C PARTN CERT           | 4.50%            | 10/01/2037       | 306,288                     | 305,157    | 306,297          |
| F H L M C PARTN CERT           | 4.00%            | 10/01/2037       | 214,602                     | 211,891    | 211,115          |
| F N M A PARTN CERT UMBS        | 5.00%            | 10/01/2037       | 82,214                      | 82,748     | 83,084           |
| F N M A PARTN CERT UMBS        | 4.00%            | 11/01/2037       | 71,783                      | 69,562     | 70,667           |
| F H L M C PARTN CERT           | 5.50%            | 02/01/2038       | 128,678                     | 127,565    | 131,633          |
| F H L M C PARTN CERT           | 4.50%            | 03/01/2038       | 65,609                      | 64,729     | 65,611           |
| F H L M C PARTN CERT           | 5.00%            | 03/01/2038       | 112,706                     | 112,650    | 114,019          |
| F N M A PARTN CERT UMBS        | 5.50%            | 04/01/2038       | 447,693                     | 454,080    | 457,972          |
| F N M A PARTN CERT UMBS        | 4.50%            | 04/01/2038       | 146,664                     | 145,862    | 146,668          |
| F N M A PARTN CERT UMBS        | 5.00%            | 05/01/2038       | 56,632                      | 56,853     | 57,292           |
| F H L M C PARTN CERT           | 5.00%            | 07/01/2038       | 43,673                      | 44,083     | 44,182           |
| F N M A PARTN CERT UMBS        | 5.00%            | 07/01/2038       | 154,909                     | 155,460    | 156,647          |
| F N M A PARTN CERT UMBS        | 5.00%            | 07/01/2038       | 353,801                     | 355,529    | 357,771          |
| F N M A PARTN CERT UMBS        | 5.50%            | 08/01/2038       | 105,717                     | 107,336    | 108,047          |
| F H L M C PARTN CERT           | 5.50%            | 09/01/2038       | 203,954                     | 207,173    | 208,637          |
| F N M A PARTN CERT UMBS        | 6.00%            | 09/01/2038       | 377,881                     | 386,348    | 390,457          |
| F H L M C PARTN CERT           | 6.00%            | 10/01/2038       | 132,594                     | 136,820    | 137,007          |
| F H L M C PARTN CERT           | 5.00%            | 04/01/2039       | 265,713                     | 265,949    | 268,697          |
| F H L M C PARTN CERT           | 5.00%            | 05/01/2039       | 308,279                     | 309,950    | 311,492          |
| F H L M C PARTN CERT UMBS      | 5.50%            | 10/01/2039       | 320,832                     | 326,756    | 329,186          |

# WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN

## SCHEDULE OF U.S. GOVERNMENT SECURITIES

SEPTEMBER 30, 2025

EIN 57-6027499, PLAN NO. 001

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

| (b)<br>ISSUER                   | (c) - DESCRIPTION<br>U.S. GOVERNMENT SECURITIES |                  |                             | (d)                  | (e)                  |
|---------------------------------|-------------------------------------------------|------------------|-----------------------------|----------------------|----------------------|
|                                 | INTEREST<br>RATE                                | MATURITY<br>DATE | PAR OR<br>MATURITY<br>VALUE | COST                 | CURRENT<br>VALUE     |
| F H L M C PARTN CERT UMBS       | 5.00%                                           | 12/01/2039       | 290,177                     | 292,580              | 293,293              |
| F H L M C PARTN CERT UMBS       | 4.00%                                           | 12/01/2039       | 522,362                     | 508,640              | 513,873              |
| FEDERAL HOME MORTGAGE CORP POOL | 4.00%                                           | 01/01/2040       | 91,724                      | 89,807               | 90,233               |
| F N M A PARTN CERT UMBS         | 4.00%                                           | 01/01/2040       | 204,464                     | 201,461              | 201,154              |
| F N M A PARTN CERT UMBS         | 4.50%                                           | 01/01/2040       | 284,273                     | 280,653              | 283,941              |
| F H L M C PARTN CERT UMBS       | 5.00%                                           | 05/01/2040       | 145,178                     | 146,089              | 146,692              |
|                                 |                                                 |                  | <u>\$ 19,456,638</u>        | <u>\$ 18,929,008</u> | <u>\$ 19,030,375</u> |

# WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN

## SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

SEPTEMBER 30, 2025

EIN 57-6027499, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)

(c) - DESCRIPTION  
CORPORATE DEBT INSTRUMENTS -  
PREFERRED

(d)

(e)

| ISSUER                              | INTEREST RATE | MATURITY DATE | PAR OR MATURITY VALUE | COST      | CURRENT VALUE |
|-------------------------------------|---------------|---------------|-----------------------|-----------|---------------|
| CONNECTICUT LT PWR CO               | 0.75%         | 12/01/2025    | \$ 70,000             | \$ 66,467 | \$ 69,544     |
| NEBRASKA ST PUBLIC PWR DIST REVENUE | 2.42%         | 01/01/2026    | 70,000                | 71,011    | 69,712        |
| UNION PACIFIC RR CO                 | 3.23%         | 05/14/2026    | 352,449               | 361,920   | 350,408       |
| CATERPILLAR FINL SVCS MTNS          | 4.35%         | 05/15/2026    | 270,000               | 269,022   | 270,780       |
| HOME DEPOT INC                      | 5.15%         | 06/25/2026    | 155,000               | 155,890   | 156,380       |
| PRINCE GEORGES CNTY MD TAXABLE      | 1.19%         | 09/15/2026    | 20,000                | 20,195    | 19,524        |
| HOME DEPOT INC                      | 4.95%         | 09/30/2026    | 210,000               | 211,015   | 212,180       |
| DALLAS FORT WORTH TX INTERNATIONAL  | 2.26%         | 11/01/2026    | 35,000                | 35,000    | 34,471        |
| PACCAR FINANCIAL CORP               | 5.20%         | 11/09/2026    | 180,000               | 181,400   | 182,480       |
| ILLINOIS TOOL WORK INC              | 2.65%         | 11/15/2026    | 405,000               | 406,067   | 399,500       |
| ABBOTT LABORATORIES                 | 3.75%         | 11/30/2026    | 390,000               | 403,947   | 389,809       |
| TEXAS INSTRS INC                    | 4.60%         | 02/08/2027    | 135,000               | 135,419   | 136,283       |
| DAIMLER TRUCKS RETAIL               | 5.90%         | 03/15/2027    | 161,735               | 162,305   | 162,631       |
| NEW YORK ST URBAN DEV CORP REVENUE  | 3.15%         | 03/15/2027    | 240,000               | 235,380   | 237,982       |
| ILLINOIS HSG DEV AUTH REV TAXABLE   | 4.37%         | 04/01/2027    | 230,000               | 230,000   | 231,210       |
| METRO WSTWTR RECLAMATION DISTCO SWR | 2.36%         | 04/01/2027    | 45,000                | 46,972    | 44,101        |
| AMAZON COM INC                      | 3.15%         | 08/22/2027    | 250,000               | 249,890   | 247,278       |
| EMERSON ELEC CO SR NT               | 1.80%         | 10/15/2027    | 240,000               | 230,677   | 230,333       |
| DALLAS FORT WORTH TX INTL ARPT REV  | 4.67%         | 11/01/2027    | 100,000               | 100,000   | 101,897       |
| CHEVRON USA INC SR GLBL             | 4.48%         | 02/26/2028    | 347,000               | 348,084   | 351,844       |
| JOHN DEERE OWNER TR                 | 5.18%         | 03/15/2028    | 341,491               | 342,795   | 343,980       |
| NEW YORK ST URBAN DEV CORP REVENUE  | 3.27%         | 03/15/2028    | 155,000               | 157,486   | 153,083       |
| FLORIDA PWR LT CO                   | 5.05%         | 04/01/2028    | 420,000               | 426,311   | 430,979       |
| WALT DISNEY COMPANY THE             | 7.30%         | 04/30/2028    | 155,000               | 167,499   | 166,444       |
| AUTOMATIC DATA PROCESSING INC       | 1.70%         | 05/15/2028    | 120,000               | 112,229   | 113,639       |
| BANK OF AMERICA CREDIT CARD         | 4.79%         | 05/15/2028    | 280,000               | 281,214   | 281,394       |
| GEORGIA PWR CO                      | 4.65%         | 05/16/2028    | 330,000               | 329,818   | 334,891       |
| PACCAR FINANCIAL CORP               | 4.00%         | 08/08/2028    | 96,000                | 95,979    | 96,255        |
| CAPITAL ONE MULTI ASSET             | 2.06%         | 08/15/2028    | 140,000               | 137,151   | 137,837       |
| KIMBERLY CLARK CORP                 | 3.95%         | 11/01/2028    | 395,000               | 405,901   | 395,079       |
| VIRGINIA ST RESOURCES AUTH          | 2.53%         | 11/01/2028    | 130,000               | 130,700   | 124,994       |
| BANK OF AMERICA CREDIT CARD         | 4.98%         | 11/15/2028    | 170,000               | 171,161   | 172,086       |
| OREGON ST DEPT TRANSN HWY USERTAX   | 1.33%         | 11/15/2028    | 220,000               | 193,936   | 204,162       |
| CONSUMERS ENERGY CO                 | 4.90%         | 02/15/2029    | 202,000               | 203,518   | 207,094       |
| ADOBE INC SR GLBL                   | 4.80%         | 04/04/2029    | 140,000               | 140,398   | 143,774       |
| APPLIED MATLS INC                   | 4.80%         | 06/15/2029    | 155,000               | 155,695   | 158,903       |
| AMERICAN AIRLINES INC               | 3.58%         | 07/15/2029    | 160,142               | 154,743   | 156,917       |
| EXXON MOBIL CORPORATION             | 2.44%         | 08/16/2029    | 165,000               | 157,854   | 156,899       |
| GEORGIA PACIFIC CORP                | 7.75%         | 11/15/2029    | 392,000               | 442,412   | 444,622       |
| PEPSICO INC                         | 2.75%         | 03/19/2030    | 329,000               | 316,080   | 310,948       |
| VERIZON MA TR                       | 4.17%         | 08/20/2030    | 95,000                | 94,975    | 95,445        |
| CAPITAL ONE MLT AST EX TR           | 3.82%         | 09/16/2030    | 150,000               | 149,972   | 149,922       |
| BRISTOL MYERS SQUIBB CO             | 5.75%         | 02/01/2031    | 115,000               | 118,993   | 122,999       |
| JPMORGAN CHASE CO                   | 5.10%         | 04/22/2031    | 326,000               | 331,128   | 336,797       |
| PROGRESSIVE CORP                    | 3.00%         | 03/15/2032    | 300,000               | 266,503   | 276,882       |
| APPLE INC                           | 4.50%         | 05/12/2032    | 332,000               | 329,175   | 338,816       |
| UNITED PARCEL SVCS INC              | 4.88%         | 03/03/2033    | 260,000               | 260,551   | 267,454       |
| PG E ENERGY RECOVERY                | 1.46%         | 07/15/2033    | 111,561               | 109,521   | 103,282       |
| PUBLIC STORAGE GLBL                 | 5.10%         | 08/01/2033    | 256,000               | 256,894   | 265,792       |
| DUKE ENERGY CAROLINAS LLC           | 4.85%         | 01/15/2034    | 226,000               | 222,719   | 228,802       |
| AIR PRODUCTS AND CHEMICALS INC      | 4.85%         | 02/08/2034    | 226,000               | 224,039   | 229,650       |
| CUMMINS INC                         | 5.15%         | 02/20/2034    | 195,000               | 196,815   | 201,817       |
| PUBLIC SVC ELEC GAS CO              | 5.20%         | 03/01/2034    | 245,000               | 246,934   | 253,624       |
| MASTERCARD INC                      | 4.88%         | 05/09/2034    | 219,000               | 221,727   | 224,184       |

**WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN**

**SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED**

**SEPTEMBER 30, 2025**

**EIN 57-6027499, PLAN NO. 001**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

| (b)                           | (c) - DESCRIPTION<br>CORPORATE DEBT INSTRUMENTS -<br>PREFERRED |                  |                             | (d)           | (e)              |
|-------------------------------|----------------------------------------------------------------|------------------|-----------------------------|---------------|------------------|
| ISSUER                        | INTEREST<br>RATE                                               | MATURITY<br>DATE | PAR OR<br>MATURITY<br>VALUE | COST          | CURRENT<br>VALUE |
| AUTOMATIC DATA PROCESSING INC | 4.45%                                                          | 09/09/2034       | 204,000                     | 199,458       | 203,039          |
| GRAINGER W W INC              | 4.45%                                                          | 09/15/2034       | 232,000                     | 226,476       | 229,265          |
| DOMINION ENERGY SOUTH         | 5.30%                                                          | 01/15/2035       | 199,000                     | 200,823       | 205,501          |
| AMERICAN WTR CAP CORP         | 5.25%                                                          | 03/01/2035       | 233,000                     | 233,151       | 238,976          |
| TRAVELERS COMPANIES INC       | 5.05%                                                          | 07/24/2035       | 189,000                     | 190,410       | 192,368          |
|                               |                                                                |                  | \$ 12,515,378               | \$ 12,523,805 | \$ 12,596,942    |

# WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN

## SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

SEPTEMBER 30, 2025

EIN 57-6027499, PLAN NO. 001

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

(b)

(c) - DESCRIPTION

(d)

(e)

| ISSUER                              | CORPORATE DEBT INSTRUMENTS - OTHER |                  |                             |    | COST    | CURRENT<br>VALUE |
|-------------------------------------|------------------------------------|------------------|-----------------------------|----|---------|------------------|
|                                     | INTEREST<br>RATE                   | MATURITY<br>DATE | PAR OR<br>MATURITY<br>VALUE |    |         |                  |
| ALLSTATE CORP                       | 0.75%                              | 12/15/2025       | \$ 120,000                  | \$ | 115,365 | \$ 119,128       |
| MUNICIPAL ELEC AUTH GA TAXABLE PROJ | 1.58%                              | 01/01/2026       | 95,000                      |    | 95,000  | 94,416           |
| HCA INC                             | 5.88%                              | 02/15/2026       | 320,000                     |    | 321,137 | 320,413          |
| AMPHENOL CORP                       | 4.75%                              | 03/30/2026       | 380,000                     |    | 379,861 | 381,015          |
| WELLS FARGO COMPANY                 | 3.00%                              | 04/22/2026       | 60,000                      |    | 57,926  | 59,651           |
| MOLSON COORS BREWING CO             | 3.00%                              | 07/15/2026       | 345,000                     |    | 336,143 | 341,950          |
| CITIGROUP INC                       | 3.20%                              | 10/21/2026       | 215,000                     |    | 208,481 | 213,211          |
| MONDELEZ INTL INC                   | 2.63%                              | 03/17/2027       | 187,000                     |    | 177,775 | 183,118          |
| CINTAS CORPORATION NO 2             | 3.70%                              | 04/01/2027       | 430,000                     |    | 436,745 | 428,259          |
| DARDEN RESTAURANTS INC              | 3.85%                              | 05/01/2027       | 250,000                     |    | 245,126 | 248,810          |
| GENERAL MTRS FINL CO INC            | 5.40%                              | 05/08/2027       | 275,000                     |    | 277,587 | 279,661          |
| AT T INC GLBL NT                    | 2.30%                              | 06/01/2027       | 350,000                     |    | 332,736 | 339,658          |
| INTEL CORP                          | 3.75%                              | 08/05/2027       | 141,000                     |    | 138,544 | 139,916          |
| QUANTA SVCS INC SR GLBL NT 27       | 4.75%                              | 08/09/2027       | 289,000                     |    | 289,134 | 292,300          |
| ECOLAB INC                          | 5.25%                              | 01/15/2028       | 250,000                     |    | 254,743 | 256,780          |
| BANK OF AMERICA CORP                | 3.82%                              | 01/20/2028       | 296,000                     |    | 296,469 | 294,624          |
| VENTAS REALTY LP                    | 4.00%                              | 03/01/2028       | 225,000                     |    | 220,213 | 223,970          |
| TRANSCONT GAS PIPE LINE             | 4.00%                              | 03/15/2028       | 327,000                     |    | 325,084 | 326,065          |
| NVENT FINANCE SARL                  | 4.55%                              | 04/15/2028       | 125,000                     |    | 129,000 | 125,455          |
| REPUBLIC SERVICES INC               | 3.95%                              | 05/15/2028       | 400,000                     |    | 387,835 | 400,100          |
| CANADIAN PACIFIC RR CO              | 4.00%                              | 06/01/2028       | 334,000                     |    | 328,546 | 333,409          |
| ECOLAB INC                          | 4.30%                              | 06/15/2028       | 98,000                      |    | 97,932  | 98,781           |
| CANADIAN NATL RAIL                  | 6.90%                              | 07/15/2028       | 310,000                     |    | 358,470 | 333,743          |
| JACOBS SOLUTIONS INC                | 6.35%                              | 08/18/2028       | 125,000                     |    | 128,076 | 131,994          |
| AVERY DENNISON CORP                 | 4.88%                              | 12/06/2028       | 360,000                     |    | 378,556 | 366,095          |
| CNH INDUSTRIAL CAPITAL LLC          | 5.50%                              | 01/12/2029       | 78,000                      |    | 78,795  | 80,721           |
| ANHEUSER BUSCH INBEV WLDW INC       | 4.75%                              | 01/23/2029       | 260,000                     |    | 275,295 | 265,333          |
| LOCKHEED MARTIN CORP                | 4.50%                              | 02/15/2029       | 350,000                     |    | 349,550 | 355,103          |
| WISCONSIN ELEC PWR CO               | 5.00%                              | 05/15/2029       | 265,000                     |    | 267,143 | 272,942          |
| OGE ENERGY CORP                     | 5.45%                              | 05/15/2029       | 200,000                     |    | 202,802 | 207,740          |
| O REILLY AUTOMOTIVE INC             | 3.90%                              | 06/01/2029       | 395,000                     |    | 380,114 | 390,671          |
| ORACLE CORP                         | 6.15%                              | 11/09/2029       | 126,000                     |    | 131,325 | 134,365          |
| VULCAN MATLS CO                     | 4.95%                              | 12/01/2029       | 220,000                     |    | 221,490 | 225,282          |
| CONOCOPHILLIPS SR NT                | 4.70%                              | 01/15/2030       | 288,000                     |    | 287,513 | 293,596          |
| FISERV INC                          | 4.75%                              | 03/15/2030       | 158,000                     |    | 157,135 | 160,288          |
| NATIOANL RURAL UTIL COOP            | 2.40%                              | 03/15/2030       | 285,000                     |    | 263,744 | 264,805          |
| MCDONALDS CORP FR                   | 4.60%                              | 05/15/2030       | 338,000                     |    | 336,764 | 343,236          |
| COMCAST CORP                        | 4.25%                              | 10/15/2030       | 370,000                     |    | 360,742 | 370,636          |
| CBOE GLOBAL MKTS INC SR NT          | 1.63%                              | 12/15/2030       | 389,000                     |    | 339,503 | 341,709          |
| XYLEM INC                           | 2.25%                              | 01/30/2031       | 299,000                     |    | 258,866 | 268,600          |
| ABBVIE INC                          | 4.95%                              | 03/15/2031       | 186,000                     |    | 187,129 | 192,255          |
| KEURIG DR PEPPER INC                | 5.20%                              | 03/15/2031       | 152,000                     |    | 152,986 | 155,359          |
| LOWES COS INC                       | 4.25%                              | 03/15/2031       | 170,000                     |    | 169,708 | 168,900          |
| AMERICAN EXPRESS CO                 | 5.02%                              | 04/25/2031       | 352,000                     |    | 354,376 | 361,951          |
| MARTIN MARIETTA MATLS INC           | 2.40%                              | 07/15/2031       | 244,000                     |    | 216,516 | 218,485          |
| ROPER TECHNOLOGIES INC              | 4.75%                              | 02/15/2032       | 282,000                     |    | 280,083 | 285,153          |
| WASTE MGMT INC                      | 4.15%                              | 04/15/2032       | 436,000                     |    | 423,727 | 431,352          |
| HOST HOTELS RESORTS L P             | 5.70%                              | 06/15/2032       | 135,000                     |    | 133,472 | 139,068          |
| PACIFIC GAS ELEC CO 1ST MTG BD      | 5.90%                              | 06/15/2032       | 112,000                     |    | 114,158 | 117,093          |
| EOG RES INC                         | 5.00%                              | 07/15/2032       | 267,000                     |    | 267,769 | 273,192          |
| EATON CORP OHIO SR NT               | 4.15%                              | 03/15/2033       | 339,000                     |    | 323,585 | 333,783          |
| BROWN FORMAN CORP                   | 4.75%                              | 04/15/2033       | 210,000                     |    | 208,219 | 212,463          |
| WISCONSIN ELEC PWR CO SR NT         | 4.60%                              | 10/01/2034       | 110,000                     |    | 108,312 | 109,377          |
| DTE ENERGY CO                       | 5.05%                              | 10/01/2035       | 151,000                     |    | 150,441 | 149,999          |

# WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN

## SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

SEPTEMBER 30, 2025

EIN 57-6027499, PLAN NO. 001

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

| (b)<br>ISSUER                                                 | (c) - DESCRIPTION<br>CORPORATE DEBT INSTRUMENTS - OTHER |                  |                             | (d)                  | (e)                  |
|---------------------------------------------------------------|---------------------------------------------------------|------------------|-----------------------------|----------------------|----------------------|
|                                                               | INTEREST<br>RATE                                        | MATURITY<br>DATE | PAR OR<br>MATURITY<br>VALUE | COST                 | CURRENT<br>VALUE     |
| CORBIN ERISA OPPORTUNITY FUND LP -<br>CORPORATE DEBT OTHER    |                                                         |                  | -                           | 4,153,659            | 4,999,593            |
| POST TRADITIONAL HIGH YIELD FUND LP -<br>CORPORATE DEBT OTHER |                                                         |                  | -                           | 29,307,741           | 41,296,487           |
|                                                               |                                                         |                  | <u>\$ 13,474,000</u>        | <u>\$ 46,779,146</u> | <u>\$ 59,752,059</u> |

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

**WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN**

**SCHEDULE OF CORPORATE STOCK - PREFERRED**

**SEPTEMBER 30, 2025**

**EIN 57-6027499, PLAN NO. 001**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

| (b)<br><br>ISSUER                                            | (c) -<br>DESCRIPTION<br>PREFERRED<br>STOCK<br>NO. OF<br>SHARES | (d)<br><br>COST   | (e)<br><br>CURRENT<br>VALUE |
|--------------------------------------------------------------|----------------------------------------------------------------|-------------------|-----------------------------|
|                                                              |                                                                |                   |                             |
| CORBIN ERISA OPPORTUNITY FUND LP - CORPORATE STOCK PREFERRED | -                                                              | \$ <u>155,794</u> | \$ <u>187,523</u>           |
|                                                              |                                                                | \$ <u>155,794</u> | \$ <u>187,523</u>           |

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

# WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN

## SCHEDULE OF CORPORATE STOCK - COMMON

SEPTEMBER 30, 2025

EIN 57-6027499, PLAN NO. 001

### FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

| (b)                               | (c) -                       | (d)       | (e)              |
|-----------------------------------|-----------------------------|-----------|------------------|
|                                   | DESCRIPTION<br>COMMON STOCK |           |                  |
| ISSUER                            | NO. OF<br>SHARES            | COST      | CURRENT<br>VALUE |
| 3M CO                             | 436                         | \$ 40,391 | \$ 67,658        |
| ABBOTT LABS COM                   | 704                         | 94,998    | 94,294           |
| ABBVIE INC                        | 299                         | 68,942    | 69,230           |
| ABBVIE INC                        | 1,954                       | 334,988   | 452,429          |
| ABIVAX SA A D R                   | 1,377                       | 97,632    | 116,907          |
| ACCENTURE PLC IRELAND SHS CLASS A | 500                         | 143,356   | 123,300          |
| ACI WORLDWIDE INC                 | 7,382                       | 377,652   | 389,548          |
| ADOBE INC                         | 186                         | 92,424    | 65,612           |
| ADVANCED ENERGY INDS COM          | 2,752                       | 293,940   | 468,225          |
| ADVANCED MICRO DEVICES INC        | 1,396                       | 205,950   | 225,859          |
| AGILYSYS INC                      | 5,210                       | 423,171   | 548,353          |
| AIRBNB INC                        | 272                         | 33,570    | 33,026           |
| AKAMAI TECHNOLOGIES INC           | 2,774                       | 256,509   | 210,158          |
| ALCON INC                         | 6,311                       | 543,134   | 470,233          |
| ALLEGiant TRAVEL CO               | 2,150                       | 279,318   | 130,656          |
| ALLSTATE CORP                     | 130                         | 26,923    | 27,905           |
| ALPHABET INC CL A                 | 2,651                       | 172,180   | 644,458          |
| ALPHABET INC CL C                 | 4,512                       | 756,095   | 1,098,898        |
| ALPHABET INC CL C                 | 2,009                       | 233,989   | 489,292          |
| ALTRIA GROUP INC                  | 554                         | 36,696    | 36,597           |
| AMAZON COM INC                    | 7,829                       | 1,244,103 | 1,719,014        |
| AMAZON COM INC                    | 5,666                       | 1,278,435 | 1,244,084        |
| AMAZON COM INC                    | 3,521                       | 445,571   | 773,106          |
| AMENTUM HOLDINGS INC COM          | 98                          | 1,708     | 2,347            |
| AMERICAN INTERNATIONAL GROUP      | 5,370                       | 399,138   | 421,760          |
| AMERICAN INTERNATIONAL GROUP      | 1,024                       | 74,910    | 80,425           |
| AMERICAN TOWER CORP               | 398                         | 88,529    | 76,543           |
| AMERIS BANCORP                    | 8,044                       | 377,848   | 589,706          |
| AMGEN INC                         | 106                         | 21,926    | 29,913           |
| AON PLC SHS CL A                  | 3,013                       | 1,035,784 | 1,074,376        |
| APPLE INC COM                     | 4,315                       | 835,308   | 1,098,728        |
| APPLE INC COM                     | 6,022                       | 419,461   | 1,533,382        |
| APPLIED MATERIALS INC             | 2,582                       | 475,141   | 528,639          |
| APPLOVIN CORP COM CL A            | 1,845                       | 485,619   | 1,325,706        |
| APTAR GROUP INC                   | 2,146                       | 312,127   | 286,834          |
| APTIV PLC COM SHS                 | 601                         | 41,349    | 51,818           |
| ARISTA NETWORKS INC               | 1,277                       | 108,494   | 186,072          |
| ASCENDIS PHARMA A S A D R         | 286                         | 55,333    | 56,860           |
| ASSURANT INC                      | 6,222                       | 1,103,130 | 1,347,685        |
| ASTERA LABS INC COM               | 1,946                       | 163,730   | 381,027          |
| AT T INC                          | 41,487                      | 828,257   | 1,171,593        |
| AT T INC                          | 1,381                       | 37,724    | 38,999           |
| AUTODESK INC                      | 551                         | 167,376   | 175,036          |
| AZENTA INC                        | 10,448                      | 407,599   | 300,067          |
| BALCHEM CORP                      | 2,373                       | 336,269   | 356,092          |
| BANK OF AMERICA CORP              | 23,351                      | 1,007,211 | 1,204,678        |
| BATH BODY WORKS INC COM           | 7,714                       | 253,424   | 198,713          |
| BERKSHIRE HATHAWAY INC CL B       | 3,134                       | 1,148,998 | 1,575,587        |
| BEST BUY CO INC                   | 1,426                       | 109,447   | 107,834          |
| BIO TECHNE CORP                   | 7,553                       | 568,990   | 420,173          |
| BLACKLINE INC                     | 6,186                       | 325,675   | 328,477          |
| BOSTON SCIENTIFIC CORP            | 1,582                       | 122,148   | 154,451          |
| BRISTOL MYERS SQUIBB CO           | 2,861                       | 151,183   | 129,031          |
| BROADCOM INC                      | 3,331                       | 687,138   | 1,098,930        |
| BROADCOM INC                      | 1,940                       | 246,758   | 640,025          |
| BUILDERS FIRSTSOURCE INC          | 224                         | 26,622    | 27,160           |

# WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN

## SCHEDULE OF CORPORATE STOCK - COMMON

SEPTEMBER 30, 2025

EIN 57-6027499, PLAN NO. 001

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

| (b)<br>ISSUER                   | (c) -<br>DESCRIPTION<br>COMMON STOCK | (d)       | (e)              |
|---------------------------------|--------------------------------------|-----------|------------------|
|                                 | NO. OF SHARES                        | COST      | CURRENT<br>VALUE |
| BUNGE GLOBAL SA                 | 1,177                                | 117,595   | 95,631           |
| C H ROBINSON WORLDWIDE INC      | 3,378                                | 316,965   | 447,247          |
| CACI INTL INC                   | 794                                  | 261,191   | 396,031          |
| CADENCE DESIGN SYS INC          | 253                                  | 64,551    | 88,869           |
| CAMECO CORP                     | 1,662                                | 81,773    | 139,375          |
| CAPITAL ONE FINL CORP           | 4,290                                | 753,503   | 911,968          |
| CAPITAL ONE FINL CORP           | 177                                  | 24,065    | 37,627           |
| CARDINAL HEALTH INC             | 530                                  | 70,558    | 83,189           |
| CARDINAL HEALTH INC             | 1,169                                | 176,562   | 183,486          |
| CARLISLE COS INC                | 689                                  | 258,219   | 226,653          |
| CARLISLE COS INC                | 651                                  | 164,976   | 214,153          |
| CARRIER GLOBAL CORPORATION COM  | 3,577                                | 234,517   | 213,547          |
| CARVANA CO                      | 261                                  | 76,352    | 98,460           |
| CASELLA WASTE SYSTEMS INC A     | 2,975                                | 242,852   | 282,268          |
| CASEYS GEN STORES INC           | 791                                  | 174,811   | 447,168          |
| CATERPILLAR INC                 | 239                                  | 101,762   | 114,039          |
| CATERPILLAR INC                 | 1,151                                | 471,482   | 549,200          |
| CBRE GROUP INC                  | 1,129                                | 110,564   | 177,885          |
| CENCORA INC                     | 149                                  | 42,190    | 46,567           |
| CF INDS HLDGS INC COM           | 748                                  | 66,542    | 67,096           |
| CHECK POINT SOFTWARE TECH LTD   | 1,228                                | 271,304   | 254,085          |
| CHEMED CORP                     | 606                                  | 338,194   | 271,330          |
| CHEVRON CORPORATION             | 4,491                                | 675,106   | 697,407          |
| CHEVRON CORPORATION             | 171                                  | 26,984    | 26,555           |
| CHORD ENERGY CORPORATION        | 2,805                                | 390,887   | 278,733          |
| CHURCHILL DOWNS INC             | 3,349                                | 379,053   | 324,886          |
| CIDARA THERAPEUTICS INC COM NEW | 723                                  | 67,219    | 69,234           |
| CINCINNATI FINL CORP            | 214                                  | 31,203    | 33,833           |
| CISCO SYSTEMS INC               | 19,773                               | 1,030,065 | 1,352,869        |
| CISCO SYSTEMS INC               | 2,322                                | 136,394   | 158,871          |
| CITIGROUP INC                   | 9,017                                | 846,349   | 915,226          |
| CLEAN HBRS INC                  | 1,300                                | 223,156   | 301,886          |
| COCA COLA COMPANY               | 1,815                                | 125,469   | 120,371          |
| COLGATE PALMOLIVE CO COM        | 1,405                                | 123,865   | 112,316          |
| COMERICA INC                    | 8,326                                | 568,521   | 570,497          |
| CONOCOPHILLIPS                  | 509                                  | 52,924    | 48,146           |
| CONSTELLATION ENERGY CORP COM   | 657                                  | 192,155   | 216,199          |
| CONSTELLATION ENERGY CORP COM   | 1,086                                | 205,630   | 357,370          |
| CONSTELLATION ENERGY CORP COM   | 201                                  | 41,586    | 66,143           |
| COREWEAVE INC COM CL A          | 392                                  | 40,202    | 53,645           |
| CORTEVA INC COM                 | 1,911                                | 99,009    | 129,241          |
| COSTCO WHSL CORP                | 456                                  | 326,175   | 422,087          |
| CRANE COMPANY                   | 3,171                                | 195,582   | 583,908          |
| CRANE NXT CO                    | 5,978                                | 279,291   | 400,944          |
| CRH PLC                         | 10,847                               | 950,684   | 1,300,555        |
| CROWDSTRIKE HOLDINGS INC A      | 61                                   | 17,755    | 29,913           |
| CROWDSTRIKE HOLDINGS INC A      | 294                                  | 110,337   | 144,172          |
| CSX CORP                        | 19,057                               | 639,628   | 676,714          |
| CUMMINS INC COM                 | 776                                  | 319,940   | 327,759          |
| CUMMINS INC COM                 | 133                                  | 53,902    | 56,175           |
| D R HORTON INC                  | 241                                  | 32,284    | 40,842           |
| DANAHER CORP                    | 1,261                                | 283,273   | 250,006          |
| DATADOG INC CLASS A             | 751                                  | 100,837   | 106,942          |
| DELTA AIR LINES INC             | 1,282                                | 66,489    | 72,754           |
| DELTA AIR LINES INC             | 6,727                                | 397,074   | 381,757          |
| DELTA AIR LINES INC             | 2,394                                | 101,912   | 135,860          |

# WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN

## SCHEDULE OF CORPORATE STOCK - COMMON

SEPTEMBER 30, 2025

EIN 57-6027499, PLAN NO. 001

### FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

| (b)                               | (c) -<br>DESCRIPTION<br>COMMON STOCK | (d)     | (e)              |
|-----------------------------------|--------------------------------------|---------|------------------|
| ISSUER                            | NO. OF SHARES                        | COST    | CURRENT<br>VALUE |
| DIAMONDBACK ENERGY INC            | 2,795                                | 405,968 | 399,964          |
| DISNEY WALT CO COM                | 5,048                                | 533,340 | 577,996          |
| DOLBY LABORATORIES INC CL A       | 6,777                                | 537,058 | 490,451          |
| DOORDASH INC CL A                 | 193                                  | 38,433  | 52,494           |
| DUPONT DE NEMOURS INC WI          | 3,266                                | 240,136 | 254,421          |
| EAGLE MATERIALS INC               | 1,920                                | 362,459 | 447,437          |
| EATON CORP PLC SHS                | 392                                  | 118,366 | 146,706          |
| EATON CORP PLC SHS                | 120                                  | 42,421  | 44,910           |
| EDWARDS LIFESCIENCES CORP         | 6,006                                | 446,817 | 467,087          |
| ELEMENT SOLUTIONS INC             | 25,227                               | 493,632 | 634,964          |
| ELI LILLY CO                      | 145                                  | 112,152 | 110,635          |
| ELI LILLY CO                      | 206                                  | 101,368 | 157,178          |
| EMCOR GROUP INC                   | 267                                  | 35,216  | 173,427          |
| EMERSON ELECTRIC CO               | 2,383                                | 336,311 | 312,602          |
| ENCOMPASS HEALTH CORPORATION      | 2,435                                | 159,474 | 309,294          |
| ENPRO INC                         | 3,569                                | 399,152 | 806,594          |
| ENSIGN GROUP INC COM              | 4,005                                | 409,993 | 691,944          |
| EQT CORP                          | 9,598                                | 382,042 | 522,419          |
| EVEREST GROUP LTD COM             | 96                                   | 31,877  | 33,622           |
| EXPEDIA INC                       | 328                                  | 56,884  | 70,110           |
| EXXON MOBIL CORP                  | 8,884                                | 976,187 | 1,001,671        |
| FED EX CORP                       | 1,012                                | 239,650 | 238,640          |
| FED EX CORP                       | 896                                  | 207,884 | 211,286          |
| FERGUSON PLC NEW COMMON STOCK NEW | 1,376                                | 246,928 | 309,022          |
| FIDELITY NATIONAL INFO SERV       | 876                                  | 67,908  | 57,763           |
| FIRST HORIZON CORPORATION         | 26,989                               | 442,148 | 610,221          |
| FIRST INDL RLTY TR INC            | 6,631                                | 345,504 | 341,298          |
| FLOWERVE CORP                     | 8,703                                | 454,899 | 462,477          |
| FORTIVE CORP WI                   | 1,292                                | 73,306  | 63,295           |
| FRANKLIN RES INC                  | 3,335                                | 80,540  | 77,139           |
| FREEPORT MCMORAN INC              | 13,731                               | 530,844 | 538,530          |
| GE AEROSPACE                      | 434                                  | 88,642  | 130,556          |
| GENERAL MTRS CO COM               | 1,604                                | 73,816  | 97,796           |
| GENTEX CORP COM                   | 4,946                                | 134,746 | 139,972          |
| GENTHERM INC                      | 8,881                                | 280,247 | 302,487          |
| GFL ENVIRONMENTAL INC SUB VT      | 6,590                                | 252,306 | 312,234          |
| GILDAN ACTIVEWEAR INC COM         | 9,836                                | 355,381 | 568,521          |
| GILEAD SCIENCES INC               | 2,956                                | 298,740 | 328,116          |
| GILEAD SCIENCES INC               | 772                                  | 80,328  | 85,692           |
| GLACIER BANCORP INC NEW           | 10,696                               | 466,690 | 520,574          |
| GLOBANT SA                        | 1,693                                | 266,290 | 97,144           |
| GLOBUS MED INC A                  | 6,730                                | 431,273 | 385,427          |
| GOLDMAN SACHS GROUP INC           | 788                                  | 378,452 | 627,524          |
| GRIFFON CORP                      | 4,889                                | 318,290 | 372,297          |
| GUIDEWIRE SOFTWARE INC            | 1,609                                | 206,810 | 369,845          |
| H E I C O CORPORATION CL A        | 1,178                                | 176,646 | 299,318          |
| HALOZYME THERAPEUTICS INC         | 3,133                                | 117,146 | 229,774          |
| HANCOCK WHITNEY CORP              | 7,565                                | 361,528 | 473,645          |
| HCA HEALTHCARE INC COM            | 388                                  | 119,666 | 165,366          |
| HEALTHPEAK PROPERTIES INC         | 1,995                                | 41,257  | 38,204           |
| HOME DEPOT INC                    | 291                                  | 95,785  | 117,910          |
| HONEYWELL INTL INC                | 2,035                                | 455,553 | 428,368          |
| HOST HOTELS RESORTS INC           | 14,290                               | 240,655 | 243,216          |
| HOWMET AEROSPACE INC COM          | 1,817                                | 189,217 | 356,550          |
| HUB GROUP INC CL A                | 7,442                                | 314,092 | 256,302          |
| HUBBELL INC COM                   | 1,401                                | 505,449 | 602,864          |

# WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN

## SCHEDULE OF CORPORATE STOCK - COMMON

SEPTEMBER 30, 2025

EIN 57-6027499, PLAN NO. 001

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

| (b)<br>ISSUER                 | (c) -<br>DESCRIPTION<br>COMMON STOCK | (d)       | (e)              |
|-------------------------------|--------------------------------------|-----------|------------------|
|                               | NO. OF SHARES                        | COST      | CURRENT<br>VALUE |
| HUMANA INC                    | 1,660                                | 474,529   | 431,882          |
| HUNT J B TRANS SVCS INC       | 330                                  | 58,968    | 44,276           |
| HYATT HOTELS CORP CL A        | 3,133                                | 397,531   | 444,667          |
| IDEXX LABS INC                | 190                                  | 89,944    | 121,389          |
| INSULET CORP                  | 2,054                                | 496,916   | 634,131          |
| INTEL CORP                    | 7,352                                | 166,251   | 246,660          |
| INTERCONTINENTAL EXCHANGE INC | 3,180                                | 535,667   | 535,766          |
| INTERNATIONAL PAPER CO        | 10,437                               | 478,379   | 484,277          |
| INTERPUBLIC GROUP COS INC COM | 1,102                                | 26,668    | 30,757           |
| INTL BUSINESS MACHINES CORP   | 2,292                                | 485,595   | 646,711          |
| INTL BUSINESS MACHINES CORP   | 264                                  | 61,033    | 74,490           |
| INTUIT COM                    | 143                                  | 109,655   | 97,656           |
| INTUITIVE SURGICAL INC        | 332                                  | 118,688   | 148,480          |
| IRHYTHM TECHNOLOGIES INC      | 2,162                                | 249,041   | 371,842          |
| ITRON INC                     | 763                                  | 85,483    | 95,039           |
| ITT CORP NEW                  | 3,093                                | 247,717   | 552,905          |
| JACOBS SOLUTIONS INC          | 971                                  | 122,378   | 145,514          |
| JACOBS SOLUTIONS INC          | 2,303                                | 275,586   | 345,128          |
| JAMES HARDIE INDS PLC ORD SHS | 4,118                                | 110,651   | 79,107           |
| JAMES HARDIE INDS PLC ORD SHS | 7,062                                | 195,876   | 135,661          |
| JOHNSON CTLS INTL PLC SHS     | 648                                  | 58,700    | 71,248           |
| JOHNSON JOHNSON               | 9,647                                | 1,549,340 | 1,788,747        |
| JOHNSON JOHNSON               | 1,528                                | 216,833   | 283,322          |
| JPMORGAN CHASE CO             | 4,395                                | 801,801   | 1,386,315        |
| KADANT INC                    | 559                                  | 187,403   | 166,347          |
| KBR INC                       | 5,957                                | 283,537   | 281,707          |
| KENVUE INC COM                | 15,643                               | 350,767   | 253,886          |
| KEYCORP                       | 15,214                               | 253,434   | 284,350          |
| KLA CORP COM NEW              | 59                                   | 36,819    | 63,637           |
| KROGER CO                     | 259                                  | 18,620    | 17,459           |
| L3HARRIS TECHNOLOGIES INC     | 3,616                                | 807,950   | 1,104,363        |
| L3HARRIS TECHNOLOGIES INC     | 146                                  | 40,245    | 44,590           |
| LABCORP HOLDINGS INC COM SHS  | 1,816                                | 402,179   | 521,301          |
| LAM RESEARCH CORP             | 1,795                                | 170,632   | 240,351          |
| LAM RESEARCH CORP             | 1,542                                | 119,504   | 206,474          |
| LAS VEGAS SANDS CORP          | 4,203                                | 202,779   | 226,079          |
| LATTICE SEMICONDUCTOR CORP    | 5,463                                | 288,087   | 400,547          |
| LAUDER ESTEE COS INC CL A     | 4,309                                | 372,600   | 379,709          |
| LIBERTY MEDIA CORP DEL COM    | 1,433                                | 73,898    | 149,677          |
| LITTELFUSE INC                | 2,133                                | 565,261   | 552,468          |
| LOCKHEED MARTIN CORP COM      | 88                                   | 45,626    | 43,930           |
| LOWES COS INC COM             | 1,688                                | 433,789   | 424,211          |
| MADDEN STEVEN LTD             | 7,457                                | 245,328   | 249,660          |
| MANHATTAN ASSOCS INC          | 3,422                                | 703,573   | 701,442          |
| MARATHON PETROLEUM CORP       | 5,058                                | 739,770   | 974,879          |
| MARATHON PETROLEUM CORP       | 1,216                                | 207,538   | 234,372          |
| MARTIN MARIETTA MATLS INC     | 216                                  | 118,202   | 136,140          |
| MASTERCARD INC                | 508                                  | 209,161   | 288,955          |
| MATADOR RESOURCES CO          | 10,123                               | 555,831   | 454,826          |
| MATERION CORP                 | 3,699                                | 387,679   | 446,876          |
| MCKESSON CORP COM             | 356                                  | 207,186   | 275,024          |
| MEDTRONIC PLC SHS             | 14,125                               | 1,268,849 | 1,345,265        |
| MEDTRONIC PLC SHS             | 503                                  | 41,190    | 47,906           |
| MERCADOLIBRE INC              | 68                                   | 89,655    | 158,912          |
| MERCK CO INC                  | 1,762                                | 153,344   | 147,885          |
| META PLATFORMS INC            | 2,292                                | 964,959   | 1,683,199        |

# WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN

## SCHEDULE OF CORPORATE STOCK - COMMON

SEPTEMBER 30, 2025

EIN 57-6027499, PLAN NO. 001

### FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

| (b)<br>ISSUER                  | (c) -<br>DESCRIPTION<br>COMMON STOCK | (d)       | (e)              |
|--------------------------------|--------------------------------------|-----------|------------------|
|                                | NO. OF SHARES                        | COST      | CURRENT<br>VALUE |
| META PLATFORMS INC             | 868                                  | 153,104   | 637,442          |
| METLIFE INC                    | 1,313                                | 106,576   | 108,152          |
| METTLER TOLEDO INTL INC        | 51                                   | 62,409    | 62,608           |
| MICRON TECHNOLOGY INC          | 1,465                                | 237,660   | 245,124          |
| MICROSOFT CORP COM             | 5,748                                | 1,562,426 | 2,977,177        |
| MICROSOFT CORP COM             | 2,877                                | 402,627   | 1,490,142        |
| MODINE MANUFACTURING CO        | 1,526                                | 74,426    | 216,936          |
| MONGODB INC CL A               | 491                                  | 120,803   | 152,397          |
| MONSTER BEVERAGE CORP          | 4,705                                | 289,454   | 316,694          |
| MOOG INC CLASS A               | 1,423                                | 287,586   | 295,514          |
| MORGAN STANLEY COM NEW         | 3,320                                | 465,977   | 527,747          |
| MORNINGSTAR INC                | 1,012                                | 195,417   | 234,794          |
| MOSAIC CO NEW COM              | 7,562                                | 272,461   | 262,250          |
| MOSAIC CO NEW COM              | 1,675                                | 49,657    | 58,089           |
| NATERA INC                     | 2,143                                | 164,380   | 344,959          |
| NEBIUS GROUP NV                | 10,549                               | 616,570   | 1,184,337        |
| NETFLIX COM INC                | 384                                  | 253,306   | 460,385          |
| NETFLIX COM INC                | 200                                  | 130,180   | 239,784          |
| NEUROCRINE BIOSCIENCES INC     | 1,820                                | 242,799   | 255,492          |
| NEWMONT CORP COM               | 6,169                                | 259,000   | 520,108          |
| NEWMONT CORP COM               | 1,297                                | 89,506    | 109,350          |
| NORTHROP GRUMMAN CORPORATION   | 787                                  | 460,166   | 479,535          |
| NRG ENERGY INC COM NEW         | 954                                  | 151,250   | 154,500          |
| NRG ENERGY INC COM NEW         | 501                                  | 42,220    | 81,137           |
| NUCOR CORP                     | 1,059                                | 150,030   | 143,420          |
| NVIDIA CORP                    | 17,245                               | 1,390,178 | 3,217,572        |
| NVIDIA CORP                    | 9,899                                | 274,017   | 1,846,955        |
| OLD REPUBLIC INTL CORP         | 528                                  | 22,404    | 22,424           |
| OMNICOM GROUP INC              | 5,728                                | 446,818   | 467,004          |
| ORACLE CORPORATION             | 896                                  | 202,227   | 251,991          |
| ORACLE CORPORATION             | 217                                  | 51,863    | 61,029           |
| PACCAR INC COM                 | 382                                  | 33,008    | 37,558           |
| PACKAGING CORP AMERICA         | 2,185                                | 464,045   | 476,177          |
| PALANTIR TECHNOLOGIES INC CL A | 253                                  | 29,061    | 46,152           |
| PALANTIR TECHNOLOGIES INC CL A | 1,027                                | 90,708    | 187,345          |
| PAR TECHNOLOGY CORP/DEL        | 6,064                                | 376,032   | 240,013          |
| PEPSICO INC                    | 751                                  | 107,144   | 105,470          |
| PG E CORP                      | 6,202                                | 95,457    | 93,526           |
| PHILIP MORRIS INTL             | 2,477                                | 275,374   | 401,769          |
| PHILIP MORRIS INTL             | 724                                  | 118,613   | 117,433          |
| PHILLIPS 66                    | 6,640                                | 846,244   | 903,173          |
| PHILLIPS 66                    | 689                                  | 84,644    | 93,718           |
| PINTEREST INC CL A             | 2,292                                | 80,483    | 73,734           |
| PRINCIPAL FINANCIAL GROUP INC  | 2,504                                | 208,616   | 207,607          |
| PROGRESSIVE CORP               | 1,376                                | 366,353   | 339,803          |
| PULTE GROUP INC COM            | 1,488                                | 151,714   | 196,609          |
| Q2 HOLDINGS INC                | 4,692                                | 268,386   | 339,654          |
| QIAGEN NV COM SHS              | 4,865                                | 232,906   | 217,368          |
| QUALCOMM INC COM               | 863                                  | 109,014   | 143,569          |
| QXO INC                        | 6,971                                | 143,857   | 132,867          |
| RBC BEARINGS INC               | 1,819                                | 549,484   | 709,938          |
| REPLIGEN CORP                  | 2,794                                | 416,552   | 373,474          |
| REV GROUP INC                  | 2,764                                | 65,288    | 156,636          |
| ROBINHOOD MKTS INC COM CL A    | 1,618                                | 75,934    | 231,665          |
| ROBLOX CORP CL A               | 2,509                                | 205,123   | 347,547          |
| ROCKET COS INC COM CL A        | 6,927                                | 134,294   | 134,245          |

# WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN

## SCHEDULE OF CORPORATE STOCK - COMMON

SEPTEMBER 30, 2025

EIN 57-6027499, PLAN NO. 001

### FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

| (b)<br>ISSUER                   | (c) -<br>DESCRIPTION<br>COMMON STOCK |         | (d)              | (e) |
|---------------------------------|--------------------------------------|---------|------------------|-----|
|                                 | NO. OF SHARES                        | COST    | CURRENT<br>VALUE |     |
| ROYAL CARIBBEAN GROUP COM       | 1,216                                | 274,788 | 393,473          |     |
| RUSH ENTERPRISES INC            | 8,164                                | 399,853 | 436,529          |     |
| S P GLOBAL INC COM              | 339                                  | 147,553 | 164,995          |     |
| SALESFORCE INC                  | 240                                  | 74,394  | 56,880           |     |
| SCHWAB CHARLES CORP COM         | 2,445                                | 189,715 | 233,424          |     |
| SCHWAB CHARLES CORP COM         | 2,567                                | 206,931 | 245,071          |     |
| SEA LTD A D R                   | 3,188                                | 405,660 | 569,791          |     |
| SEACOAST BANKING CORP FL        | 14,111                               | 357,667 | 429,398          |     |
| SERVICENOW INC COM              | 112                                  | 75,386  | 103,071          |     |
| SHOPIFY INC A                   | 706                                  | 77,437  | 104,919          |     |
| SILGAN HLDGS INC                | 9,991                                | 436,596 | 429,713          |     |
| SIMON PROPERTY GROUP INC        | 1,346                                | 212,436 | 252,604          |     |
| SIMPSON MFG CO INC              | 1,695                                | 304,893 | 283,845          |     |
| SNAP ON INC                     | 316                                  | 107,541 | 109,503          |     |
| SNOWFLAKE INC COM SHS           | 604                                  | 101,367 | 136,232          |     |
| SOMNIGROUP INTERNATIONAL INC    | 1,655                                | 135,186 | 139,566          |     |
| SOUTHSTATE BK CORP COM          | 6,671                                | 539,437 | 659,562          |     |
| SPOTIFY TECHNOLOGY SA           | 584                                  | 266,348 | 407,632          |     |
| STAG INDUSTRIAL INC             | 9,887                                | 361,802 | 348,912          |     |
| STANDEX INTL CORP               | 1,692                                | 347,057 | 358,535          |     |
| STATE STR CORP                  | 728                                  | 69,487  | 84,455           |     |
| STERIS PLC SHS USD              | 149                                  | 31,075  | 36,869           |     |
| SYNCHRONY FINANCIAL             | 4,062                                | 248,455 | 288,605          |     |
| T MOBILE US INC                 | 513                                  | 123,319 | 122,802          |     |
| TAIWAN SEMICONDUCTOR A D R      | 4,166                                | 680,076 | 1,163,522        |     |
| TALEN ENERGY CORP COM           | 2,094                                | 437,796 | 890,746          |     |
| TARGA RESOURCES CORP            | 753                                  | 119,200 | 126,158          |     |
| TE CONNECTIVITY PLC ORD SHS     | 2,535                                | 385,558 | 556,509          |     |
| TE CONNECTIVITY PLC ORD SHS     | 108                                  | 22,001  | 23,709           |     |
| TENCENT HLDGS LTD A D R         | 649                                  | 55,334  | 55,262           |     |
| TENET HEALTHCARE CORP           | 339                                  | 68,837  | 68,831           |     |
| TESLA INC                       | 1,815                                | 581,987 | 807,167          |     |
| TESLA INC                       | 974                                  | 259,277 | 433,157          |     |
| TEXAS ROADHOUSE INC             | 2,547                                | 228,756 | 423,184          |     |
| THE DESCARTES SYSTEMS GROUP INC | 5,560                                | 469,723 | 523,919          |     |
| THERMO FISHER SCIENTIFIC INC    | 1,477                                | 709,669 | 716,375          |     |
| TKO GROUP HOLDINGS INC          | 337                                  | 56,098  | 68,061           |     |
| TRANSUNION                      | 5,660                                | 471,701 | 474,195          |     |
| TRIMBLE NAV LTD                 | 8,589                                | 575,655 | 701,292          |     |
| TWILIO INC A                    | 1,372                                | 162,005 | 137,323          |     |
| UNIQUE BV                       | 752                                  | 41,001  | 43,894           |     |
| UNITED AIRLS HLDGS INC COM      | 976                                  | 84,289  | 94,184           |     |
| UNITED AIRLS HLDGS INC COM      | 1,059                                | 52,782  | 102,194          |     |
| UNITED RENTALS INC COM          | 187                                  | 144,315 | 178,521          |     |
| UNITED RENTALS INC COM          | 98                                   | 75,635  | 93,557           |     |
| UNITEDHEALTH GROUP INC COM      | 2,024                                | 966,781 | 698,887          |     |
| UNITEDHEALTH GROUP INC COM      | 276                                  | 140,938 | 95,303           |     |
| UNIVERSAL DISPLAY CORP COM      | 2,999                                | 434,814 | 430,746          |     |
| UPSTART HLDGS INC COM           | 143                                  | 9,564   | 7,264            |     |
| US BANCORP                      | 2,553                                | 109,855 | 123,386          |     |
| US FOODS HLDG CORP COM          | 4,372                                | 303,427 | 334,983          |     |
| VALERO ENERGY CORP COM          | 1,445                                | 208,528 | 246,026          |     |
| VALMONT INDS INC                | 1,764                                | 491,906 | 683,956          |     |
| VERACYTE INC                    | 9,093                                | 299,457 | 312,163          |     |
| VERALTO CORP COM SHS            | 2,209                                | 185,408 | 235,501          |     |
| VERISIGN INC                    | 80                                   | 18,967  | 22,366           |     |

# WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN

## SCHEDULE OF CORPORATE STOCK - COMMON

SEPTEMBER 30, 2025

EIN 57-6027499, PLAN NO. 001

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

| (b)<br>ISSUER                                                                    | (c) -<br>DESCRIPTION<br>COMMON STOCK | (d)                   | (e)                   |
|----------------------------------------------------------------------------------|--------------------------------------|-----------------------|-----------------------|
|                                                                                  | NO. OF SHARES                        | COST                  | CURRENT<br>VALUE      |
| VERTIV HOLDINGS CO                                                               | 2,726                                | 233,467               | 411,244               |
| VISA INC COM CL A                                                                | 192                                  | 44,517                | 65,545                |
| VISTRA ENERGY CORP                                                               | 1,883                                | 321,202               | 368,918               |
| VOYA FINANCIAL INC                                                               | 7,399                                | 504,355               | 553,445               |
| WALMART INC COM                                                                  | 2,055                                | 168,547               | 211,788               |
| WASTE CONNECTIONS INC                                                            | 1,945                                | 237,390               | 341,931               |
| WELLS FARGO CO NEW COM                                                           | 931                                  | 38,462                | 78,036                |
| WESTERN DIGITAL CORP COM                                                         | 4,769                                | 349,990               | 572,566               |
| WEYERHAEUSER CO MTN BE COM NEW                                                   | 21,694                               | 565,304               | 537,794               |
| WEYERHAEUSER CO MTN BE COM NEW                                                   | 2,977                                | 100,801               | 73,800                |
| WILLIS TOWERS WATSON PLC LTD SHS                                                 | 425                                  | 130,625               | 146,816               |
| WNS HLDGS LTD COM SHS                                                            | 4,274                                | 262,757               | 325,978               |
| WORKDAY INC                                                                      | 296                                  | 68,415                | 71,256                |
| ZOETIS INC CL A                                                                  | 1,066                                | 169,064               | 155,981               |
| BOYD WATTERSON GSA FUND LP AND SUBSIDIARY - CORPORATE STOCK<br>COMMON            | -                                    | 13,822,968            | 17,664,842            |
| CORBIN ERISA OPPORTUNITY FUND LP - CORPORATE STOCK COMMON                        | -                                    | 5,674,363             | 6,727,539             |
| GROSVENOR INSTITUTIONAL PARTNERS (PF) LTD - CORPORATE STOCK<br>COMMON            | -                                    | 18,156,365            | 25,118,171            |
| GCM GROSVENOR OPPORTUNISTIC CREDIT FUND LTD - CORPORATE STOCK<br>COMMON          | -                                    | 15,339,121            | 18,927,705            |
| GROSVENOR OPPORTUNISTIC CREDIT FUND III LTD - CORPORATE STOCK<br>COMMON          | -                                    | -                     | 235,168               |
| IRONSIDES OFFSHORE PRIVATE EQUITY FUND VII (50/50) LP - INTEREST<br>BEARING CASH | -                                    | 3,716,162             | 4,268,429             |
| MESIROW FINANCIAL PRIVATE EQUITY FUND VIII-A LP - CORPORATE STOCK<br>COMMON      | -                                    | 591,050               | 742,958               |
| NB CROSSROADS - CORPORATE STOCK COMMON                                           | -                                    | 584,541               | 441,679               |
| POST TRADITIONAL HIGH YIELD FUND LP - CORPORATE STOCK COMMON                     | -                                    | 30,685                | 42,432                |
|                                                                                  |                                      | <u>\$ 156,784,021</u> | <u>\$ 201,559,741</u> |

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

# WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN

## SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

SEPTEMBER 30, 2025

EIN 57-6027499, PLAN NO. 001

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

| (b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (c) - DESCRIPTION<br>PARTNERSHIPS | (d)                                                                                                                           | (e)                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| ISSUER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   | COST                                                                                                                          | CURRENT<br>VALUE                                                                                                                          |
| U.S. REAL ESTATE INVESTMENT FUND LLC<br>BOYD WATTERSON GSA FD LP & SUBSID - PARTNERSHIP<br>BOYD WATTERSON STATE GOVERNMENT FUND LP -<br>PARTNERSHIP<br>GCM GROSVENOR OPPORTUNISTIC CREDIT FUND LTD -<br>PARTNERSHIP<br>GROSVENOR INSTITUTIONAL PARTNERS (PF) LTD -<br>PARTNERSHIP<br>GROSVENOR OPPORTUNISTIC CREDIT FUND III LTD -<br>PARTNERSHIP<br>HAMILTON LANE SECONDARY FEEDER FUND IV-A LP -<br>PARTNERSHIP<br>HAMILTON LANE SECONDARY FEEDER FUND V-A LP -<br>PARTNERSHIP<br>IRONSIDE OFFSHORE EQUITY FUND VIII - PARTNERSHIP<br>MESIROW FINANCIAL PRIVATE EQUITY FUND VIII-A LP -<br>PARTNERSHIP<br>NB CROSSROADS FUND 23 PLAN LP - PARTNERSHIP |                                   | \$ 16,525,561<br>140,324<br>735,412<br>1,753,649<br>1,777,052<br>-<br>-<br>3,429,315<br>8,610,824<br>10,579,728<br>11,168,511 | \$ 16,223,372<br>176,848<br>686,730<br>2,134,068<br>2,457,771<br>69,286<br>3,222,954<br>7,020,951<br>9,891,861<br>13,302,877<br>8,358,333 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   | <u>\$ 54,720,376</u>                                                                                                          | <u>\$ 63,545,051</u>                                                                                                                      |

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

**WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN**

**SCHEDULE OF NON-PARTICIPANT LOANS**

**SEPTEMBER 30, 2025**

**EIN 57-6027499, PLAN NO. 001**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

| (b)                                                      | (c) -                                       | (d)                 | (e)                 |
|----------------------------------------------------------|---------------------------------------------|---------------------|---------------------|
|                                                          | DESCRIPTION<br>NON-<br>PARTICIPANT<br>LOANS |                     |                     |
|                                                          | PAR OR                                      |                     |                     |
| ISSUER                                                   | MATURITY / NO.                              | COST                | CURRENT             |
|                                                          | OF SHARES                                   |                     | VALUE               |
| CORBIN ERISA OPPORTUNITY FUND LP - NON-PARTICIPANT LOANS | -                                           | \$ <u>2,272,698</u> | \$ <u>2,735,556</u> |
|                                                          |                                             | \$ <u>2,272,698</u> | \$ <u>2,735,556</u> |

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

**WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN**

**SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS**

**SEPTEMBER 30, 2025**

**EIN 57-6027499, PLAN NO. 001**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

| (b)                                                                         | (c) - DESCRIPTION<br>COMMON/<br>COLLECTIVE<br>TRUST FUNDS | (d)                  | (e)                  |
|-----------------------------------------------------------------------------|-----------------------------------------------------------|----------------------|----------------------|
| ISSUER                                                                      | NO. OF SHARES                                             | COST                 | CURRENT<br>VALUE     |
| INVESCO INTERNATIONAL GROWTH TRUST                                          | 750,537                                                   | \$ 5,793,888         | \$ 13,622,256        |
| LONGVIEW ULTRA CONSTRUCTION LOAN INV FUND                                   | 4                                                         | 7,718                | 2,684                |
| NORTHERN TRUST COLLECTIVE RUSSELL 1000 GROWTH INDEX FUND<br>- NON - LENDING | 15,848                                                    | 14,915,392           | 24,455,948           |
| VICTORY TRIVALENT INTERNATIONAL SMALL CAP COLLECTIVE FUND                   | 1,000,182                                                 | <u>14,329,740</u>    | <u>24,853,929</u>    |
|                                                                             |                                                           | \$ <u>35,046,738</u> | \$ <u>62,934,817</u> |

**WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN**

**SCHEDULE OF POOLED SEPARATE ACCOUNTS**

**SEPTEMBER 30, 2025**

**EIN 57-6027499, PLAN NO. 001**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

| (b) | (c) - DESCRIPTION<br>POOLED<br>SEPARATE<br>ACCOUNTS                |         | (d)                  | (e)                  |
|-----|--------------------------------------------------------------------|---------|----------------------|----------------------|
|     | ISSUER                                                             | UNITS   | COST                 | CURRENT<br>VALUE     |
|     | PRINCIPAL LIFE INSURANCE COMPANY U.S. PROPERTY SEPARATE<br>ACCOUNT | 152,754 | \$ 6,934,931         | \$ 10,138,800        |
|     | PRUDENTIAL PRISA II SEPARATE ACCOUNT                               | 330     | <u>10,400,364</u>    | <u>15,647,124</u>    |
|     |                                                                    |         | <u>\$ 17,335,295</u> | <u>\$ 25,785,924</u> |

**WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN**

**SCHEDULE OF 103-12 INVESTMENT ENTITIES**

**SEPTEMBER 30, 2025**

**EIN 57-6027499, PLAN NO. 001**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

| (b) | (c) - DESCRIPTION<br>103-12 INVESTMENT ENTITIES |               | (d)           | (e)              |
|-----|-------------------------------------------------|---------------|---------------|------------------|
|     | ISSUER                                          | NO. OF SHARES | COST          | CURRENT<br>VALUE |
|     | ULLICO INFRASTRUCTURE                           | 79,842        | \$ 19,357,278 | \$ 24,802,060    |
|     |                                                 |               | \$ 19,357,278 | \$ 24,802,060    |

**WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN**

**SCHEDULE OF REGISTERED INVESTMENT COMPANIES**

**SEPTEMBER 30, 2025**

**EIN 57-6027499, PLAN NO. 001**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

| (b) | (c) - DESCRIPTION<br>REGISTERED INVESTMENT<br>COMPANIES |               | (d)                 | (e)                 |
|-----|---------------------------------------------------------|---------------|---------------------|---------------------|
|     | ISSUER                                                  | NO. OF SHARES | COST                | CURRENT<br>VALUE    |
|     | FIRST AMERICAN GOVERNMENT OBLIG FD CL Z                 | 973,989       | \$ 973,989          | \$ 973,989          |
|     | FIRST AMERICAN TREASURY OBLIG FD CL Z                   | 429,170       | 429,170             | 429,170             |
|     | FIRST AMERICAN U.S. TREASURY MM FD CL Z                 | 1,725,527     | <u>1,725,527</u>    | <u>1,725,527</u>    |
|     |                                                         |               | <u>\$ 3,128,686</u> | <u>\$ 3,128,686</u> |

**WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN**

**SCHEDULE OF OTHER INVESTMENTS**

**SEPTEMBER 30, 2025**

**EIN 57-6027499, PLAN NO. 001**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

| (b)                                                            | (c) - DESCRIPTION<br>OTHER<br>INVESTMENTS | (d)               | (e)               |
|----------------------------------------------------------------|-------------------------------------------|-------------------|-------------------|
| ISSUER                                                         |                                           | COST              | CURRENT<br>VALUE  |
| BOYD WATTERSON GSA FD LP & SUBSID - OTHER INVESTMENTS          | -                                         | \$ 32,721         | \$ 41,238         |
| BOYD WATTERSON STATE GOVERNMENT FUND LP - OTHER<br>INVESTMENTS | -                                         | 76,204            | 71,160            |
| CORBIN ERISA OPPORTUNITY FUND LP - OTHER INVESTMENTS           | -                                         | <u>422,061</u>    | <u>508,017</u>    |
|                                                                | -                                         | <u>\$ 530,986</u> | <u>\$ 620,415</u> |

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

**WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN**

**SCHEDULE OF REPORTABLE TRANSACTIONS**

**YEAR ENDED SEPTEMBER 30, 2025**

**EIN 57-6027499, PLAN NO. 001**

**FORM 5500, SCHEDULE H, PAGE 4, PART IV, ITEM 4J - SCHEDULE OF REPORTABLE TRANSACTIONS DURING THE YEAR**

| (a)<br>IDENTITY<br>OF PARTY<br>INVOLVED | (b)<br>DESCRIPTION OF ASSET | (c)<br>PURCHASE<br>PRICE | (d)<br>SELLING<br>PRICE | (e)<br>LEASE<br>RENTAL | (f)<br>EXPENSE<br>INCURRED<br>WITH<br>TRANSACTION | (g)<br>COST OF<br>ASSET | (h)<br>CURRENT<br>VALUE OF<br>ASSET ON<br>TRANSACTION<br>DATE | (i)<br>NET GAIN<br>OR (LOSS) |
|-----------------------------------------|-----------------------------|--------------------------|-------------------------|------------------------|---------------------------------------------------|-------------------------|---------------------------------------------------------------|------------------------------|
|                                         |                             |                          |                         |                        |                                                   |                         |                                                               |                              |
| N/A                                     | FIRST AM GOVT OB FD CL Z    | \$ 82,937,236            | \$ -                    | \$ -                   | \$ -                                              | \$ -                    | \$ 82,937,236                                                 | \$ -                         |
| N/A                                     | FIRST AM GOVT OB FD CL Z    | -                        | 82,745,278              | -                      | -                                                 | 82,745,278              | 82,745,278                                                    | -                            |

# WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN

## SCHEDULE RECONCILING THE STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS TO FORM 5500

SEPTEMBER 30, 2025

|                                          | <u>Per Financial<br/>Statements</u> | <u>Reclassification</u> | <u>Per Form 5500</u>  |
|------------------------------------------|-------------------------------------|-------------------------|-----------------------|
| <b>Assets</b>                            |                                     |                         |                       |
| <b>Investments</b>                       |                                     |                         |                       |
| Interest bearing cash                    | \$ -                                | \$ 6,724,468            | \$ 6,724,468          |
| U.S. government securities               | 19,030,375                          | -                       | 19,030,375            |
| Corporate debt instruments               | 26,052,921                          | 46,296,080              | 72,349,001            |
| Corporate stock                          | 178,447,766                         | 23,299,498              | 201,747,264           |
| Partnership/joint venture interests      | 142,474,169                         | (78,929,118)            | 63,545,051            |
| Loans (other than participant loans)     | -                                   | 2,735,556               | 2,735,556             |
| Common/collective trust funds            | 62,934,817                          | -                       | 62,934,817            |
| Pooled separate accounts                 | 25,785,924                          | -                       | 25,785,924            |
| 103-12 investment entities               | 24,802,060                          | -                       | 24,802,060            |
| Registered investment companies          | 3,128,686                           | -                       | 3,128,686             |
| Other investments                        | -                                   | 620,415                 | 620,415               |
| <b>Receivables</b>                       | 1,378,680                           | 6,942,278               | 8,320,958             |
| <b>Cash</b>                              | 7,914,742                           | -                       | 7,914,742             |
| <b>Other assets</b>                      | <u>166,881</u>                      | <u>20,673,954</u>       | <u>20,840,835</u>     |
| <b>Total assets</b>                      | <u>492,117,021</u>                  | <u>28,363,131</u>       | <u>520,480,152</u>    |
| <b>Liabilities</b>                       |                                     |                         |                       |
| <b>Operating payables</b>                | 313,308                             | 1,033,635               | 1,346,943             |
| <b>Other liabilities</b>                 | <u>-</u>                            | <u>25,914,202</u>       | <u>25,914,202</u>     |
| <b>Total liabilities</b>                 | <u>313,308</u>                      | <u>26,947,837</u>       | <u>27,261,145</u>     |
| <b>Net assets available for benefits</b> | <u>\$ 491,803,713</u>               | <u>\$ 1,415,294</u>     | <u>\$ 493,219,007</u> |

The Plan's holdings in various investments were determined to be plan assets for Form 5500 purposes. This schedule reconciles audited financial statement amounts, plus the Plan's share of amounts provided by the investment managers to the Form 5500 Schedule H amounts.

**WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN**

**SCHEDULES OF ADMINISTRATIVE EXPENSES**

**YEARS ENDED SEPTEMBER 30, 2025 AND 2024**

|                               | <b><u>2025</u></b>  | <b><u>2024</u></b>  |
|-------------------------------|---------------------|---------------------|
| Payroll                       | \$ 342,872          | \$ 308,859          |
| Payroll taxes                 | 24,756              | 22,565              |
| Employee benefits             | 116,886             | 105,037             |
| Occupancy                     | 87,007              | 89,023              |
| Telephone                     | 7,846               | 5,710               |
| Office                        | 47,661              | 29,514              |
| Printing                      | 3,528               | 2,368               |
| Postage                       | 6,481               | 4,400               |
| Legal                         | 81,419              | 93,949              |
| Accounting                    | 110,114             | 109,454             |
| Actuarial consulting          | 278,947             | 291,066             |
| Consulting                    | -                   | 2,656               |
| Computer                      | 102,561             | 112,785             |
| Insurance                     | 118,181             | 91,445              |
| Conferences and meetings      | 61,874              | 46,211              |
| PBGC premium                  | 88,356              | 92,855              |
| Depreciation                  | <u>-</u>            | <u>8,948</u>        |
| Total administrative expenses | <u>\$ 1,478,489</u> | <u>\$ 1,416,845</u> |

# WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN

## SCHEDULE OF INTEREST BEARING CASH

SEPTEMBER 30, 2025

EIN 57-6027499, PLAN NO. 001

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

| (b)                                                                           | (c) -<br>DESCRIPTION<br>INTEREST<br>BEARING CASH<br>INTEREST<br>RATE | (d)<br>COST         | (e)<br>CURRENT<br>VALUE |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------|-------------------------|
| ISSUER                                                                        |                                                                      |                     |                         |
| BOYD WATTERSON GSA FUND LP AND SUBSIDIARY - INTEREST BEARING CASH             |                                                                      | \$ 937,337          | \$ 937,337              |
| BOYD WATTERSON STATE GOVERNMENT FUND LP - INTEREST BEARING CASH               |                                                                      | 1,494,848           | 1,494,848               |
| CORBIN ERISA OPPORTUNITY FUND LP - INTEREST BEARING CASH                      |                                                                      | 417,648             | 417,648                 |
| GCM GROSVENOR OPPORTUNISTIC CREDIT FUND LTD - INTEREST BEARING CASH           |                                                                      | 1,203,447           | 1,203,447               |
| GROSVENOR INSTITUTIONAL PARTNERS (PF) LTD - INTEREST BEARING CASH             |                                                                      | 17,792              | 17,792                  |
| GROSVENOR OPPORTUNISTIC CREDIT FUND III LTD - INTEREST BEARING CASH           |                                                                      | 21,590              | 21,590                  |
| HAMILTON LANE SECONDARY FEEDER FUND IV-A LP - INTEREST BEARING CASH           |                                                                      | 252,742             | 252,742                 |
| HAMILTON LANE SECONDARY FEEDER FUND V-A LP - INTEREST BEARING CASH            |                                                                      | 16,841              | 16,841                  |
| IRONSIDES OFFSHORE PRIVATE EQUITY FUND VII (50/50) LP - INTEREST BEARING CASH |                                                                      | 9,167               | 9,167                   |
| MESIROW FINANCIAL PRIVATE EQUITY FUND VIII-A LP - INTEREST BEARING CASH       |                                                                      | 15,652              | 15,652                  |
| NB CROSSROADS FUND 23 PLAN LP - INTEREST BEARING CASH                         |                                                                      | 329,773             | 329,773                 |
| POST TRADITIONAL HIGH YIELD FUND LP - INTEREST BEARING CASH                   |                                                                      | 2,007,631           | 2,007,631               |
|                                                                               |                                                                      | <u>\$ 6,724,468</u> | <u>\$ 6,724,468</u>     |

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

# WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN

## SCHEDULE OF U.S. GOVERNMENT SECURITIES

SEPTEMBER 30, 2025

EIN 57-6027499, PLAN NO. 001

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

(b)

(c) - DESCRIPTION

(d)

(e)

### U.S. GOVERNMENT SECURITIES

| ISSUER                         | INTEREST RATE | MATURITY DATE | PAR OR MATURITY VALUE | COST       | CURRENT VALUE |
|--------------------------------|---------------|---------------|-----------------------|------------|---------------|
| F H L M C MULTICLASS MTG PARTN | 2.99%         | 12/25/2025    | \$ 233,465            | \$ 230,957 | \$ 232,458    |
| U S TREASURY NOTE              | 1.50%         | 08/15/2026    | 215,000               | 205,927    | 210,846       |
| U S TREASURY NOTE              | 2.00%         | 11/15/2026    | 500,000               | 490,096    | 490,585       |
| U S TREASURY NOTE              | 2.75%         | 02/15/2028    | 570,000               | 568,031    | 558,714       |
| U S TREASURY NOTE              | 3.13%         | 11/15/2028    | 225,000               | 219,016    | 221,573       |
| G N M A PASS THRU CERT         | 6.00%         | 12/15/2028    | 1,013                 | 1,119      | 1,033         |
| U S TREASURY NOTE              | 2.38%         | 05/15/2029    | 575,000               | 559,373    | 549,936       |
| U S TREASURY NOTE              | 1.50%         | 02/15/2030    | 545,000               | 498,390    | 496,991       |
| F H L M C GOLD PARTN CERT      | 3.00%         | 07/01/2030    | 16,583                | 17,484     | 16,269        |
| F N M A                        | 0.88%         | 08/05/2030    | 660,000               | 572,468    | 576,959       |
| U S TREASURY NOTE              | 0.63%         | 08/15/2030    | 850,000               | 733,188    | 732,828       |
| F N M A DEB                    | 6.63%         | 11/15/2030    | 375,000               | 434,944    | 423,848       |
| UNITED STATES TREAS NTS        | 4.38%         | 11/30/2030    | 650,000               | 659,658    | 668,356       |
| F H L M C GOLD PARTN CERT      | 3.00%         | 12/01/2030    | 2,304                 | 2,423      | 2,257         |
| G N M A PASS THRU CERT         | 8.00%         | 12/15/2030    | 10                    | 12         | 11            |
| U S TREASURY NOTE              | 1.13%         | 02/15/2031    | 300,000               | 263,406    | 262,149       |
| F H L M C GOLD PARTN CERT      | 3.00%         | 05/01/2031    | 30,853                | 32,570     | 30,238        |
| U S TREASURY NOTE              | 4.13%         | 07/31/2031    | 615,000               | 622,675    | 624,348       |
| U S TREASURY NOTE              | 1.25%         | 08/15/2031    | 1,100,000             | 954,005    | 951,324       |
| F N M A PARTN CERT             | 3.00%         | 04/01/2032    | 36,532                | 37,519     | 35,567        |
| F H L M C MULTICLASS MTG PARTN | 2.92%         | 06/25/2032    | 180,000               | 161,997    | 166,163       |
| F H L M C MTN                  | 6.25%         | 07/15/2032    | 300,000               | 344,937    | 340,542       |
| U S TREASURY NOTE              | 2.75%         | 08/15/2032    | 755,000               | 683,807    | 701,886       |
| U S TREASURY NOTE              | 4.13%         | 11/15/2032    | 1,030,000             | 1,035,425  | 1,041,989     |
| U S TREASURY NOTE              | 3.38%         | 05/15/2033    | 1,050,000             | 1,000,174  | 1,008,578     |
| U S TREASURY NOTE              | 4.00%         | 02/15/2034    | 1,145,000             | 1,121,487  | 1,142,000     |
| U S TREASURY NOTE              | 4.63%         | 02/15/2035    | 860,000               | 884,815    | 893,727       |
| F H L M C PARTN CERT           | 2.00%         | 06/01/2035    | 162,869               | 144,673    | 150,595       |
| F N M A PARTN CERT UMBS        | 2.50%         | 05/01/2036    | 48,633                | 44,845     | 45,856        |
| F H L M C PARTN CERT           | 2.50%         | 04/01/2037    | 87,945                | 81,473     | 83,045        |
| F N M A PARTN CERT UMBS        | 3.50%         | 07/01/2037    | 252,830               | 244,139    | 245,033       |
| F N M A PARTN CERT UMBS        | 4.00%         | 07/01/2037    | 161,465               | 159,043    | 159,004       |
| G N M A PASS THRU CERT         | 6.00%         | 07/15/2037    | 912                   | 992        | 944           |
| F H L M C PARTN CERT           | 4.00%         | 08/01/2037    | 232,939               | 226,979    | 229,386       |
| F H L M C PARTN CERT           | 4.50%         | 09/01/2037    | 249,885               | 245,230    | 249,670       |
| F H L M C PARTN CERT           | 4.50%         | 10/01/2037    | 306,288               | 305,157    | 306,297       |
| F H L M C PARTN CERT           | 4.00%         | 10/01/2037    | 214,602               | 211,891    | 211,115       |
| F N M A PARTN CERT UMBS        | 5.00%         | 10/01/2037    | 82,214                | 82,748     | 83,084        |
| F N M A PARTN CERT UMBS        | 4.00%         | 11/01/2037    | 71,783                | 69,562     | 70,667        |
| F H L M C PARTN CERT           | 5.50%         | 02/01/2038    | 128,678               | 127,565    | 131,633       |
| F H L M C PARTN CERT           | 4.50%         | 03/01/2038    | 65,609                | 64,729     | 65,611        |
| F H L M C PARTN CERT           | 5.00%         | 03/01/2038    | 112,706               | 112,650    | 114,019       |
| F N M A PARTN CERT UMBS        | 5.50%         | 04/01/2038    | 447,693               | 454,080    | 457,972       |
| F N M A PARTN CERT UMBS        | 4.50%         | 04/01/2038    | 146,664               | 145,862    | 146,668       |
| F N M A PARTN CERT UMBS        | 5.00%         | 05/01/2038    | 56,632                | 56,853     | 57,292        |
| F H L M C PARTN CERT           | 5.00%         | 07/01/2038    | 43,673                | 44,083     | 44,182        |
| F N M A PARTN CERT UMBS        | 5.00%         | 07/01/2038    | 154,909               | 155,460    | 156,647       |
| F N M A PARTN CERT UMBS        | 5.00%         | 07/01/2038    | 353,801               | 355,529    | 357,771       |
| F N M A PARTN CERT UMBS        | 5.50%         | 08/01/2038    | 105,717               | 107,336    | 108,047       |
| F H L M C PARTN CERT           | 5.50%         | 09/01/2038    | 203,954               | 207,173    | 208,637       |
| F N M A PARTN CERT UMBS        | 6.00%         | 09/01/2038    | 377,881               | 386,348    | 390,457       |
| F H L M C PARTN CERT           | 6.00%         | 10/01/2038    | 132,594               | 136,820    | 137,007       |
| F H L M C PARTN CERT           | 5.00%         | 04/01/2039    | 265,713               | 265,949    | 268,697       |
| F H L M C PARTN CERT           | 5.00%         | 05/01/2039    | 308,279               | 309,950    | 311,492       |
| F H L M C PARTN CERT UMBS      | 5.50%         | 10/01/2039    | 320,832               | 326,756    | 329,186       |

# WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN

## SCHEDULE OF U.S. GOVERNMENT SECURITIES

SEPTEMBER 30, 2025

EIN 57-6027499, PLAN NO. 001

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

| (b)<br>ISSUER                   | (c) - DESCRIPTION<br>U.S. GOVERNMENT SECURITIES |                  |                             | (d)                  | (e)                  |
|---------------------------------|-------------------------------------------------|------------------|-----------------------------|----------------------|----------------------|
|                                 | INTEREST<br>RATE                                | MATURITY<br>DATE | PAR OR<br>MATURITY<br>VALUE | COST                 | CURRENT<br>VALUE     |
| F H L M C PARTN CERT UMBS       | 5.00%                                           | 12/01/2039       | 290,177                     | 292,580              | 293,293              |
| F H L M C PARTN CERT UMBS       | 4.00%                                           | 12/01/2039       | 522,362                     | 508,640              | 513,873              |
| FEDERAL HOME MORTGAGE CORP POOL | 4.00%                                           | 01/01/2040       | 91,724                      | 89,807               | 90,233               |
| F N M A PARTN CERT UMBS         | 4.00%                                           | 01/01/2040       | 204,464                     | 201,461              | 201,154              |
| F N M A PARTN CERT UMBS         | 4.50%                                           | 01/01/2040       | 284,273                     | 280,653              | 283,941              |
| F H L M C PARTN CERT UMBS       | 5.00%                                           | 05/01/2040       | 145,178                     | 146,089              | 146,692              |
|                                 |                                                 |                  | <u>\$ 19,456,638</u>        | <u>\$ 18,929,008</u> | <u>\$ 19,030,375</u> |

# WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN

## SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED

SEPTEMBER 30, 2025

EIN 57-6027499, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)

(c) - DESCRIPTION  
CORPORATE DEBT INSTRUMENTS -  
PREFERRED

(d)

(e)

| ISSUER                              | INTEREST RATE | MATURITY DATE | PAR OR MATURITY VALUE | COST      | CURRENT VALUE |
|-------------------------------------|---------------|---------------|-----------------------|-----------|---------------|
| CONNECTICUT LT PWR CO               | 0.75%         | 12/01/2025    | \$ 70,000             | \$ 66,467 | \$ 69,544     |
| NEBRASKA ST PUBLIC PWR DIST REVENUE | 2.42%         | 01/01/2026    | 70,000                | 71,011    | 69,712        |
| UNION PACIFIC RR CO                 | 3.23%         | 05/14/2026    | 352,449               | 361,920   | 350,408       |
| CATERPILLAR FINL SVCS MTNS          | 4.35%         | 05/15/2026    | 270,000               | 269,022   | 270,780       |
| HOME DEPOT INC                      | 5.15%         | 06/25/2026    | 155,000               | 155,890   | 156,380       |
| PRINCE GEORGES CNTY MD TAXABLE      | 1.19%         | 09/15/2026    | 20,000                | 20,195    | 19,524        |
| HOME DEPOT INC                      | 4.95%         | 09/30/2026    | 210,000               | 211,015   | 212,180       |
| DALLAS FORT WORTH TX INTERNATIONAL  | 2.26%         | 11/01/2026    | 35,000                | 35,000    | 34,471        |
| PACCAR FINANCIAL CORP               | 5.20%         | 11/09/2026    | 180,000               | 181,400   | 182,480       |
| ILLINOIS TOOL WORK INC              | 2.65%         | 11/15/2026    | 405,000               | 406,067   | 399,500       |
| ABBOTT LABORATORIES                 | 3.75%         | 11/30/2026    | 390,000               | 403,947   | 389,809       |
| TEXAS INSTRS INC                    | 4.60%         | 02/08/2027    | 135,000               | 135,419   | 136,283       |
| DAIMLER TRUCKS RETAIL               | 5.90%         | 03/15/2027    | 161,735               | 162,305   | 162,631       |
| NEW YORK ST URBAN DEV CORP REVENUE  | 3.15%         | 03/15/2027    | 240,000               | 235,380   | 237,982       |
| ILLINOIS HSG DEV AUTH REV TAXABLE   | 4.37%         | 04/01/2027    | 230,000               | 230,000   | 231,210       |
| METRO WSTWTR RECLAMATION DISTCO SWR | 2.36%         | 04/01/2027    | 45,000                | 46,972    | 44,101        |
| AMAZON COM INC                      | 3.15%         | 08/22/2027    | 250,000               | 249,890   | 247,278       |
| EMERSON ELEC CO SR NT               | 1.80%         | 10/15/2027    | 240,000               | 230,677   | 230,333       |
| DALLAS FORT WORTH TX INTL ARPT REV  | 4.67%         | 11/01/2027    | 100,000               | 100,000   | 101,897       |
| CHEVRON USA INC SR GLBL             | 4.48%         | 02/26/2028    | 347,000               | 348,084   | 351,844       |
| JOHN DEERE OWNER TR                 | 5.18%         | 03/15/2028    | 341,491               | 342,795   | 343,980       |
| NEW YORK ST URBAN DEV CORP REVENUE  | 3.27%         | 03/15/2028    | 155,000               | 157,486   | 153,083       |
| FLORIDA PWR LT CO                   | 5.05%         | 04/01/2028    | 420,000               | 426,311   | 430,979       |
| WALT DISNEY COMPANY THE             | 7.30%         | 04/30/2028    | 155,000               | 167,499   | 166,444       |
| AUTOMATIC DATA PROCESSING INC       | 1.70%         | 05/15/2028    | 120,000               | 112,229   | 113,639       |
| BANK OF AMERICA CREDIT CARD         | 4.79%         | 05/15/2028    | 280,000               | 281,214   | 281,394       |
| GEORGIA PWR CO                      | 4.65%         | 05/16/2028    | 330,000               | 329,818   | 334,891       |
| PACCAR FINANCIAL CORP               | 4.00%         | 08/08/2028    | 96,000                | 95,979    | 96,255        |
| CAPITAL ONE MULTI ASSET             | 2.06%         | 08/15/2028    | 140,000               | 137,151   | 137,837       |
| KIMBERLY CLARK CORP                 | 3.95%         | 11/01/2028    | 395,000               | 405,901   | 395,079       |
| VIRGINIA ST RESOURCES AUTH          | 2.53%         | 11/01/2028    | 130,000               | 130,700   | 124,994       |
| BANK OF AMERICA CREDIT CARD         | 4.98%         | 11/15/2028    | 170,000               | 171,161   | 172,086       |
| OREGON ST DEPT TRANSN HWY USERTAX   | 1.33%         | 11/15/2028    | 220,000               | 193,936   | 204,162       |
| CONSUMERS ENERGY CO                 | 4.90%         | 02/15/2029    | 202,000               | 203,518   | 207,094       |
| ADOBE INC SR GLBL                   | 4.80%         | 04/04/2029    | 140,000               | 140,398   | 143,774       |
| APPLIED MATLS INC                   | 4.80%         | 06/15/2029    | 155,000               | 155,695   | 158,903       |
| AMERICAN AIRLINES INC               | 3.58%         | 07/15/2029    | 160,142               | 154,743   | 156,917       |
| EXXON MOBIL CORPORATION             | 2.44%         | 08/16/2029    | 165,000               | 157,854   | 156,899       |
| GEORGIA PACIFIC CORP                | 7.75%         | 11/15/2029    | 392,000               | 442,412   | 444,622       |
| PEPSICO INC                         | 2.75%         | 03/19/2030    | 329,000               | 316,080   | 310,948       |
| VERIZON MA TR                       | 4.17%         | 08/20/2030    | 95,000                | 94,975    | 95,445        |
| CAPITAL ONE MLT AST EX TR           | 3.82%         | 09/16/2030    | 150,000               | 149,972   | 149,922       |
| BRISTOL MYERS SQUIBB CO             | 5.75%         | 02/01/2031    | 115,000               | 118,993   | 122,999       |
| JPMORGAN CHASE CO                   | 5.10%         | 04/22/2031    | 326,000               | 331,128   | 336,797       |
| PROGRESSIVE CORP                    | 3.00%         | 03/15/2032    | 300,000               | 266,503   | 276,882       |
| APPLE INC                           | 4.50%         | 05/12/2032    | 332,000               | 329,175   | 338,816       |
| UNITED PARCEL SVCS INC              | 4.88%         | 03/03/2033    | 260,000               | 260,551   | 267,454       |
| PG E ENERGY RECOVERY                | 1.46%         | 07/15/2033    | 111,561               | 109,521   | 103,282       |
| PUBLIC STORAGE GLBL                 | 5.10%         | 08/01/2033    | 256,000               | 256,894   | 265,792       |
| DUKE ENERGY CAROLINAS LLC           | 4.85%         | 01/15/2034    | 226,000               | 222,719   | 228,802       |
| AIR PRODUCTS AND CHEMICALS INC      | 4.85%         | 02/08/2034    | 226,000               | 224,039   | 229,650       |
| CUMMINS INC                         | 5.15%         | 02/20/2034    | 195,000               | 196,815   | 201,817       |
| PUBLIC SVC ELEC GAS CO              | 5.20%         | 03/01/2034    | 245,000               | 246,934   | 253,624       |
| MASTERCARD INC                      | 4.88%         | 05/09/2034    | 219,000               | 221,727   | 224,184       |

**WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN**

**SCHEDULE OF CORPORATE DEBT INSTRUMENTS - PREFERRED**

**SEPTEMBER 30, 2025**

**EIN 57-6027499, PLAN NO. 001**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

| (b)                           | (c) - DESCRIPTION<br>CORPORATE DEBT INSTRUMENTS -<br>PREFERRED |                  |                             | (d)           | (e)              |
|-------------------------------|----------------------------------------------------------------|------------------|-----------------------------|---------------|------------------|
| ISSUER                        | INTEREST<br>RATE                                               | MATURITY<br>DATE | PAR OR<br>MATURITY<br>VALUE | COST          | CURRENT<br>VALUE |
| AUTOMATIC DATA PROCESSING INC | 4.45%                                                          | 09/09/2034       | 204,000                     | 199,458       | 203,039          |
| GRAINGER W W INC              | 4.45%                                                          | 09/15/2034       | 232,000                     | 226,476       | 229,265          |
| DOMINION ENERGY SOUTH         | 5.30%                                                          | 01/15/2035       | 199,000                     | 200,823       | 205,501          |
| AMERICAN WTR CAP CORP         | 5.25%                                                          | 03/01/2035       | 233,000                     | 233,151       | 238,976          |
| TRAVELERS COMPANIES INC       | 5.05%                                                          | 07/24/2035       | 189,000                     | 190,410       | 192,368          |
|                               |                                                                |                  | \$ 12,515,378               | \$ 12,523,805 | \$ 12,596,942    |

# WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN

## SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

SEPTEMBER 30, 2025

EIN 57-6027499, PLAN NO. 001

FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

(b)

(c) - DESCRIPTION

(d)

(e)

| ISSUER                              | CORPORATE DEBT INSTRUMENTS - OTHER |                  |                             |            | CURRENT<br>VALUE |
|-------------------------------------|------------------------------------|------------------|-----------------------------|------------|------------------|
|                                     | INTEREST<br>RATE                   | MATURITY<br>DATE | PAR OR<br>MATURITY<br>VALUE | COST       |                  |
| ALLSTATE CORP                       | 0.75%                              | 12/15/2025       | \$ 120,000                  | \$ 115,365 | \$ 119,128       |
| MUNICIPAL ELEC AUTH GA TAXABLE PROJ | 1.58%                              | 01/01/2026       | 95,000                      | 95,000     | 94,416           |
| HCA INC                             | 5.88%                              | 02/15/2026       | 320,000                     | 321,137    | 320,413          |
| AMPHENOL CORP                       | 4.75%                              | 03/30/2026       | 380,000                     | 379,861    | 381,015          |
| WELLS FARGO COMPANY                 | 3.00%                              | 04/22/2026       | 60,000                      | 57,926     | 59,651           |
| MOLSON COORS BREWING CO             | 3.00%                              | 07/15/2026       | 345,000                     | 336,143    | 341,950          |
| CITIGROUP INC                       | 3.20%                              | 10/21/2026       | 215,000                     | 208,481    | 213,211          |
| MONDELEZ INTL INC                   | 2.63%                              | 03/17/2027       | 187,000                     | 177,775    | 183,118          |
| CINTAS CORPORATION NO 2             | 3.70%                              | 04/01/2027       | 430,000                     | 436,745    | 428,259          |
| DARDEN RESTAURANTS INC              | 3.85%                              | 05/01/2027       | 250,000                     | 245,126    | 248,810          |
| GENERAL MTRS FINL CO INC            | 5.40%                              | 05/08/2027       | 275,000                     | 277,587    | 279,661          |
| AT T INC GLBL NT                    | 2.30%                              | 06/01/2027       | 350,000                     | 332,736    | 339,658          |
| INTEL CORP                          | 3.75%                              | 08/05/2027       | 141,000                     | 138,544    | 139,916          |
| QUANTA SVCS INC SR GLBL NT 27       | 4.75%                              | 08/09/2027       | 289,000                     | 289,134    | 292,300          |
| ECOLAB INC                          | 5.25%                              | 01/15/2028       | 250,000                     | 254,743    | 256,780          |
| BANK OF AMERICA CORP                | 3.82%                              | 01/20/2028       | 296,000                     | 296,469    | 294,624          |
| VENTAS REALTY LP                    | 4.00%                              | 03/01/2028       | 225,000                     | 220,213    | 223,970          |
| TRANSCONT GAS PIPE LINE             | 4.00%                              | 03/15/2028       | 327,000                     | 325,084    | 326,065          |
| NVENT FINANCE SARL                  | 4.55%                              | 04/15/2028       | 125,000                     | 129,000    | 125,455          |
| REPUBLIC SERVICES INC               | 3.95%                              | 05/15/2028       | 400,000                     | 387,835    | 400,100          |
| CANADIAN PACIFIC RR CO              | 4.00%                              | 06/01/2028       | 334,000                     | 328,546    | 333,409          |
| ECOLAB INC                          | 4.30%                              | 06/15/2028       | 98,000                      | 97,932     | 98,781           |
| CANADIAN NATL RAIL                  | 6.90%                              | 07/15/2028       | 310,000                     | 358,470    | 333,743          |
| JACOBS SOLUTIONS INC                | 6.35%                              | 08/18/2028       | 125,000                     | 128,076    | 131,994          |
| AVERY DENNISON CORP                 | 4.88%                              | 12/06/2028       | 360,000                     | 378,556    | 366,095          |
| CNH INDUSTRIAL CAPITAL LLC          | 5.50%                              | 01/12/2029       | 78,000                      | 78,795     | 80,721           |
| ANHEUSER BUSCH INBEV WLDW INC       | 4.75%                              | 01/23/2029       | 260,000                     | 275,295    | 265,333          |
| LOCKHEED MARTIN CORP                | 4.50%                              | 02/15/2029       | 350,000                     | 349,550    | 355,103          |
| WISCONSIN ELEC PWR CO               | 5.00%                              | 05/15/2029       | 265,000                     | 267,143    | 272,942          |
| OGE ENERGY CORP                     | 5.45%                              | 05/15/2029       | 200,000                     | 202,802    | 207,740          |
| O REILLY AUTOMOTIVE INC             | 3.90%                              | 06/01/2029       | 395,000                     | 380,114    | 390,671          |
| ORACLE CORP                         | 6.15%                              | 11/09/2029       | 126,000                     | 131,325    | 134,365          |
| VULCAN MATLS CO                     | 4.95%                              | 12/01/2029       | 220,000                     | 221,490    | 225,282          |
| CONOCOPHILLIPS SR NT                | 4.70%                              | 01/15/2030       | 288,000                     | 287,513    | 293,596          |
| FISERV INC                          | 4.75%                              | 03/15/2030       | 158,000                     | 157,135    | 160,288          |
| NATIOANL RURAL UTIL COOP            | 2.40%                              | 03/15/2030       | 285,000                     | 263,744    | 264,805          |
| MCDONALDS CORP FR                   | 4.60%                              | 05/15/2030       | 338,000                     | 336,764    | 343,236          |
| COMCAST CORP                        | 4.25%                              | 10/15/2030       | 370,000                     | 360,742    | 370,636          |
| CBOE GLOBAL MKTS INC SR NT          | 1.63%                              | 12/15/2030       | 389,000                     | 339,503    | 341,709          |
| XYLEM INC                           | 2.25%                              | 01/30/2031       | 299,000                     | 258,866    | 268,600          |
| ABBVIE INC                          | 4.95%                              | 03/15/2031       | 186,000                     | 187,129    | 192,255          |
| KEURIG DR PEPPER INC                | 5.20%                              | 03/15/2031       | 152,000                     | 152,986    | 155,359          |
| LOWES COS INC                       | 4.25%                              | 03/15/2031       | 170,000                     | 169,708    | 168,900          |
| AMERICAN EXPRESS CO                 | 5.02%                              | 04/25/2031       | 352,000                     | 354,376    | 361,951          |
| MARTIN MARIETTA MATLS INC           | 2.40%                              | 07/15/2031       | 244,000                     | 216,516    | 218,485          |
| ROPER TECHNOLOGIES INC              | 4.75%                              | 02/15/2032       | 282,000                     | 280,083    | 285,153          |
| WASTE MGMT INC                      | 4.15%                              | 04/15/2032       | 436,000                     | 423,727    | 431,352          |
| HOST HOTELS RESORTS L P             | 5.70%                              | 06/15/2032       | 135,000                     | 133,472    | 139,068          |
| PACIFIC GAS ELEC CO 1ST MTG BD      | 5.90%                              | 06/15/2032       | 112,000                     | 114,158    | 117,093          |
| EOG RES INC                         | 5.00%                              | 07/15/2032       | 267,000                     | 267,769    | 273,192          |
| EATON CORP OHIO SR NT               | 4.15%                              | 03/15/2033       | 339,000                     | 323,585    | 333,783          |
| BROWN FORMAN CORP                   | 4.75%                              | 04/15/2033       | 210,000                     | 208,219    | 212,463          |
| WISCONSIN ELEC PWR CO SR NT         | 4.60%                              | 10/01/2034       | 110,000                     | 108,312    | 109,377          |
| DTE ENERGY CO                       | 5.05%                              | 10/01/2035       | 151,000                     | 150,441    | 149,999          |

# WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN

## SCHEDULE OF CORPORATE DEBT INSTRUMENTS - OTHER

SEPTEMBER 30, 2025

EIN 57-6027499, PLAN NO. 001

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

| (b)<br>ISSUER                                                 | (c) - DESCRIPTION<br>CORPORATE DEBT INSTRUMENTS - OTHER |                  |                             | (d)                  | (e)                  |
|---------------------------------------------------------------|---------------------------------------------------------|------------------|-----------------------------|----------------------|----------------------|
|                                                               | INTEREST<br>RATE                                        | MATURITY<br>DATE | PAR OR<br>MATURITY<br>VALUE | COST                 | CURRENT<br>VALUE     |
| CORBIN ERISA OPPORTUNITY FUND LP -<br>CORPORATE DEBT OTHER    |                                                         |                  | -                           | 4,153,659            | 4,999,593            |
| POST TRADITIONAL HIGH YIELD FUND LP -<br>CORPORATE DEBT OTHER |                                                         |                  | -                           | 29,307,741           | 41,296,487           |
|                                                               |                                                         |                  | <u>\$ 13,474,000</u>        | <u>\$ 46,779,146</u> | <u>\$ 59,752,059</u> |

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

**WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN**

**SCHEDULE OF CORPORATE STOCK - PREFERRED**

**SEPTEMBER 30, 2025**

**EIN 57-6027499, PLAN NO. 001**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

| (b)<br><br>ISSUER                                            | (c) -<br>DESCRIPTION<br>PREFERRED<br>STOCK<br>NO. OF<br>SHARES | (d)<br><br>COST   | (e)<br><br>CURRENT<br>VALUE |
|--------------------------------------------------------------|----------------------------------------------------------------|-------------------|-----------------------------|
|                                                              |                                                                |                   |                             |
| CORBIN ERISA OPPORTUNITY FUND LP - CORPORATE STOCK PREFERRED | -                                                              | \$ <u>155,794</u> | \$ <u>187,523</u>           |
|                                                              |                                                                | \$ <u>155,794</u> | \$ <u>187,523</u>           |

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

# WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN

## SCHEDULE OF CORPORATE STOCK - COMMON

SEPTEMBER 30, 2025

EIN 57-6027499, PLAN NO. 001

### FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

| (b)                               | (c) -                       | (d)       | (e)              |
|-----------------------------------|-----------------------------|-----------|------------------|
|                                   | DESCRIPTION<br>COMMON STOCK |           |                  |
| ISSUER                            | NO. OF<br>SHARES            | COST      | CURRENT<br>VALUE |
| 3M CO                             | 436                         | \$ 40,391 | \$ 67,658        |
| ABBOTT LABS COM                   | 704                         | 94,998    | 94,294           |
| ABBVIE INC                        | 299                         | 68,942    | 69,230           |
| ABBVIE INC                        | 1,954                       | 334,988   | 452,429          |
| ABIVAX SA A D R                   | 1,377                       | 97,632    | 116,907          |
| ACCENTURE PLC IRELAND SHS CLASS A | 500                         | 143,356   | 123,300          |
| ACI WORLDWIDE INC                 | 7,382                       | 377,652   | 389,548          |
| ADOBE INC                         | 186                         | 92,424    | 65,612           |
| ADVANCED ENERGY INDS COM          | 2,752                       | 293,940   | 468,225          |
| ADVANCED MICRO DEVICES INC        | 1,396                       | 205,950   | 225,859          |
| AGILYSYS INC                      | 5,210                       | 423,171   | 548,353          |
| AIRBNB INC                        | 272                         | 33,570    | 33,026           |
| AKAMAI TECHNOLOGIES INC           | 2,774                       | 256,509   | 210,158          |
| ALCON INC                         | 6,311                       | 543,134   | 470,233          |
| ALLEGiant TRAVEL CO               | 2,150                       | 279,318   | 130,656          |
| ALLSTATE CORP                     | 130                         | 26,923    | 27,905           |
| ALPHABET INC CL A                 | 2,651                       | 172,180   | 644,458          |
| ALPHABET INC CL C                 | 4,512                       | 756,095   | 1,098,898        |
| ALPHABET INC CL C                 | 2,009                       | 233,989   | 489,292          |
| ALTRIA GROUP INC                  | 554                         | 36,696    | 36,597           |
| AMAZON COM INC                    | 7,829                       | 1,244,103 | 1,719,014        |
| AMAZON COM INC                    | 5,666                       | 1,278,435 | 1,244,084        |
| AMAZON COM INC                    | 3,521                       | 445,571   | 773,106          |
| AMENTUM HOLDINGS INC COM          | 98                          | 1,708     | 2,347            |
| AMERICAN INTERNATIONAL GROUP      | 5,370                       | 399,138   | 421,760          |
| AMERICAN INTERNATIONAL GROUP      | 1,024                       | 74,910    | 80,425           |
| AMERICAN TOWER CORP               | 398                         | 88,529    | 76,543           |
| AMERIS BANCORP                    | 8,044                       | 377,848   | 589,706          |
| AMGEN INC                         | 106                         | 21,926    | 29,913           |
| AON PLC SHS CL A                  | 3,013                       | 1,035,784 | 1,074,376        |
| APPLE INC COM                     | 4,315                       | 835,308   | 1,098,728        |
| APPLE INC COM                     | 6,022                       | 419,461   | 1,533,382        |
| APPLIED MATERIALS INC             | 2,582                       | 475,141   | 528,639          |
| APPLOVIN CORP COM CL A            | 1,845                       | 485,619   | 1,325,706        |
| APTAR GROUP INC                   | 2,146                       | 312,127   | 286,834          |
| APTIV PLC COM SHS                 | 601                         | 41,349    | 51,818           |
| ARISTA NETWORKS INC               | 1,277                       | 108,494   | 186,072          |
| ASCENDIS PHARMA A S A D R         | 286                         | 55,333    | 56,860           |
| ASSURANT INC                      | 6,222                       | 1,103,130 | 1,347,685        |
| ASTERA LABS INC COM               | 1,946                       | 163,730   | 381,027          |
| AT T INC                          | 41,487                      | 828,257   | 1,171,593        |
| AT T INC                          | 1,381                       | 37,724    | 38,999           |
| AUTODESK INC                      | 551                         | 167,376   | 175,036          |
| AZENTA INC                        | 10,448                      | 407,599   | 300,067          |
| BALCHEM CORP                      | 2,373                       | 336,269   | 356,092          |
| BANK OF AMERICA CORP              | 23,351                      | 1,007,211 | 1,204,678        |
| BATH BODY WORKS INC COM           | 7,714                       | 253,424   | 198,713          |
| BERKSHIRE HATHAWAY INC CL B       | 3,134                       | 1,148,998 | 1,575,587        |
| BEST BUY CO INC                   | 1,426                       | 109,447   | 107,834          |
| BIO TECHNE CORP                   | 7,553                       | 568,990   | 420,173          |
| BLACKLINE INC                     | 6,186                       | 325,675   | 328,477          |
| BOSTON SCIENTIFIC CORP            | 1,582                       | 122,148   | 154,451          |
| BRISTOL MYERS SQUIBB CO           | 2,861                       | 151,183   | 129,031          |
| BROADCOM INC                      | 3,331                       | 687,138   | 1,098,930        |
| BROADCOM INC                      | 1,940                       | 246,758   | 640,025          |
| BUILDERS FIRSTSOURCE INC          | 224                         | 26,622    | 27,160           |

# WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN

## SCHEDULE OF CORPORATE STOCK - COMMON

SEPTEMBER 30, 2025

EIN 57-6027499, PLAN NO. 001

### FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

| (b)                             | (c) -<br>DESCRIPTION<br>COMMON STOCK | (d)       | (e)              |
|---------------------------------|--------------------------------------|-----------|------------------|
| ISSUER                          | NO. OF SHARES                        | COST      | CURRENT<br>VALUE |
| BUNGE GLOBAL SA                 | 1,177                                | 117,595   | 95,631           |
| C H ROBINSON WORLDWIDE INC      | 3,378                                | 316,965   | 447,247          |
| CACI INTL INC                   | 794                                  | 261,191   | 396,031          |
| CADENCE DESIGN SYS INC          | 253                                  | 64,551    | 88,869           |
| CAMECO CORP                     | 1,662                                | 81,773    | 139,375          |
| CAPITAL ONE FINL CORP           | 4,290                                | 753,503   | 911,968          |
| CAPITAL ONE FINL CORP           | 177                                  | 24,065    | 37,627           |
| CARDINAL HEALTH INC             | 530                                  | 70,558    | 83,189           |
| CARDINAL HEALTH INC             | 1,169                                | 176,562   | 183,486          |
| CARLISLE COS INC                | 689                                  | 258,219   | 226,653          |
| CARLISLE COS INC                | 651                                  | 164,976   | 214,153          |
| CARRIER GLOBAL CORPORATION COM  | 3,577                                | 234,517   | 213,547          |
| CARVANA CO                      | 261                                  | 76,352    | 98,460           |
| CASELLA WASTE SYSTEMS INC A     | 2,975                                | 242,852   | 282,268          |
| CASEYS GEN STORES INC           | 791                                  | 174,811   | 447,168          |
| CATERPILLAR INC                 | 239                                  | 101,762   | 114,039          |
| CATERPILLAR INC                 | 1,151                                | 471,482   | 549,200          |
| CBRE GROUP INC                  | 1,129                                | 110,564   | 177,885          |
| CENCORA INC                     | 149                                  | 42,190    | 46,567           |
| CF INDS HLDGS INC COM           | 748                                  | 66,542    | 67,096           |
| CHECK POINT SOFTWARE TECH LTD   | 1,228                                | 271,304   | 254,085          |
| CHEMED CORP                     | 606                                  | 338,194   | 271,330          |
| CHEVRON CORPORATION             | 4,491                                | 675,106   | 697,407          |
| CHEVRON CORPORATION             | 171                                  | 26,984    | 26,555           |
| CHORD ENERGY CORPORATION        | 2,805                                | 390,887   | 278,733          |
| CHURCHILL DOWNS INC             | 3,349                                | 379,053   | 324,886          |
| CIDARA THERAPEUTICS INC COM NEW | 723                                  | 67,219    | 69,234           |
| CINCINNATI FINL CORP            | 214                                  | 31,203    | 33,833           |
| CISCO SYSTEMS INC               | 19,773                               | 1,030,065 | 1,352,869        |
| CISCO SYSTEMS INC               | 2,322                                | 136,394   | 158,871          |
| CITIGROUP INC                   | 9,017                                | 846,349   | 915,226          |
| CLEAN HBRS INC                  | 1,300                                | 223,156   | 301,886          |
| COCA COLA COMPANY               | 1,815                                | 125,469   | 120,371          |
| COLGATE PALMOLIVE CO COM        | 1,405                                | 123,865   | 112,316          |
| COMERICA INC                    | 8,326                                | 568,521   | 570,497          |
| CONOCOPHILLIPS                  | 509                                  | 52,924    | 48,146           |
| CONSTELLATION ENERGY CORP COM   | 657                                  | 192,155   | 216,199          |
| CONSTELLATION ENERGY CORP COM   | 1,086                                | 205,630   | 357,370          |
| CONSTELLATION ENERGY CORP COM   | 201                                  | 41,586    | 66,143           |
| COREWEAVE INC COM CL A          | 392                                  | 40,202    | 53,645           |
| CORTEVA INC COM                 | 1,911                                | 99,009    | 129,241          |
| COSTCO WHSL CORP                | 456                                  | 326,175   | 422,087          |
| CRANE COMPANY                   | 3,171                                | 195,582   | 583,908          |
| CRANE NXT CO                    | 5,978                                | 279,291   | 400,944          |
| CRH PLC                         | 10,847                               | 950,684   | 1,300,555        |
| CROWDSTRIKE HOLDINGS INC A      | 61                                   | 17,755    | 29,913           |
| CROWDSTRIKE HOLDINGS INC A      | 294                                  | 110,337   | 144,172          |
| CSX CORP                        | 19,057                               | 639,628   | 676,714          |
| CUMMINS INC COM                 | 776                                  | 319,940   | 327,759          |
| CUMMINS INC COM                 | 133                                  | 53,902    | 56,175           |
| D R HORTON INC                  | 241                                  | 32,284    | 40,842           |
| DANAHER CORP                    | 1,261                                | 283,273   | 250,006          |
| DATADOG INC CLASS A             | 751                                  | 100,837   | 106,942          |
| DELTA AIR LINES INC             | 1,282                                | 66,489    | 72,754           |
| DELTA AIR LINES INC             | 6,727                                | 397,074   | 381,757          |
| DELTA AIR LINES INC             | 2,394                                | 101,912   | 135,860          |

# WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN

## SCHEDULE OF CORPORATE STOCK - COMMON

SEPTEMBER 30, 2025

EIN 57-6027499, PLAN NO. 001

### FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

| (b)<br>ISSUER                     | (c) -<br>DESCRIPTION<br>COMMON STOCK | (d)     | (e)              |
|-----------------------------------|--------------------------------------|---------|------------------|
|                                   | NO. OF SHARES                        | COST    | CURRENT<br>VALUE |
| DIAMONDBACK ENERGY INC            | 2,795                                | 405,968 | 399,964          |
| DISNEY WALT CO COM                | 5,048                                | 533,340 | 577,996          |
| DOLBY LABORATORIES INC CL A       | 6,777                                | 537,058 | 490,451          |
| DOORDASH INC CL A                 | 193                                  | 38,433  | 52,494           |
| DUPONT DE NEMOURS INC WI          | 3,266                                | 240,136 | 254,421          |
| EAGLE MATERIALS INC               | 1,920                                | 362,459 | 447,437          |
| EATON CORP PLC SHS                | 392                                  | 118,366 | 146,706          |
| EATON CORP PLC SHS                | 120                                  | 42,421  | 44,910           |
| EDWARDS LIFESCIENCES CORP         | 6,006                                | 446,817 | 467,087          |
| ELEMENT SOLUTIONS INC             | 25,227                               | 493,632 | 634,964          |
| ELI LILLY CO                      | 145                                  | 112,152 | 110,635          |
| ELI LILLY CO                      | 206                                  | 101,368 | 157,178          |
| EMCOR GROUP INC                   | 267                                  | 35,216  | 173,427          |
| EMERSON ELECTRIC CO               | 2,383                                | 336,311 | 312,602          |
| ENCOMPASS HEALTH CORPORATION      | 2,435                                | 159,474 | 309,294          |
| ENPRO INC                         | 3,569                                | 399,152 | 806,594          |
| ENSIGN GROUP INC COM              | 4,005                                | 409,993 | 691,944          |
| EQT CORP                          | 9,598                                | 382,042 | 522,419          |
| EVEREST GROUP LTD COM             | 96                                   | 31,877  | 33,622           |
| EXPEDIA INC                       | 328                                  | 56,884  | 70,110           |
| EXXON MOBIL CORP                  | 8,884                                | 976,187 | 1,001,671        |
| FED EX CORP                       | 1,012                                | 239,650 | 238,640          |
| FED EX CORP                       | 896                                  | 207,884 | 211,286          |
| FERGUSON PLC NEW COMMON STOCK NEW | 1,376                                | 246,928 | 309,022          |
| FIDELITY NATIONAL INFO SERV       | 876                                  | 67,908  | 57,763           |
| FIRST HORIZON CORPORATION         | 26,989                               | 442,148 | 610,221          |
| FIRST INDL RLTY TR INC            | 6,631                                | 345,504 | 341,298          |
| FLOWERVE CORP                     | 8,703                                | 454,899 | 462,477          |
| FORTIVE CORP WI                   | 1,292                                | 73,306  | 63,295           |
| FRANKLIN RES INC                  | 3,335                                | 80,540  | 77,139           |
| FREEPORT MCMORAN INC              | 13,731                               | 530,844 | 538,530          |
| GE AEROSPACE                      | 434                                  | 88,642  | 130,556          |
| GENERAL MTRS CO COM               | 1,604                                | 73,816  | 97,796           |
| GENTEX CORP COM                   | 4,946                                | 134,746 | 139,972          |
| GENTHERM INC                      | 8,881                                | 280,247 | 302,487          |
| GFL ENVIRONMENTAL INC SUB VT      | 6,590                                | 252,306 | 312,234          |
| GILDAN ACTIVEWEAR INC COM         | 9,836                                | 355,381 | 568,521          |
| GILEAD SCIENCES INC               | 2,956                                | 298,740 | 328,116          |
| GILEAD SCIENCES INC               | 772                                  | 80,328  | 85,692           |
| GLACIER BANCORP INC NEW           | 10,696                               | 466,690 | 520,574          |
| GLOBANT SA                        | 1,693                                | 266,290 | 97,144           |
| GLOBUS MED INC A                  | 6,730                                | 431,273 | 385,427          |
| GOLDMAN SACHS GROUP INC           | 788                                  | 378,452 | 627,524          |
| GRIFFON CORP                      | 4,889                                | 318,290 | 372,297          |
| GUIDEWIRE SOFTWARE INC            | 1,609                                | 206,810 | 369,845          |
| H E I C O CORPORATION CL A        | 1,178                                | 176,646 | 299,318          |
| HALOZYME THERAPEUTICS INC         | 3,133                                | 117,146 | 229,774          |
| HANCOCK WHITNEY CORP              | 7,565                                | 361,528 | 473,645          |
| HCA HEALTHCARE INC COM            | 388                                  | 119,666 | 165,366          |
| HEALTHPEAK PROPERTIES INC         | 1,995                                | 41,257  | 38,204           |
| HOME DEPOT INC                    | 291                                  | 95,785  | 117,910          |
| HONEYWELL INTL INC                | 2,035                                | 455,553 | 428,368          |
| HOST HOTELS RESORTS INC           | 14,290                               | 240,655 | 243,216          |
| HOWMET AEROSPACE INC COM          | 1,817                                | 189,217 | 356,550          |
| HUB GROUP INC CL A                | 7,442                                | 314,092 | 256,302          |
| HUBBELL INC COM                   | 1,401                                | 505,449 | 602,864          |

# WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN

## SCHEDULE OF CORPORATE STOCK - COMMON

SEPTEMBER 30, 2025

EIN 57-6027499, PLAN NO. 001

### FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

| (b)                           | (c) -<br>DESCRIPTION<br>COMMON STOCK | (d)       | (e)              |
|-------------------------------|--------------------------------------|-----------|------------------|
| ISSUER                        | NO. OF SHARES                        | COST      | CURRENT<br>VALUE |
| HUMANA INC                    | 1,660                                | 474,529   | 431,882          |
| HUNT J B TRANS SVCS INC       | 330                                  | 58,968    | 44,276           |
| HYATT HOTELS CORP CL A        | 3,133                                | 397,531   | 444,667          |
| IDEXX LABS INC                | 190                                  | 89,944    | 121,389          |
| INSULET CORP                  | 2,054                                | 496,916   | 634,131          |
| INTEL CORP                    | 7,352                                | 166,251   | 246,660          |
| INTERCONTINENTAL EXCHANGE INC | 3,180                                | 535,667   | 535,766          |
| INTERNATIONAL PAPER CO        | 10,437                               | 478,379   | 484,277          |
| INTERPUBLIC GROUP COS INC COM | 1,102                                | 26,668    | 30,757           |
| INTL BUSINESS MACHINES CORP   | 2,292                                | 485,595   | 646,711          |
| INTL BUSINESS MACHINES CORP   | 264                                  | 61,033    | 74,490           |
| INTUIT COM                    | 143                                  | 109,655   | 97,656           |
| INTUITIVE SURGICAL INC        | 332                                  | 118,688   | 148,480          |
| IRHYTHM TECHNOLOGIES INC      | 2,162                                | 249,041   | 371,842          |
| ITRON INC                     | 763                                  | 85,483    | 95,039           |
| ITT CORP NEW                  | 3,093                                | 247,717   | 552,905          |
| JACOBS SOLUTIONS INC          | 971                                  | 122,378   | 145,514          |
| JACOBS SOLUTIONS INC          | 2,303                                | 275,586   | 345,128          |
| JAMES HARDIE INDS PLC ORD SHS | 4,118                                | 110,651   | 79,107           |
| JAMES HARDIE INDS PLC ORD SHS | 7,062                                | 195,876   | 135,661          |
| JOHNSON CTLS INTL PLC SHS     | 648                                  | 58,700    | 71,248           |
| JOHNSON JOHNSON               | 9,647                                | 1,549,340 | 1,788,747        |
| JOHNSON JOHNSON               | 1,528                                | 216,833   | 283,322          |
| JPMORGAN CHASE CO             | 4,395                                | 801,801   | 1,386,315        |
| KADANT INC                    | 559                                  | 187,403   | 166,347          |
| KBR INC                       | 5,957                                | 283,537   | 281,707          |
| KENVUE INC COM                | 15,643                               | 350,767   | 253,886          |
| KEYCORP                       | 15,214                               | 253,434   | 284,350          |
| KLA CORP COM NEW              | 59                                   | 36,819    | 63,637           |
| KROGER CO                     | 259                                  | 18,620    | 17,459           |
| L3HARRIS TECHNOLOGIES INC     | 3,616                                | 807,950   | 1,104,363        |
| L3HARRIS TECHNOLOGIES INC     | 146                                  | 40,245    | 44,590           |
| LABCORP HOLDINGS INC COM SHS  | 1,816                                | 402,179   | 521,301          |
| LAM RESEARCH CORP             | 1,795                                | 170,632   | 240,351          |
| LAM RESEARCH CORP             | 1,542                                | 119,504   | 206,474          |
| LAS VEGAS SANDS CORP          | 4,203                                | 202,779   | 226,079          |
| LATTICE SEMICONDUCTOR CORP    | 5,463                                | 288,087   | 400,547          |
| LAUDER ESTEE COS INC CL A     | 4,309                                | 372,600   | 379,709          |
| LIBERTY MEDIA CORP DEL COM    | 1,433                                | 73,898    | 149,677          |
| LITTELFUSE INC                | 2,133                                | 565,261   | 552,468          |
| LOCKHEED MARTIN CORP COM      | 88                                   | 45,626    | 43,930           |
| LOWES COS INC COM             | 1,688                                | 433,789   | 424,211          |
| MADDEN STEVEN LTD             | 7,457                                | 245,328   | 249,660          |
| MANHATTAN ASSOCS INC          | 3,422                                | 703,573   | 701,442          |
| MARATHON PETROLEUM CORP       | 5,058                                | 739,770   | 974,879          |
| MARATHON PETROLEUM CORP       | 1,216                                | 207,538   | 234,372          |
| MARTIN MARIETTA MATLS INC     | 216                                  | 118,202   | 136,140          |
| MASTERCARD INC                | 508                                  | 209,161   | 288,955          |
| MATADOR RESOURCES CO          | 10,123                               | 555,831   | 454,826          |
| MATERION CORP                 | 3,699                                | 387,679   | 446,876          |
| MCKESSON CORP COM             | 356                                  | 207,186   | 275,024          |
| MEDTRONIC PLC SHS             | 14,125                               | 1,268,849 | 1,345,265        |
| MEDTRONIC PLC SHS             | 503                                  | 41,190    | 47,906           |
| MERCADOLIBRE INC              | 68                                   | 89,655    | 158,912          |
| MERCK CO INC                  | 1,762                                | 153,344   | 147,885          |
| META PLATFORMS INC            | 2,292                                | 964,959   | 1,683,199        |

# WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN

## SCHEDULE OF CORPORATE STOCK - COMMON

SEPTEMBER 30, 2025

EIN 57-6027499, PLAN NO. 001

### FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

| (b)                            | (c) -<br>DESCRIPTION<br>COMMON STOCK | (d)       | (e)              |
|--------------------------------|--------------------------------------|-----------|------------------|
| ISSUER                         | NO. OF SHARES                        | COST      | CURRENT<br>VALUE |
| META PLATFORMS INC             | 868                                  | 153,104   | 637,442          |
| METLIFE INC                    | 1,313                                | 106,576   | 108,152          |
| METTLER TOLEDO INTL INC        | 51                                   | 62,409    | 62,608           |
| MICRON TECHNOLOGY INC          | 1,465                                | 237,660   | 245,124          |
| MICROSOFT CORP COM             | 5,748                                | 1,562,426 | 2,977,177        |
| MICROSOFT CORP COM             | 2,877                                | 402,627   | 1,490,142        |
| MODINE MANUFACTURING CO        | 1,526                                | 74,426    | 216,936          |
| MONGODB INC CL A               | 491                                  | 120,803   | 152,397          |
| MONSTER BEVERAGE CORP          | 4,705                                | 289,454   | 316,694          |
| MOOG INC CLASS A               | 1,423                                | 287,586   | 295,514          |
| MORGAN STANLEY COM NEW         | 3,320                                | 465,977   | 527,747          |
| MORNINGSTAR INC                | 1,012                                | 195,417   | 234,794          |
| MOSAIC CO NEW COM              | 7,562                                | 272,461   | 262,250          |
| MOSAIC CO NEW COM              | 1,675                                | 49,657    | 58,089           |
| NATERA INC                     | 2,143                                | 164,380   | 344,959          |
| NEBIUS GROUP NV                | 10,549                               | 616,570   | 1,184,337        |
| NETFLIX COM INC                | 384                                  | 253,306   | 460,385          |
| NETFLIX COM INC                | 200                                  | 130,180   | 239,784          |
| NEUROCRINE BIOSCIENCES INC     | 1,820                                | 242,799   | 255,492          |
| NEWMONT CORP COM               | 6,169                                | 259,000   | 520,108          |
| NEWMONT CORP COM               | 1,297                                | 89,506    | 109,350          |
| NORTHROP GRUMMAN CORPORATION   | 787                                  | 460,166   | 479,535          |
| NRG ENERGY INC COM NEW         | 954                                  | 151,250   | 154,500          |
| NRG ENERGY INC COM NEW         | 501                                  | 42,220    | 81,137           |
| NUCOR CORP                     | 1,059                                | 150,030   | 143,420          |
| NVIDIA CORP                    | 17,245                               | 1,390,178 | 3,217,572        |
| NVIDIA CORP                    | 9,899                                | 274,017   | 1,846,955        |
| OLD REPUBLIC INTL CORP         | 528                                  | 22,404    | 22,424           |
| OMNICOM GROUP INC              | 5,728                                | 446,818   | 467,004          |
| ORACLE CORPORATION             | 896                                  | 202,227   | 251,991          |
| ORACLE CORPORATION             | 217                                  | 51,863    | 61,029           |
| PACCAR INC COM                 | 382                                  | 33,008    | 37,558           |
| PACKAGING CORP AMERICA         | 2,185                                | 464,045   | 476,177          |
| PALANTIR TECHNOLOGIES INC CL A | 253                                  | 29,061    | 46,152           |
| PALANTIR TECHNOLOGIES INC CL A | 1,027                                | 90,708    | 187,345          |
| PAR TECHNOLOGY CORP/DEL        | 6,064                                | 376,032   | 240,013          |
| PEPSICO INC                    | 751                                  | 107,144   | 105,470          |
| PG E CORP                      | 6,202                                | 95,457    | 93,526           |
| PHILIP MORRIS INTL             | 2,477                                | 275,374   | 401,769          |
| PHILIP MORRIS INTL             | 724                                  | 118,613   | 117,433          |
| PHILLIPS 66                    | 6,640                                | 846,244   | 903,173          |
| PHILLIPS 66                    | 689                                  | 84,644    | 93,718           |
| PINTEREST INC CL A             | 2,292                                | 80,483    | 73,734           |
| PRINCIPAL FINANCIAL GROUP INC  | 2,504                                | 208,616   | 207,607          |
| PROGRESSIVE CORP               | 1,376                                | 366,353   | 339,803          |
| PULTE GROUP INC COM            | 1,488                                | 151,714   | 196,609          |
| Q2 HOLDINGS INC                | 4,692                                | 268,386   | 339,654          |
| QIAGEN NV COM SHS              | 4,865                                | 232,906   | 217,368          |
| QUALCOMM INC COM               | 863                                  | 109,014   | 143,569          |
| QXO INC                        | 6,971                                | 143,857   | 132,867          |
| RBC BEARINGS INC               | 1,819                                | 549,484   | 709,938          |
| REPLIGEN CORP                  | 2,794                                | 416,552   | 373,474          |
| REV GROUP INC                  | 2,764                                | 65,288    | 156,636          |
| ROBINHOOD MKTS INC COM CL A    | 1,618                                | 75,934    | 231,665          |
| ROBLOX CORP CL A               | 2,509                                | 205,123   | 347,547          |
| ROCKET COS INC COM CL A        | 6,927                                | 134,294   | 134,245          |

# WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN

## SCHEDULE OF CORPORATE STOCK - COMMON

SEPTEMBER 30, 2025

EIN 57-6027499, PLAN NO. 001

### FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

(a) NOT APPLICABLE

| (b)                             | (c) -<br>DESCRIPTION<br>COMMON STOCK | (d)     | (e)              |
|---------------------------------|--------------------------------------|---------|------------------|
| ISSUER                          | NO. OF SHARES                        | COST    | CURRENT<br>VALUE |
| ROYAL CARIBBEAN GROUP COM       | 1,216                                | 274,788 | 393,473          |
| RUSH ENTERPRISES INC            | 8,164                                | 399,853 | 436,529          |
| S P GLOBAL INC COM              | 339                                  | 147,553 | 164,995          |
| SALESFORCE INC                  | 240                                  | 74,394  | 56,880           |
| SCHWAB CHARLES CORP COM         | 2,445                                | 189,715 | 233,424          |
| SCHWAB CHARLES CORP COM         | 2,567                                | 206,931 | 245,071          |
| SEA LTD A D R                   | 3,188                                | 405,660 | 569,791          |
| SEACOAST BANKING CORP FL        | 14,111                               | 357,667 | 429,398          |
| SERVICENOW INC COM              | 112                                  | 75,386  | 103,071          |
| SHOPIFY INC A                   | 706                                  | 77,437  | 104,919          |
| SILGAN HLDGS INC                | 9,991                                | 436,596 | 429,713          |
| SIMON PROPERTY GROUP INC        | 1,346                                | 212,436 | 252,604          |
| SIMPSON MFG CO INC              | 1,695                                | 304,893 | 283,845          |
| SNAP ON INC                     | 316                                  | 107,541 | 109,503          |
| SNOWFLAKE INC COM SHS           | 604                                  | 101,367 | 136,232          |
| SOMNIGROUP INTERNATIONAL INC    | 1,655                                | 135,186 | 139,566          |
| SOUTHSTATE BK CORP COM          | 6,671                                | 539,437 | 659,562          |
| SPOTIFY TECHNOLOGY SA           | 584                                  | 266,348 | 407,632          |
| STAG INDUSTRIAL INC             | 9,887                                | 361,802 | 348,912          |
| STANDEX INTL CORP               | 1,692                                | 347,057 | 358,535          |
| STATE STR CORP                  | 728                                  | 69,487  | 84,455           |
| STERIS PLC SHS USD              | 149                                  | 31,075  | 36,869           |
| SYNCHRONY FINANCIAL             | 4,062                                | 248,455 | 288,605          |
| T MOBILE US INC                 | 513                                  | 123,319 | 122,802          |
| TAIWAN SEMICONDUCTOR A D R      | 4,166                                | 680,076 | 1,163,522        |
| TALEN ENERGY CORP COM           | 2,094                                | 437,796 | 890,746          |
| TARGA RESOURCES CORP            | 753                                  | 119,200 | 126,158          |
| TE CONNECTIVITY PLC ORD SHS     | 2,535                                | 385,558 | 556,509          |
| TE CONNECTIVITY PLC ORD SHS     | 108                                  | 22,001  | 23,709           |
| TENCENT HLDGS LTD A D R         | 649                                  | 55,334  | 55,262           |
| TENET HEALTHCARE CORP           | 339                                  | 68,837  | 68,831           |
| TESLA INC                       | 1,815                                | 581,987 | 807,167          |
| TESLA INC                       | 974                                  | 259,277 | 433,157          |
| TEXAS ROADHOUSE INC             | 2,547                                | 228,756 | 423,184          |
| THE DESCARTES SYSTEMS GROUP INC | 5,560                                | 469,723 | 523,919          |
| THERMO FISHER SCIENTIFIC INC    | 1,477                                | 709,669 | 716,375          |
| TKO GROUP HOLDINGS INC          | 337                                  | 56,098  | 68,061           |
| TRANSUNION                      | 5,660                                | 471,701 | 474,195          |
| TRIMBLE NAV LTD                 | 8,589                                | 575,655 | 701,292          |
| TWILIO INC A                    | 1,372                                | 162,005 | 137,323          |
| UNIQUE BV                       | 752                                  | 41,001  | 43,894           |
| UNITED AIRLS HLDGS INC COM      | 976                                  | 84,289  | 94,184           |
| UNITED AIRLS HLDGS INC COM      | 1,059                                | 52,782  | 102,194          |
| UNITED RENTALS INC COM          | 187                                  | 144,315 | 178,521          |
| UNITED RENTALS INC COM          | 98                                   | 75,635  | 93,557           |
| UNITEDHEALTH GROUP INC COM      | 2,024                                | 966,781 | 698,887          |
| UNITEDHEALTH GROUP INC COM      | 276                                  | 140,938 | 95,303           |
| UNIVERSAL DISPLAY CORP COM      | 2,999                                | 434,814 | 430,746          |
| UPSTART HLDGS INC COM           | 143                                  | 9,564   | 7,264            |
| US BANCORP                      | 2,553                                | 109,855 | 123,386          |
| US FOODS HLDG CORP COM          | 4,372                                | 303,427 | 334,983          |
| VALERO ENERGY CORP COM          | 1,445                                | 208,528 | 246,026          |
| VALMONT INDS INC                | 1,764                                | 491,906 | 683,956          |
| VERACYTE INC                    | 9,093                                | 299,457 | 312,163          |
| VERALTO CORP COM SHS            | 2,209                                | 185,408 | 235,501          |
| VERISIGN INC                    | 80                                   | 18,967  | 22,366           |

# WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN

## SCHEDULE OF CORPORATE STOCK - COMMON

SEPTEMBER 30, 2025

EIN 57-6027499, PLAN NO. 001

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

| (b)                                                                              | (c) -<br>DESCRIPTION<br>COMMON STOCK | (d)                   | (e)                   |
|----------------------------------------------------------------------------------|--------------------------------------|-----------------------|-----------------------|
| ISSUER                                                                           | NO. OF SHARES                        | COST                  | CURRENT<br>VALUE      |
| VERTIV HOLDINGS CO                                                               | 2,726                                | 233,467               | 411,244               |
| VISA INC COM CL A                                                                | 192                                  | 44,517                | 65,545                |
| VISTRA ENERGY CORP                                                               | 1,883                                | 321,202               | 368,918               |
| VOYA FINANCIAL INC                                                               | 7,399                                | 504,355               | 553,445               |
| WALMART INC COM                                                                  | 2,055                                | 168,547               | 211,788               |
| WASTE CONNECTIONS INC                                                            | 1,945                                | 237,390               | 341,931               |
| WELLS FARGO CO NEW COM                                                           | 931                                  | 38,462                | 78,036                |
| WESTERN DIGITAL CORP COM                                                         | 4,769                                | 349,990               | 572,566               |
| WEYERHAEUSER CO MTN BE COM NEW                                                   | 21,694                               | 565,304               | 537,794               |
| WEYERHAEUSER CO MTN BE COM NEW                                                   | 2,977                                | 100,801               | 73,800                |
| WILLIS TOWERS WATSON PLC LTD SHS                                                 | 425                                  | 130,625               | 146,816               |
| WNS HLDGS LTD COM SHS                                                            | 4,274                                | 262,757               | 325,978               |
| WORKDAY INC                                                                      | 296                                  | 68,415                | 71,256                |
| ZOETIS INC CL A                                                                  | 1,066                                | 169,064               | 155,981               |
| BOYD WATTERSON GSA FUND LP AND SUBSIDIARY - CORPORATE STOCK<br>COMMON            | -                                    | 13,822,968            | 17,664,842            |
| CORBIN ERISA OPPORTUNITY FUND LP - CORPORATE STOCK COMMON                        | -                                    | 5,674,363             | 6,727,539             |
| GROSVENOR INSTITUTIONAL PARTNERS (PF) LTD - CORPORATE STOCK<br>COMMON            | -                                    | 18,156,365            | 25,118,171            |
| GCM GROSVENOR OPPORTUNISTIC CREDIT FUND LTD - CORPORATE STOCK<br>COMMON          | -                                    | 15,339,121            | 18,927,705            |
| GROSVENOR OPPORTUNISTIC CREDIT FUND III LTD - CORPORATE STOCK<br>COMMON          | -                                    | -                     | 235,168               |
| IRONSIDES OFFSHORE PRIVATE EQUITY FUND VII (50/50) LP - INTEREST<br>BEARING CASH | -                                    | 3,716,162             | 4,268,429             |
| MESIROW FINANCIAL PRIVATE EQUITY FUND VIII-A LP - CORPORATE STOCK<br>COMMON      | -                                    | 591,050               | 742,958               |
| NB CROSSROADS - CORPORATE STOCK COMMON                                           | -                                    | 584,541               | 441,679               |
| POST TRADITIONAL HIGH YIELD FUND LP - CORPORATE STOCK COMMON                     | -                                    | 30,685                | 42,432                |
|                                                                                  |                                      | <u>\$ 156,784,021</u> | <u>\$ 201,559,741</u> |

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

# WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN

## SCHEDULE OF PARTNERSHIPS/JOINT VENTURE INTERESTS

SEPTEMBER 30, 2025

EIN 57-6027499, PLAN NO. 001

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

| (b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (c) - DESCRIPTION<br>PARTNERSHIPS | (d)                                                                                                                           | (e)                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| ISSUER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   | COST                                                                                                                          | CURRENT<br>VALUE                                                                                                                          |
| U.S. REAL ESTATE INVESTMENT FUND LLC<br>BOYD WATTERSON GSA FD LP & SUBSID - PARTNERSHIP<br>BOYD WATTERSON STATE GOVERNMENT FUND LP -<br>PARTNERSHIP<br>GCM GROSVENOR OPPORTUNISTIC CREDIT FUND LTD -<br>PARTNERSHIP<br>GROSVENOR INSTITUTIONAL PARTNERS (PF) LTD -<br>PARTNERSHIP<br>GROSVENOR OPPORTUNISTIC CREDIT FUND III LTD -<br>PARTNERSHIP<br>HAMILTON LANE SECONDARY FEEDER FUND IV-A LP -<br>PARTNERSHIP<br>HAMILTON LANE SECONDARY FEEDER FUND V-A LP -<br>PARTNERSHIP<br>IRONSIDE OFFSHORE EQUITY FUND VIII - PARTNERSHIP<br>MESIROW FINANCIAL PRIVATE EQUITY FUND VIII-A LP -<br>PARTNERSHIP<br>NB CROSSROADS FUND 23 PLAN LP - PARTNERSHIP |                                   | \$ 16,525,561<br>140,324<br>735,412<br>1,753,649<br>1,777,052<br>-<br>-<br>3,429,315<br>8,610,824<br>10,579,728<br>11,168,511 | \$ 16,223,372<br>176,848<br>686,730<br>2,134,068<br>2,457,771<br>69,286<br>3,222,954<br>7,020,951<br>9,891,861<br>13,302,877<br>8,358,333 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                   | <u>\$ 54,720,376</u>                                                                                                          | <u>\$ 63,545,051</u>                                                                                                                      |

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

**WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN**

**SCHEDULE OF NON-PARTICIPANT LOANS**

**SEPTEMBER 30, 2025**

**EIN 57-6027499, PLAN NO. 001**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

| (b)                                                      | (c) -                                       | (d)                 | (e)                 |
|----------------------------------------------------------|---------------------------------------------|---------------------|---------------------|
|                                                          | DESCRIPTION<br>NON-<br>PARTICIPANT<br>LOANS |                     |                     |
|                                                          | PAR OR                                      |                     |                     |
| ISSUER                                                   | MATURITY / NO.                              | COST                | CURRENT             |
|                                                          | OF SHARES                                   |                     | VALUE               |
| CORBIN ERISA OPPORTUNITY FUND LP - NON-PARTICIPANT LOANS | -                                           | \$ <u>2,272,698</u> | \$ <u>2,735,556</u> |
|                                                          |                                             | \$ <u>2,272,698</u> | \$ <u>2,735,556</u> |

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

**WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN**

**SCHEDULE OF COMMON/COLLECTIVE TRUST FUNDS**

**SEPTEMBER 30, 2025**

**EIN 57-6027499, PLAN NO. 001**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

| (b)                                                                         | (c) - DESCRIPTION<br>COMMON/<br>COLLECTIVE<br>TRUST FUNDS | (d)                  | (e)                  |
|-----------------------------------------------------------------------------|-----------------------------------------------------------|----------------------|----------------------|
| ISSUER                                                                      | NO. OF SHARES                                             | COST                 | CURRENT<br>VALUE     |
| INVESCO INTERNATIONAL GROWTH TRUST                                          | 750,537                                                   | \$ 5,793,888         | \$ 13,622,256        |
| LONGVIEW ULTRA CONSTRUCTION LOAN INV FUND                                   | 4                                                         | 7,718                | 2,684                |
| NORTHERN TRUST COLLECTIVE RUSSELL 1000 GROWTH INDEX FUND<br>- NON - LENDING | 15,848                                                    | 14,915,392           | 24,455,948           |
| VICTORY TRIVALENT INTERNATIONAL SMALL CAP COLLECTIVE FUND                   | 1,000,182                                                 | <u>14,329,740</u>    | <u>24,853,929</u>    |
|                                                                             |                                                           | \$ <u>35,046,738</u> | \$ <u>62,934,817</u> |

**WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN**

**SCHEDULE OF POOLED SEPARATE ACCOUNTS**

**SEPTEMBER 30, 2025**

**EIN 57-6027499, PLAN NO. 001**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

| (b) | (c) - DESCRIPTION<br>POOLED<br>SEPARATE<br>ACCOUNTS                |         | (d)                  | (e)                  |
|-----|--------------------------------------------------------------------|---------|----------------------|----------------------|
|     | ISSUER                                                             | UNITS   | COST                 | CURRENT<br>VALUE     |
|     | PRINCIPAL LIFE INSURANCE COMPANY U.S. PROPERTY SEPARATE<br>ACCOUNT | 152,754 | \$ 6,934,931         | \$ 10,138,800        |
|     | PRUDENTIAL PRISA II SEPARATE ACCOUNT                               | 330     | <u>10,400,364</u>    | <u>15,647,124</u>    |
|     |                                                                    |         | <u>\$ 17,335,295</u> | <u>\$ 25,785,924</u> |

**WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN**

**SCHEDULE OF 103-12 INVESTMENT ENTITIES**

**SEPTEMBER 30, 2025**

**EIN 57-6027499, PLAN NO. 001**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

| (b)                   | (c) - DESCRIPTION<br>103-12 INVESTMENT ENTITIES | (d)                  | (e)                  |
|-----------------------|-------------------------------------------------|----------------------|----------------------|
| ISSUER                | NO. OF SHARES                                   | COST                 | CURRENT<br>VALUE     |
| ULLICO INFRASTRUCTURE | 79,842                                          | \$ <u>19,357,278</u> | \$ <u>24,802,060</u> |
|                       |                                                 | \$ <u>19,357,278</u> | \$ <u>24,802,060</u> |

**WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN**

**SCHEDULE OF REGISTERED INVESTMENT COMPANIES**

**SEPTEMBER 30, 2025**

**EIN 57-6027499, PLAN NO. 001**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

| (b) | (c) - DESCRIPTION<br>REGISTERED INVESTMENT<br>COMPANIES |               | (d)                 | (e)                 |
|-----|---------------------------------------------------------|---------------|---------------------|---------------------|
|     | ISSUER                                                  | NO. OF SHARES | COST                | CURRENT<br>VALUE    |
|     | FIRST AMERICAN GOVERNMENT OBLIG FD CL Z                 | 973,989       | \$ 973,989          | \$ 973,989          |
|     | FIRST AMERICAN TREASURY OBLIG FD CL Z                   | 429,170       | 429,170             | 429,170             |
|     | FIRST AMERICAN U.S. TREASURY MM FD CL Z                 | 1,725,527     | <u>1,725,527</u>    | <u>1,725,527</u>    |
|     |                                                         |               | <u>\$ 3,128,686</u> | <u>\$ 3,128,686</u> |

**WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN**

**SCHEDULE OF OTHER INVESTMENTS**

**SEPTEMBER 30, 2025**

**EIN 57-6027499, PLAN NO. 001**

**FORM 5500, SCHEDULE H, LINE 4I - ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR**

(a) NOT APPLICABLE

| (b)                                                            | (c) - DESCRIPTION<br>OTHER<br>INVESTMENTS | (d)               | (e)               |
|----------------------------------------------------------------|-------------------------------------------|-------------------|-------------------|
| ISSUER                                                         |                                           | COST              | CURRENT<br>VALUE  |
| BOYD WATTERSON GSA FD LP & SUBSID - OTHER INVESTMENTS          | -                                         | \$ 32,721         | \$ 41,238         |
| BOYD WATTERSON STATE GOVERNMENT FUND LP - OTHER<br>INVESTMENTS | -                                         | 76,204            | 71,160            |
| CORBIN ERISA OPPORTUNITY FUND LP - OTHER INVESTMENTS           | -                                         | <u>422,061</u>    | <u>508,017</u>    |
|                                                                | -                                         | <u>\$ 530,986</u> | <u>\$ 620,415</u> |

HOLDINGS OF CERTAIN INVESTMENTS WERE DETERMINED TO BE PLAN ASSETS FOR FORM 5500 PURPOSES AND ARE SEPARATELY IDENTIFIED HERE BASED ON THE ALLOCATION OF UNDERLYING ASSETS PROVIDED BY THE INVESTMENT MANAGER, AS OF THE DATE OF THEIR LATEST AUDITED FINANCIAL STATEMENTS.

**WATERFRONT EMPLOYERS - I.L.A. PENSION PLAN**

**SCHEDULE OF REPORTABLE TRANSACTIONS**

**YEAR ENDED SEPTEMBER 30, 2025**

**EIN 57-6027499, PLAN NO. 001**

**FORM 5500, SCHEDULE H, PAGE 4, PART IV, ITEM 4J - SCHEDULE OF REPORTABLE TRANSACTIONS DURING THE YEAR**

| (a)<br>IDENTITY<br>OF PARTY<br>INVOLVED | (b)<br>DESCRIPTION OF ASSET | (c)<br>PURCHASE<br>PRICE | (d)<br>SELLING<br>PRICE | (e)<br>LEASE<br>RENTAL | (f)<br>EXPENSE<br>INCURRED<br>WITH<br>TRANSACTION | (g)<br>COST OF<br>ASSET | (h)<br>CURRENT<br>VALUE OF<br>ASSET ON<br>TRANSACTION<br>DATE | (i)<br>NET GAIN<br>OR (LOSS) |
|-----------------------------------------|-----------------------------|--------------------------|-------------------------|------------------------|---------------------------------------------------|-------------------------|---------------------------------------------------------------|------------------------------|
|                                         |                             |                          |                         |                        |                                                   |                         |                                                               |                              |
| N/A                                     | FIRST AM GOVT OB FD CL Z    | \$ 82,937,236            | \$ -                    | \$ -                   | \$ -                                              | \$ -                    | \$ 82,937,236                                                 | \$ -                         |
| N/A                                     | FIRST AM GOVT OB FD CL Z    | -                        | 82,745,278              | -                      | -                                                 | 82,745,278              | 82,745,278                                                    | -                            |

**SENDER'S RECORD**