

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan AMERICAN MARITIME OFFICERS PENSION PLAN	1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 10/22/1955
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE BOARD OF TRUSTEES AMERICAN MARITIME OFFICERS PENSION PLAN 2 WEST DIXIE HIGHWAY DANIA BEACH, FL 33004	2b Employer Identification Number (EIN) 13-1936709 2c Plan Sponsor's telephone number 954-922-7428 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.	07/09/2026	T. CHRISTIAN SPAIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/09/2026	F. ANTHONY NACCARATO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 4494
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	 6a(1) 916 6a(2) 822 6b 1991 6c 985 6d 3798 6e 587 6f 4385 6g(1) 4494 6g(2) 4023 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 41

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

1A 1I 2C 2H

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached _____
- (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 _____

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
---	---	--

For calendar plan year 2024 or fiscal plan year beginning 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.

A Name of plan AMERICAN MARITIME OFFICERS PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE BOARD OF TRUSTEES AMERICAN MARITIME OFFICERS PENSION PLAN	D Employer Identification Number (EIN) 13-1936709

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) 583094282
(2) Actuarial value of assets for funding standard account	1b(2) 530771503
c (1) Accrued liability for plan using immediate gain methods	1c(1) 593164934
(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) 593164934
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) 803169040
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 2000000
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 53695720
(3) Expected plan disbursements for the plan year	1d(3) 51066333

Statement by Enrolled Actuary

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

SIGN HERE	06/01/2026
Signature of actuary KEVIN M. CULP	Date 26-07423
Type or print name of actuary HORIZON ACTUARIAL SERVICES, LLC	Most recent enrollment number 240-247-4600
Firm name 8601 GEORGIA AVENUE SUITE 905 SILVER SPRING, MD 20910	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	583094282
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	2639	564097383
(2) For terminated vested participants	1012	75400955
(3) For active participants:		
(a) Non-vested benefits		3221536
(b) Vested benefits		160449166
(c) Total active	904	163670702
(4) Total	4555	803169040
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/01/2025	19774601				
Totals ►			3(b)	19774601	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 1500000

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	89.5 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐ • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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 Rates specified in insurance or annuity contracts.....	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☐ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A A
(2) Females	6c(2)	A A
d Valuation liability interest rate	6d	6.50 % 6.50 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☐ Single rate ☒ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.2 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	20.2 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	2000000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	8669098	865711
2	9965861	995208
3	3536673	3536673

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	
e 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).	8e	

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

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	2000000

6 Checklist of certain actuarial assumptions:

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

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
4	19760491	1973318

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
e 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).	8e	

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

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	

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	
9c(1)	177824174	36072540
9c(2)	0	0
9c(3)	0	0

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 2474715**e** Total charges. Add lines 9a through 9d.....**9e** 40547255**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 80621001**g** Employer contributions. Total from column (b) of line 3.....**9g** 19774601**h** Amortization credits as of valuation date.....**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 6178625**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	
9h	34809742	4547463
9j(1)	154440370	
9j(2)	193339090	

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** 111121690**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 70574435**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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	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 AMERICAN MARITIME OFFICERS PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE BOARD OF TRUSTEES AMERICAN MARITIME OFFICERS PENSION PLAN	D Employer Identification Number (EIN) 13-1936709

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

AMO MASTER OPERATING TRUST

20-0406498

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 49 50	RELATED ORGANIZATION	2054022	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MEKETA INVESTMENT GROUP, INC

04-2659023

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 27 51	NONE	214407	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WITHUMSMITH+BROWN, PC

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	183510	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

HORIZON ACTUARIAL SERVICES, LLC

26-1370698

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	148888	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TCW ASSET MANAGEMENT COMPANY, LLC

95-3703295

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	75968	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MIDWEST INSTITUTIONAL TRUST COMPANY

93-1799133

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51 72	NONE	75729	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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)

NEWPORT GROUP, INC

27-2037969

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 38 50 64	NONE	72251	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHN HANCOCK RETIREMENT PLAN SERV

01-0233346

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 15 38 50 64	NONE	52187	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MERRILL LYNCH, PIERCE, FENNER

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 26 27 33 51 71	NONE	46300	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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)

OKSANA KOCHERGINA

5 FAIRWAY BLVD
MONROE TOWNSHIP, NJ 08831

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16 50	NONE	17628	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MATRIX TRUST COMPANY

75-3182674

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 19 21 25 65	NONE	11225	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TECH PLUS SYSTEMS, INC.

13-3599440

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	5446	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 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 AMERICAN MARITIME OFFICERS PENSION PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THE BOARD OF TRUSTEES AMERICAN MARITIME OFFICERS PENSION PLAN				D Employer Identification Number (EIN) 13-1936709	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: GREAT GRAY CIT III NO. 25554					
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC					
c EIN-PN 26-0142858-094		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22005399	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar	

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025		
A Name of plan AMERICAN MARITIME OFFICERS PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE BOARD OF TRUSTEES AMERICAN MARITIME OFFICERS PENSION PLAN		D Employer Identification Number (EIN) 13-1936709

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	5925867	10243594
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1776783	1382127
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	15380595	14497310
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3539092	8646660
(2) U.S. Government securities	1c(2)	35819678	32413100
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	13245178	14382677
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	25533466	28225156
(6) Real estate (other than employer real property)	1c(6)	52088554	53343015
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	23690327	22005399
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	553901509	580087583
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	730901049	765226621
Liabilities			
g Benefit claims payable.....	1g	182969	149930
h Operating payables.....	1h	447244	472331
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	6216557	6850377
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	6846770	7472638
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	724054279	757753983

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	23014770	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		23014770
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)	1072204	
(C) Corporate debt instruments.....	2b(1)(C)	609145	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	563785	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		2245134
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	18744142	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C).....	2b(2)(D)		18744142
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	263346602	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	263843526	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	1254461	
(B) Other.....	2b(5)(B)	2734765	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-1350977
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		44914914
c Other income	2c		3573954
d Total income. Add all income amounts in column (b) and enter total	2d		94634239

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	57629275	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		57629275
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	1792468	
(2) Contract administrator fees	2i(2)	111399	
(3) Recordkeeping fees	2i(3)	21014	
(4) IQPA audit fees	2i(4)	162496	
(5) Investment advisory and investment management fees	2i(5)	386989	
(6) Bank or trust company trustee/custodial fees	2i(6)	17136	
(7) Actuarial fees	2i(7)	148888	
(8) Legal fees	2i(8)	15	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	50435	
(11) Other expenses	2i(11)	614420	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3305260
j Total expenses. Add all expense amounts in column (b) and enter total	2j		60934535

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		33699704
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: WITHUMSMITH+BROWN, P.C.

(2) EIN: 22-2027092

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☒		50230555
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 575189.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	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 AMERICAN MARITIME OFFICERS PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE BOARD OF TRUSTEES AMERICAN MARITIME OFFICERS PENSION PLAN		D Employer Identification Number (EIN) 13-1936709
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 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 01-0233346 62-1868111		
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		3 176
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☒ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
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.*

a Name of contributing employer **INTREPID PERSONNEL & PROVIS**

b EIN **22-3701168**

c Dollar amount contributed by employer **5273592**

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 **2027**

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 **TOTE SERVICES INC.**

b EIN **13-2835366**

c Dollar amount contributed by employer **3414474**

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) _____

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

a Name of contributing employer **OCEAN SHIPS**

b EIN **76-0062109**

c Dollar amount contributed by employer **1486935**

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) _____

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

a Name of contributing employer **CROWLEY GOVERNMENT SERVICES**

b EIN **26-3707071**

c Dollar amount contributed by employer **1085217**

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 **03** Day **14** Year **2027**

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 **OCEAN DUCHESS INC.**

b EIN **76-0362534**

c Dollar amount contributed by employer **824538**

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 **07** Day **26** Year **2029**

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 **SEABULK TANKERS, INC.**

b EIN **76-0270930**

c Dollar amount contributed by employer **722796**

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 **2027**

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): _____

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 **MAERSK LINE LIMITED**

b EIN **13-6122611**

c Dollar amount contributed by employer **669148**

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) _____

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

a Name of contributing employer **TRANSOCEANIC CABLE CO**

b EIN **13-1961749**

c Dollar amount contributed by employer **652181**

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 **06** Day **30** Year **2027**

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 **PATRIOT SHIPPING**

b EIN **72-1515964**

c Dollar amount contributed by employer **605660**

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 **12** Day **31** Year **2026**

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 **SEABULK TOWING**

b EIN **59-2754468**

c Dollar amount contributed by employer **589146**

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) _____

(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

0

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: 54.00 % Private Equity: 5.00 % Investment-Grade Debt and Interest Rate Hedging Assets: 23.00 %

High-Yield Debt: 5.00 % Real Assets: 8.00 % Cash or Cash Equivalents: 0.00 % Other: 5.00 %

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_____.



**American Maritime Officers Pension Plan
Financial Statements
September 30, 2025 and 2024
With Independent Auditor's Report**

American Maritime Officers Pension Plan
Table of Contents
September 30, 2025 and 2024

Independent Auditor's Report	1
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5
Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974	16
Schedule H Line 4i - Schedule of Assets (Held at End of Year)	17
Schedule H Line 4j - Schedule of Reportable Transactions	28

Independent Auditor's Report

To the Trustees and Participants of
American Maritime Officers Pension Plan:

Opinion

We have audited the financial statements of the American Maritime Officers Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974, 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 then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the American Maritime Officers Pension Plan as of September 30, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). 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 American Maritime Officers Pension 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 American Maritime Officers Pension 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 American Maritime Officers Pension 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 GAAS 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 GAAS, 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 American Maritime Officers Pension 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 American Maritime Officers Pension 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.

WithumSmith+Brown, PC

July 10, 2026

American Maritime Officers Pension Plan
Statements of Net Assets Available for Benefits
September 30, 2025 and 2024

	2025	2024
Assets		
Investments at fair value		
Short-term investments	\$ 8,646,660	\$ 3,539,092
Government and government agency securities	32,413,100	35,819,678
Corporate bonds and notes	14,382,677	13,245,178
Registered investment companies	580,087,583	553,901,509
Limited partnership	28,225,156	25,533,466
Real estate	53,343,015	52,088,554
Collective investment trust	22,005,399	23,690,327
Total investments at fair value	<u>739,103,590</u>	<u>707,817,804</u>
Receivables		
Employers' contributions	1,382,127	1,776,783
Withdrawal liability	12,890,579	13,676,625
Interest and dividends	1,398,211	888,199
Due from AMO Master Operating Trust Fund	-	610,139
Other	121,347	125,654
Total receivables	<u>15,792,264</u>	<u>17,077,400</u>
Cash	10,243,594	5,925,867
Prepaid expenses	87,173	79,978
Total assets	<u>765,226,621</u>	<u>730,901,049</u>
Liabilities		
Accounts payable and accrued expenses	472,331	447,244
Due to broker for investments purchased	5,840,284	5,871,969
Due to AMO Master Operating Trust Fund	727,005	-
Due to AMO Defined Contribution Plan	283,088	344,588
Total liabilities	<u>7,322,708</u>	<u>6,663,801</u>
Net assets available for benefits	<u><u>\$ 757,903,913</u></u>	<u><u>\$ 724,237,248</u></u>

The Notes to Financial Statements are an integral part of these statements.

American Maritime Officers Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended September 30, 2025 and 2024

	2025	2024
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 46,421,778	\$ 101,834,694
Interest and dividends	23,849,276	21,112,162
Real estate	634,461	395,147
Total investment income	70,905,515	123,342,003
Investment expenses	(522,771)	(532,555)
Net investment income	70,382,744	122,809,448
Employers' contributions	23,014,770	25,175,809
Withdrawal liability income (loss)	713,954	(119,538)
Total additions	94,111,468	147,865,719
Deductions		
Benefits paid	57,662,314	53,348,805
Administrative expenses	2,782,489	2,610,413
Total deductions	60,444,803	55,959,218
Change in net assets available for benefits	33,666,665	91,906,501
Net assets available for benefits		
Beginning of year	724,237,248	632,330,747
End of year	<u>\$ 757,903,913</u>	<u>\$ 724,237,248</u>

The Notes to Financial Statements are an integral part of these statements.

American Maritime Officers Pension Plan

Notes to Financial Statements

September 30, 2025 and 2024

1. Plan Description

The following description of the American Maritime Officers Pension Plan (the "Plan") provides only general information. Participants should refer to the Plan rules and regulation for a more complete description of the Plan's provisions.

General

The Plan, a multiemployer defined benefit and defined contribution pension plan covering primarily licensed marine personnel, was established on October 25, 1955, under the provisions of an Agreement and Declaration of Trust, which was subsequently amended, between American Maritime Officers (the "Union") and various employers having collective bargaining agreements with the Union. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Plan Administration

The administration of the Plan is the responsibility of the Board of Trustees, comprised of Union Trustees and Employer Trustees, each having equal voting rights. The Plan's investments are managed by investment advisors and held by the Plan's custodians.

Plan Funding

The Plan's primary sources of income are earnings from investments and payments made by contributing employers. Contribution rates have been established under collective bargaining agreements entered into between the Union and various contributing employers. Each employer is required to contribute to the Plan at the rate(s) specified in its collective bargaining agreement or participant agreement. The contributions are designed to fund the Plan's current-year service cost and the past service cost plus interest.

The Plan's actuary advised that for the years ended September 30, 2025 and 2024, the Plan received contributions at a level that was sufficient to meet the minimum funding standard requirements of ERISA. For the Plan year beginning October 1, 2024, the Plan remained in the green zone under the Pension Protection Act of 2006 ("PPA").

Benefits - Defined Benefit

For participants that do not have five years of vesting credit, previous pension credits will be canceled when a break in service incurred equals or exceeds the greater of five years or the number of years of vesting credit earned prior to such break in service. The Plan provides four types of pension benefits to eligible participants: regular, reduced, early retirement and disability. The Plan provides 100% vesting after five years of vesting credit. Each type of benefit has a specific eligibility requirement as to years of service and age. The amount of the pension benefit is determined in accordance with the provisions of the Plan.

Benefits - Integrated

The Marine Engineers' Beneficial Association Pension Trust and the Plan are parties to a reciprocal agreement, which provides for the payment of pension benefits, on an integrated basis, to participants with service in both plans as of August 1, 1994.

The Seafarers Pension Plan ("SP Plan") and the Plan are parties to a reciprocal agreement that provides for the aggregation of covered employment, for certain licensed seamen, for the purpose of determining pension benefit eligibility. This agreement is applicable to those licensed seamen who accrued covered employment under both plans, and absent this agreement would not qualify for a pension benefit under either of these plans. Such seamen must have obtained their license on or after January 1, 1983 from attendance at the Raymond T. McKay School of Marine Engineering, the Seafarers Harry Lundeberg School of Seamanship, or any other mutually agreed-upon school.

Under the terms of this agreement, licensed seamen will receive credit for eligibility under each plan but will receive a pension benefit based upon credit earned under their respective plan.

American Maritime Officers Pension Plan

Notes to Financial Statements

September 30, 2025 and 2024

In addition, the SP Plan and the Plan are parties to another reciprocal agreement which sets forth the conditions under which prior to January 1, 1983, unlicensed seamen, upon completion of their training for an officer's license, could choose pension coverage under the SP Plan or under the Plan.

Money Purchase Benefit Fund

The Plan provides for a separate multiemployer defined contribution fund within the Plan known as the Money Purchase Benefit Fund ("MPB"). The purpose of the MPB is to provide eligible participants or their beneficiaries with certain additional benefits upon termination of service in the maritime industry. Eligible participants are employees of employers whose participation in the Plan is approved by the Trustees and who have a collective bargaining agreement or a participant agreement in effect.

Each participant's account is credited with the employer's contribution made and allocated, and allocations of Plan net earnings, depending on the investment options selected by the participant. Allocations are based on participant earnings, account balances, or specific transactions, as defined in the Plan's summary plan description. Participants may direct the investment of employer contributions to any of the Plan's fund options. Participants may also redirect their existing account balances among the investment funds. Effective January 1, 2017, new Plan participants are vested in their account balances, including all contributions plus actual earnings thereon, after completing three years of service. Participants participating in the Plan before January 1, 2017, are immediately vested in their account balances. Participants whose employment terminates as a result of death or disability are immediately vested in their account balances.

As of September 30, 2025 and 2024, \$149,930 and \$182,969, respectively, were allocated to withdrawing participants for MPB benefit claims that have been processed and approved for payment prior to year-end, but not yet paid as of that date.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and the actuarial present value of accumulated plan benefits, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Trustees determine the Plan's valuation policies utilizing information provided by the investment advisors and custodian. See Note 5 for discussion of fair value measurements.

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. Real estate income is recorded on the accrual basis. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Employers' Contributions and Employers' Contributions Receivable

The Plan derives revenue from employers' contributions, which are recognized when earned. Employers' contributions receivable represents contributions that relate to days worked on or before September 30 but not received by year-end. Management has considered the current and forecasted economic and industry conditions that may impact the collectability of these amounts. As of September 30, 2025 and September 30, 2024, no allowance for credit losses was considered necessary.

Recognition of Benefits

Benefits are recognized when paid.

American Maritime Officers Pension Plan

Notes to Financial Statements

September 30, 2025 and 2024

Subsequent Events

Subsequent events were evaluated through July 10, 2026, the date the financial statements were available to be issued.

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions for the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during the three consecutive years yielding the highest average in the last ten years of credited service. The accumulated plan benefits for active employees are based on their estimated average compensation during the three years ending on the date as of which the benefit information is presented. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the actuarial valuation as of September 30, 2024 were as follows:

- Actuarial Cost Method - Unit Credit Cost Method
- Mortality Rates:
 - Non-disabled: The sex-distinct RP-2014 Employee and Annuitant Mortality Tables; Blue Collar adjustment; future generational improvements at 100% of Scale MP-2018 from 2006 through 2018 and 25% of Scale MP-2018 beyond 2018.
 - Disabled: The sex-distinct RP-2014 Disabled Retiree Mortality Tables; future generational improvements at 100% of Scale MP-2018 from 2006 through 2018 and 25% of Scale MP-2018 beyond 2018.
- Interest Rate - 6.50%
- Retirement Age:

Entry Age	60/15 Retirement	20 Year Retirement	62/10 Retirement (D2A)*	30 Year Retirement (D2A)*
Under 50	0.00	0.05	0.00	0.00
50-55	0.00	0.05	0.00	0.05
56-59	0.00	0.08	0.00	0.08
60	0.05	0.08	0.00	0.08
61	0.05	0.15	0.00	0.15
62	0.20	0.15	0.20	0.15
63	0.15	0.20	0.15	0.20
64	0.15	0.20	0.15	0.20
65+	1.00	1.00	1.00	1.00

American Maritime Officers Pension Plan
Notes to Financial Statements
September 30, 2025 and 2024

*D2A refers to participants in the District 2A Transportation, Technical, Warehouse, Industrial and Service Employees Union Pension and Severance Plan, which merged into the Plan on September 30, 2004.

Disability Rates:

Age	Deep Sea, Great Lakes & Inland Waters	Former D2A
37	0.0010	0.0019
42	0.0010	0.0027
47	0.0020	0.0046
52	0.0060	0.0083
57	0.0110	0.0145
62	0.0320	0.0237

Withdrawal Rates:

Age	Deep Sea, Great Lakes & Inland Waters	Former D2A
22	0.059	0.177
27	0.050	0.168
32	0.047	0.150
37	0.042	0.128
42	0.036	0.102
47	0.027	0.072
52	0.009	0.036
57	0.001	0.009

- Rate of Service Credit - Deep Sea & Great Lakes .875 and Former D2A 1.000 years for each year of employment.
- Administrative expenses are assumed to be \$2,000,000 as of the beginning of the Plan year based on actual expenses paid in the prior year. Investment counseling fees are not included in assumed administrative expenses.
- Since the prior valuation, the following assumptions have been changed:
 - The valuation interest rate for minimum funding requirements was changed from 7.00% to 6.50%.
 - The retirement rates were updated for DSSL participants with 20+ years of credited service, and for D2A participants with 30+ years of credited service, based on historical and current demographic data and future expectations.

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

American Maritime Officers Pension Plan

Notes to Financial Statements

September 30, 2025 and 2024

Below is the actuarial present value of accumulated plan benefits at September 30, 2024. The computation of the actuarial present value of accumulated plan benefits was made as of October 1, 2024. Had the valuation been performed as of September 30, 2024, there would be no material differences.

Vested benefits

Retired participants and beneficiaries	\$ 415,726,827
Inactive vested participants	44,516,476
Active vested participants	96,907,152
Total vested benefits	557,150,455
Nonvested accumulated benefits	2,751,454
Present value of administrative expenses	30,571,429
Total actuarial present value of accumulated plan benefits	\$ 590,473,338

The change in the actuarial present value of accumulated plan benefits for the year ended September 30, 2024 is as follows:

Actuarial present value of accumulated plan benefits at the beginning of the year	\$ 595,723,550
Decrease during the year attributable to benefits accumulated and actuarial gains	(482,543)
Interest due to decrease in the discount period	40,129,256
Benefits paid	(42,801,435)
Administrative expenses paid	(2,095,490)
Net decrease during the year	(5,250,212)
Actuarial present value of accumulated plan benefits	\$ 590,473,338

4. Money Purchase Benefit Fund Obligation

The MPB accumulated benefit obligation as of September 30, 2025 and 2024 was approximately \$133,540,000 and \$127,470,000 respectively. The MPB accumulated benefit obligation is fully funded as of September 30, 2025 and 2024.

5. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820, *Fair Value Measurement*, are described as follows:

Level 1 - Inputs to the valuation technique are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology are quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active or inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 - Inputs to the valuation technique are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation techniques used for assets measured at fair value. There have been no changes in the techniques used at September 30, 2025 and 2024.

American Maritime Officers Pension Plan
Notes to Financial Statements
September 30, 2025 and 2024

Short-term Investments: Shares in short-term investments are valued at cost, which approximates fair value.

Government and Government Agency Securities and Corporate Bonds and Notes: Shares in government and government agency securities and corporate bonds and notes are 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.

Registered Investment Companies: Shares in registered investment companies are valued at quoted market prices. The registered investment companies held by the Plan are deemed to be actively traded.

Real Estate: Real estate consists of the Plan's investment in two wholly owned subsidiaries, AMOPT, LLC ("AMOPT"), which holds real estate valued at estimated fair value as determined by an independent appraisal using an equal emphasis on the sales comparison approach.

The Building of Dania Beach, LLC ("BDB"), holds real estate valued at estimated fair value as determined by an independent appraisal using an equal emphasis on the income capitalization approach, the sales comparison approach, and the cost approach. The remainder of the assets and liabilities of the subsidiaries are valued at book value, which approximates fair value.

Collective Investment Trust: Shares in the collective investment trust are valued using the net asset value ("NAV") per unit of the investment as a practical expedient. The unit value is calculated daily based on the underlying assets of the trust. The trust allows for daily redemption for participants; however, if the Plan initiates a full withdrawal, it must provide 60 days' advance notice, and the Plan will receive the lesser of book value or market value.

Limited Partnership: Ownership in limited partnerships are valued based on the NAV of the partnership interest owned by the Plan at year-end, as determined by the respective general partners of the limited partnership based on the fair value of the underlying investments of the limited partnership. The NAV, as provided by the investment advisor, is used as a practical expedient to estimate fair value. In establishing the fair value of partnership investment, its general partners take into consideration information from the financial statements of the companies in which they invest, as well as the currency in which the investments are denominated.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2025 and 2024:

	2025			
	Level 1	Level 2	Level 3	Total
Short-term investments	\$ -	\$ 8,646,660	\$ -	\$ 8,646,660
U.S. government and government agency securities	16,240,310	16,172,790	-	32,413,100
Corporate bonds and notes	-	14,382,677	-	14,382,677
Registered investment companies	580,087,583	-	-	580,087,583
Real estate	-	-	53,343,015	53,343,015
Total investments in the fair value hierarchy	596,327,893	39,202,127	53,343,015	688,873,035
Investments measured at NAV	-	-	-	50,230,555
Total investments at fair value	\$ 596,327,893	\$ 39,202,127	\$ 53,343,015	\$ 739,103,590

American Maritime Officers Pension Plan
Notes to Financial Statements
September 30, 2025 and 2024

	2024			
	Level 1	Level 2	Level 3	Total
Short-term investments	\$ -	\$ 3,539,092	\$ -	\$ 3,539,092
U.S. government and government agency securities	19,455,530	16,364,148	-	35,819,678
Corporate bonds and notes	-	13,245,178	-	13,245,178
Registered investment companies	553,901,509	-	-	553,901,509
Real estate	-	-	52,088,554	52,088,554
Total investments in the fair value hierarchy	573,357,039	33,148,418	52,088,554	658,594,011
Investments measured at NAV	-	-	-	49,223,793
Total investments at fair value	\$ 573,357,039	\$ 33,148,418	\$ 52,088,554	\$ 707,817,804

*In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table sets forth a summary of investments held by the Plan at NAV as of September 30, 2025 and 2024:

	Fair Value		Unfunded Commitments		Redemption Frequency	Redemption Notice Period
	2025	2024	2025	2024		
Common/Collective Trust						
Wtrisc CIT III Metlife Group Annuity						
Contract No. 25554 CL J (a)	\$ 22,005,399	\$ 23,690,327	\$ -	\$ -	N/A	N/A
Limited Partnership						
IFM Global Infrastructure (US), LP (b)	28,225,156	25,533,466	-	-	Quarterly	90 days
	\$ 50,230,555	\$ 49,223,793	\$ -	\$ -		

(a) These funds generally aim to provide safety of principal, adequate liquidity and a competitive yield with low return volatility.

(b) This partnership's investment objective is to acquire and maintain a diversified portfolio of global infrastructure investments (with strong market positions, predictable regulatory environments, high barriers to entry, limited demand elasticity and long lives) that realizes a 10% annual return over the long term (10+ years), which will range between 8% and 12% per annum depending on the stage of the market cycle.

The following table represents a reconciliation for the years ended September 30, 2025 and 2024 for real estate investments measured at fair value on a recurring basis using Level 3 inputs:

	2025	2024
Balance at beginning of year	\$ 52,088,554	\$ 50,668,407
Unrealized gain	1,254,461	1,420,147
Balance at end of year	\$ 53,343,015	\$ 52,088,554

American Maritime Officers Pension Plan
Notes to Financial Statements
September 30, 2025 and 2024

Investment policies, guidelines and procedures have been established by the Trustees of the Plan and may be modified or amended only at the direction of the Trustees. In establishing and determining the reasonableness of investment valuations, the Plan enlists the assistance of investment managers and fiduciaries who review the performance of investments to ensure adherence to those policies, guidelines, and procedures.

Investments are monitored by management, as assisted by the Plan's independent fiduciaries, to review pricing models and methodologies, to analyze changes in fair value from period to period, to report valuations and changes in valuations to the Trustees and to verify compliance with the presentation of investments in accordance with accounting principles generally accepted in the United States of America.

The following tables represent the Plan's Level 3 investments, the valuation techniques used to measure the fair value of those investments, and the significant unobservable inputs and the ranges of values for those inputs as of September 30, 2025 and 2024:

2025				
Investment	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values
AMOPT, LLC	\$ 12,695,931	Income capitalization approach (Parcel A only)	Capitalization rate	6.31% - 9.02%
		Sales comparison approach (Parcel A and B)	Sales price per square foot	\$56.98 - \$68.91 Parcel A \$61.82 - \$75.65 Parcel B
		Cost approach (Parcel A only)	Land value and cost of new building and site improvements	Land value: \$3,210,000 Cost of new buildings and site improvements: \$3,302,365
BDB, LLC	\$ 40,647,085	Income capitalization approach	Capitalization rate	6.70% - 9.02%
		Sales comparison approach	Sales price per square foot	\$224 - \$341
		Cost approach	Indirect cost	15%
2024				
Investment	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values
AMOPT, LLC	\$ 12,899,803	Income capitalization approach (Parcel A only)	Capitalization rate	6.25%
		Sales comparison approach (Parcel A and B)	Sales price per square foot	\$39.99 - \$47.47 Parcel A \$62.63 - \$68.78 Parcel B
		Cost approach (Parcel A only)	Land value and cost of new building and site improvements	Land value: \$2,425,000 Cost of new buildings and site improvements \$4,513,992
BDB, LLC	\$ 39,188,751	Income capitalization approach	Capitalization rate	6.84% - 9.42%
		Sales comparison approach	Sales price per square foot	\$219.00 - \$338.00
		Cost approach	Indirect cost	20%

The Plan has cumulatively invested \$10,512,272 in AMOPT as of September 30, 2025 and 2024. AMOPT owns two properties held for commercial development. The fair value of the properties was \$12,570,000 and \$12,950,000 as of September 30, 2025 and 2024, respectively. The fair value of the properties net of related assets and liabilities was \$12,695,931 and \$12,899,803 as of September 30, 2025 and 2024, respectively.

American Maritime Officers Pension Plan

Notes to Financial Statements

September 30, 2025 and 2024

The Plan cumulatively has invested \$24,551,220 in BDB as of September 30, 2025 and 2024. BDB owns a special-use educational facility, in which space is leased to the Plan and to related parties. The fair value of the property was \$40,000,000 and \$39,000,000 as of September 30, 2025 and 2024, respectively. The fair value of the property net of related assets and liabilities was \$40,647,085 and \$39,188,751 as of September 30, 2025 and 2024, respectively.

6. Employer Withdrawal Liability

During 2018, the Plan assessed a withdrawal liability against one former contributing employer that withdrew from the Plan. During the year ended September 30, 2019, the Plan reached a settlement agreement with the employer and recognized the full amount as withdrawal liability income. The present value of expected future payments under the settlement agreement is reported as a withdrawal liability receivable on the statements of net assets available for benefits. The change in present value of expected future payments was recorded as income (loss) of \$713,954 and \$(119,538) for the years ended September 30, 2025 and 2024, respectively. Management has considered the current and forecasted economic and industry conditions that may impact the collectability of these amounts. As of September 30, 2025 and 2024, no allowance for credit losses was considered necessary.

7. Related Party and Party-in-Interest Transactions

During the years ended September 30, 2025 and 2024, certain Plan investments were managed by John Hancock Retirement, Matrix Trust Company, Midwest Institutional Trust Company ("Midwest") and BMO Financial Group, and therefore, these transactions qualify as party-in-interest transactions.

The Plan is related to several other jointly administered, collectively bargained employee benefit plans and entities affiliated with the Union. These organizations coexist in the same premises, utilizing each other's resources, equipment, and personnel to effectuate cost-savings and to minimize duplication of efforts, interfund relationships have been established on a continuing basis.

The AMO Master Operating Trust Fund (the "MOT") serves as a central administrative body for the related organizations. The MOT pays administrative expenses on behalf of the related organizations and charges direct expenses to the appropriate organization and allocates common administrative expenses using percentages that are estimated based upon the amount of time spent servicing and supporting each of the organizations. The common administrative expenses charged and/or allocated to the Plan totaled \$2,054,022 and \$1,799,344 for the years ended September 30, 2025 and 2024, respectively.

The MOT receives contributions as provided in the collective bargaining agreements between the Union and employers. Contributions are allocated among related organizations based on the terms of the Agreement and Declaration of Trust. Each employer is required to contribute to the MOT at the rate(s) specified in its collective bargaining agreement. In accordance with the terms in the collective bargaining agreements, after retaining funds necessary to pay administrative costs of the MOT, the remaining contributions designated for the MOT are allocated to other related organizations as set forth in the Agreement and Declaration of Trust, as amended from time to time. The contributions allocated to the Plan totaled \$222,457 and \$160,937 for the years ended September 30, 2025 and 2024, respectively.

The Plan leases office space in Dania Beach, Florida, under a cancelable operating sublease terminating on September 30, 2029. Under the terms of the sublease, the Plan is obligated to pay escalation costs for certain operating expenses and real estate taxes. Additionally, the base rent is increased annually equal to the percentage increase in the Consumer Price Index for All Urban Consumers, South Region, All Items, as published by the Department of Labor, Bureau of Labor Statistics. For the years ended September 30, 2025 and 2024, the Plan paid rent totaling \$78,908 and \$76,179, respectively, to a related organization under the cancelable operating lease in Dania Beach, Florida.

American Maritime Officers Pension Plan
Notes to Financial Statements
September 30, 2025 and 2024

8. Priorities Upon Termination of the Plan

Upon termination of the Plan, the Trustees shall continue in office for the purpose of distributing the remaining assets. The Trustees shall determine the most equitable and efficient manner to distribute such remaining assets as retirement benefits to participants. This shall be accomplished by the purchase of annuities or otherwise, however, the following order shall be followed:

- To provide pensions to participants who have retired under the Plan, prior to its discontinuance, or who are eligible for a pension on the date of discontinuance, in the following order:
 - To participants receiving or eligible for a regular or disability pension based on 20 or more years of credited service in the order of priority specified in the Plan.
 - To participants who have retired under, or are eligible for, any other type of pension under the Plan.
- To provide pensions, if possible, to other covered participants in the order they become eligible for the same or other equitable payments to participants, based upon pension credit, who do not meet the minimum requirements of age or service.

In no event shall any of the assets of the Plan revert to or be paid to any employer or the Union.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

Although the Board of Trustees has not expressed any intention to do so, in the event of termination of the MPB Plan, the interest of each participant in his or her account after payment of expenses and appropriate adjustment of the accounts of all participants for expenses, charges, and gains and losses shall be nonforfeitable as of the termination date. Upon the receipt by the Trustees of the Internal Revenue Service ("IRS") approval of such termination, the full current value of such amount may be paid.

9. Tax Status

The Plan received a determination letter from the Internal Revenue Service dated July 7, 2015, stating that the Plan, as then designed, was qualified under Section 401(a) of the Internal Revenue Code ("IRC"), and therefore, the related trust is exempt from taxation. The Plan has been amended since receiving the determination letter; however, management believes that the Plan is being operated in compliance with the applicable requirements of the IRC, and therefore, believes that the Plan, as amended, is qualified and the related trust is tax exempt as of the date of the financial statements.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Management has evaluated the tax positions taken by the Plan and concluded that as of September 30, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. In addition, there has been no tax-related interest or penalties for the periods presented in these financial statements.

10. Risk and Uncertainties

Due to various risks (e.g., interest rate, market, credit) associated with certain investment securities and real estate and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported on the statements of net assets available for benefits.

American Maritime Officers Pension Plan
Notes to Financial Statements
September 30, 2025 and 2024

Financial instruments that potentially subject the Plan to concentrations of credit risk include cash, accounts receivable, and investments. While management of the Plan attempts to limit any financial exposure by maintaining accounts at high quality financial institutions, cash and investment balances regularly exceed the federally insured limit of \$250,000 and \$500,000, respectively. Any loss incurred or lack of access to such funds could have a significant adverse impact on the Plan's financial condition, results of operations, and cash flows. Credit risk associated with accounts receivable is considered limited due to the historically high collection rate of receivables.

The actuarial present value of accumulated plan benefits is 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 estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

11. Reconciliation of the Financial Statements to Form 5500

The following reconciles net assets available for benefits as of September 30, 2025 and 2024, and benefits paid for the year ended September 30, 2025, to Form 5500:

	<u>2025</u>	<u>2024</u>
Net assets available for benefits	\$ 757,903,913	\$ 724,237,248
Benefit payable to participants	(149,930)	(182,969)
Net assets per Form 5500	<u><u>\$ 757,753,983</u></u>	<u><u>\$ 724,054,279</u></u>
		<u>2025</u>
Benefits paid to participants		\$ 57,662,314
Add: Benefits payable to participants at September 30, 2025		149,930
Less: Benefits payable to participants at September 30, 2024		(182,969)
Benefits paid per Form 5500		<u><u>\$ 57,629,275</u></u>

Supplementary Information

Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974

Independent Auditor's Report

To the Trustees and Participants of
American Maritime Officers Pension Plan:

We have audited the financial statements of the American Maritime Officers Pension Plan as of and for the year ended September 30, 2025, and have issued our report thereon dated July 10, 2026, which contained an unmodified opinion on those financial statements. Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole.

The supplemental schedules, schedule H, line 4i - schedule of assets (held at end of year) as of September 30, 2025, and schedule H, line 4j - schedule of reportable transactions for the year ended September 30, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"). Such information is the responsibility of the Plan's 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 audit 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 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.

WithumSmith+Brown, PC

July 10, 2026

American Maritime Officers Pension Plan
Schedule H Line 4i - Schedule of Assets (Held at End of Year)
EIN 13-1936709, Plan #001
September 30, 2025

		(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value								
(a)	(b) Identity of Issuer, Borrower, or Similar Party	Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value	(d) Cost		(e) Current Value	
CORPORATE BONDS AND NOTES										
	ABS CORP HEQ OOMC SER 2006 HE3	CORPORATE BOND	N/A	FLTG RATE	03/25/2036	\$ 115,073	\$ 109,906	\$	113,325	
	AEP TRANSMISSION CO LLC SR GLBL Q	CORPORATE BOND	N/A	5.150%	04/01/2034	85,000	84,944		86,706	
	AERCAP IRELAND CAPITAL LIMITED SR NT	CORPORATE BOND	N/A	3.300%	01/30/2032	105,000	96,726		96,693	
	AIR LEASE CORP FR	CORPORATE BOND	N/A	2.875%	01/15/2026	100,000	99,884		99,558	
	ALLIANT ENERGY CORP JR SB NT	CORPORATE BOND	N/A	VAR RATE	04/01/2056	40,000	40,000		40,050	
	AMCOR FLEXIBLES NORTH AMER INC SR	CORPORATE BOND	N/A	5.500%	03/17/2035	40,000	39,806		41,188	
	AMERICAN ASSETS TRUST L P SR GLBL NT	CORPORATE BOND	N/A	3.375%	02/01/2031	30,000	26,394		27,245	
	AMERICAN ELEC PWR CO INC JR SB C	CORPORATE BOND	N/A	VAR RATE	03/15/2056	20,000	19,980		19,930	
	AMERICAN ELEC PWR CO INC JR SB D	CORPORATE BOND	N/A	VAR RATE	03/15/2056	50,000	50,000		50,071	
	AMERICAN EXPRESS CO SR NT	CORPORATE BOND	N/A	VAR RATE	04/25/2036	45,000	45,000		47,543	
	AMERICAN HOMES 4 RENT L P SR NT	CORPORATE BOND	N/A	5.500%	02/01/2034	25,000	24,930		25,798	
	AMERICAN TOWER CORP SR NT	CORPORATE BOND	N/A	2.700%	04/15/2031	33,000	26,997		30,107	
	AMERICAN TOWER CORP SR NT	CORPORATE BOND	N/A	2.300%	09/15/2031	19,000	14,026		16,788	
	AMERICAN TOWER CORP SR NT	CORPORATE BOND	N/A	5.650%	03/15/2033	25,000	24,378		26,370	
	AMERICAN TOWER CORP SR NT	CORPORATE BOND	N/A	5.550%	07/15/2033	105,000	104,538		109,917	
	AMGEN INC SR NT	CORPORATE BOND	N/A	5.600%	03/02/2043	25,000	24,860		25,331	
	ANGEL OAK MTG TR SER 2025 8 CL A 1	CORPORATE BOND	N/A	FLTG RATE	07/25/2070	128,812	128,810		129,738	
	AOA MTG TR SER 2021 1177 CL A	CORPORATE BOND	N/A	FLTG RATE	10/15/2036	110,000	107,302		109,999	
	AON CORP SR NT	CORPORATE BOND	N/A	2.800%	05/15/2030	45,000	46,319		42,237	
	APIDOS CLO SER 2013 12RR CL A RR	CORPORATE BOND	N/A	FLTG RATE	04/15/2031	77,281	77,281		77,282	
	APPALACHIAN PWR CO SR CC	CORPORATE BOND	N/A	5.650%	04/01/2034	10,000	10,025		10,441	
	APPALACHIAN PWR CO SR GLBL X NT	CORPORATE BOND	N/A	3.300%	06/01/2027	70,000	66,694		68,999	
	ARIZONA PUB SVC CO SR GLBL NT	CORPORATE BOND	N/A	6.350%	12/15/2032	5,000	5,481		5,467	
	ATHENE GLOBAL FUNDING 144A	CORPORATE BOND	N/A	3.205%	03/08/2027	15,000	15,000		14,714	
	AVOLON HLDGS FDG LTD SR 144A NT	CORPORATE BOND	N/A	2.528%	11/18/2027	43,000	37,808		41,342	
	BACARDI LTD BACARDI MARTINI 144A NT	CORPORATE BOND	N/A	5.400%	06/15/2033	55,000	53,645		55,565	
	BALTIMORE GAS & ELEC CO SR GLBL	CORPORATE BOND	N/A	5.400%	06/01/2053	30,000	29,985		29,448	
	BAMLL COML MTG TR SER 2018 PARK CL A	CORPORATE BOND	N/A	FLTG RATE	08/12/2038	67,195	67,195		63,362	
	BANK AMER CORP NT N VAR	CORPORATE BOND	N/A	VAR RATE	02/13/2031	5,000	4,259		4,627	
	BANK AMER CORP SR NT	CORPORATE BOND	N/A	VAR RATE	03/05/2029	10,000	11,292		9,951	
	BANK ONE CORP SR GLBL NT	CORPORATE BOND	N/A	VAR RATE	02/24/2028	20,000	20,000		19,686	
	BAYER US FIN II LLC	CORPORATE BOND	N/A	4.375%	12/15/2028	105,000	104,235		104,626	
	BAYER US FIN II LLC	CORPORATE BOND	N/A	4.625%	06/25/2038	15,000	16,371		13,580	
	BAYER US FIN II LLC	CORPORATE BOND	N/A	4.875%	06/25/2048	26,000	20,944		21,948	
	BAYER US FIN LLC SR 144A NT	CORPORATE BOND	N/A	6.875%	11/21/2053	25,000	24,565		27,218	
	BAYVIEW MSR OPORT SER 2021 INV4 CL	CORPORATE BOND	N/A	FLTG RATE	10/25/2051	158,429	133,551		142,134	
	BAYVW OP MS FD VI TR SER 2021 INV6	CORPORATE BOND	N/A	3.205%	10/25/2051	206,918	177,704		184,393	
	BEAR STEARNS ALT A SER 2004 12	CORPORATE BOND	N/A	FLTG RATE	01/25/2035	11,035	10,952		11,049	
	BERRY GLOBAL ESCROW CORP	CORPORATE BOND	N/A	4.875%	07/15/2026	12,000	12,705		12,002	
	BERRY GLOBAL INC SR SEC GLBL NT	CORPORATE BOND	N/A	1.570%	01/15/2026	50,000	49,512		49,569	
	BERRY GLOBAL INC SR SEC GLBL NT	CORPORATE BOND	N/A	5.500%	04/15/2028	55,000	54,425		56,549	
	BIOMGEN INC SR NT	CORPORATE BOND	N/A	5.750%	05/15/2035	70,000	69,947		73,356	
	BK OF AMERICA CORP FR	CORPORATE BOND	N/A	VAR RATE	03/11/2027	95,000	93,808		93,902	
	BK OF AMERICA CORP FR	CORPORATE BOND	N/A	VAR RATE	07/22/2027	45,000	43,482		44,101	

See Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

American Maritime Officers Pension Plan
Schedule H Line 4i - Schedule of Assets (Held at End of Year)
EIN 13-1936709, Plan #001
September 30, 2025

(a)	(b) Identity of Issuer, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	BK OF AMERICA CORP FR	CORPORATE BOND	N/A	VAR RATE	04/22/2032	20,000	17,726	18,220
	BK OF AMERICA CORP FR	CORPORATE BOND	N/A	VAR RATE	02/04/2033	10,000	8,831	9,106
	BK OF AMERICA CORP SR NT	CORPORATE BOND	N/A	VAR RATE	07/21/2032	140,000	111,118	124,180
	BNK SER 2022 BNK42 CL A 5	CORPORATE BOND	N/A	FLTG RATE	06/17/2055	68,000	69,687	66,723
	BOOZ ALLEN HAMILTON INC SR GLBL NT	CORPORATE BOND	N/A	5.950%	04/15/2035	55,000	54,979	57,338
	BX TR 2019-OC11 COML MTG PASS THRU	CORPORATE BOND	N/A	3.202%	12/09/2041	125,000	109,091	118,123
	CAL FDG IV LTD SER 2020 1 CL A	CORPORATE BOND	N/A	2.220%	09/25/2045	143,125	126,520	136,472
	CEDAR VIII CLO SER 2017 8R2 CL A RR	CORPORATE BOND	N/A	FLTG RATE	01/19/2038	100,000	100,000	100,083
	CENTENE CORP DEL SR GLBL	CORPORATE BOND	N/A	2.500%	03/01/2031	30,000	24,938	25,842
	CENTENE CORP DEL SR NT	CORPORATE BOND	N/A	3.000%	10/15/2030	73,000	67,078	65,228
	CENTERPOINT ENERGY INC JR SB D NT	CORPORATE BOND	N/A	VAR RATE	04/01/2056	40,000	40,000	40,000
	CHARTER COMMUNICATIONS OPER SR NT	CORPORATE BOND	N/A	5.471%	04/01/2038	5,000	5,336	4,716
	CHARTER COMMUNICATIONS OPER SR SEC	CORPORATE BOND	N/A	3.700%	04/01/2051	108,000	66,867	71,249
	CHARTER COMMUNICATIONS OPER SR SEC	CORPORATE BOND	N/A	3.900%	06/01/2052	27,000	16,733	18,287
	CIGNA CORP NEW GLBL NT	CORPORATE BOND	N/A	3.400%	03/01/2027	20,000	20,732	19,810
	CIGNA CORP NEW SR NT	CORPORATE BOND	N/A	3.400%	03/15/2051	25,000	24,994	17,395
	CITIBANK N A SR GLBL NT	CORPORATE BOND	N/A	4.914%	05/29/2030	100,000	100,000	102,743
	CITIGROUP INC SR GLBL NT	CORPORATE BOND	N/A	VAR RATE	03/27/2036	20,000	19,659	20,444
	CITIGROUP MTG LN TR SER 2018 RP1 CL	CORPORATE BOND	N/A	FLTG RATE	09/25/2064	94,945	89,990	93,518
	CITIGRP COML MTG TR SER 2020 420K CL	CORPORATE BOND	N/A	2.456%	11/13/2042	100,000	84,938	89,334
	COMMONSPIRIT HEALTH SR GLBL	CORPORATE BOND	N/A	2.782%	10/01/2030	30,000	30,539	27,725
	CONSOLIDATED COMMUNICATIONS LLC /	CORPORATE BOND	N/A	6.000%	05/20/2055	100,000	99,500	102,483
	CONSTELLATION BRANDS INC SR NT	CORPORATE BOND	N/A	4.800%	05/01/2030	70,000	69,877	70,993
	CONSTELLATION BRANDS INC SR NT	CORPORATE BOND	N/A	2.250%	08/01/2031	80,000	67,264	70,518
	CPTS 2019-CPT MTG TR COML MTG	CORPORATE BOND	N/A	2.865%	11/13/2039	25,000	25,750	23,008
	CROSS MTG TR SER 2025 H1 CL A 1	CORPORATE BOND	N/A	FLTG RATE	02/25/2070	111,568	111,847	112,706
	CSFB MTG PTC SER 2005 8 CL VIIIA1	CORPORATE BOND	N/A	7.000%	09/25/2035	251,738	153,777	30,960
	CSMC MTG TRUST SER 2007 3	CORPORATE BOND	N/A	5.000%	04/25/2037	12,898	12,568	10,264
	CSMC SER 2022 NQM1 CL A 1	CORPORATE BOND	N/A	FLTG RATE	11/25/2066	252,842	232,140	231,458
	CVS HEALTH CORP SR GLBL NT	CORPORATE BOND	N/A	5.125%	07/20/2045	44,000	44,398	39,942
	CVS HEALTH CORP SR NT	CORPORATE BOND	N/A	5.050%	03/25/2048	60,000	52,777	53,384
	DC OFFICE TR 2019-MTC COML MTG	CORPORATE BOND	N/A	2.965%	09/15/2045	30,000	30,898	27,329
	DELL INTL CORP SR GLBL	CORPORATE BOND	N/A	4.500%	02/15/2031	70,000	65,000	64,850
	DELL INTL CORP SR GLBL NT	CORPORATE BOND	N/A	5.000%	04/01/2030	70,000	69,884	71,701
	DOMINION ENERGY INC JR SB B	CORPORATE BOND	N/A	VAR RATE	02/15/2056	50,000	50,031	50,327
	DUKE ENERGY CAROLINAS LLC 1M GLBL BD	CORPORATE BOND	N/A	2.850%	03/15/2052	5,000	4,984	3,681
	DUKE ENERGY FLA LLC 1M BD	CORPORATE BOND	N/A	5.875%	11/15/2033	5,000	4,991	5,395
	DUKE ENERGY PROGRESS LLC 1M BD	CORPORATE BOND	N/A	4.200%	08/15/2045	115,000	103,524	97,475
	EFMT TRUST SER 2025 NQM1 CL A 2	CORPORATE BOND	N/A	FLTG RATE	01/25/2070	128,110	128,070	129,023
	ELEVANCE HEALTH INC GLBL NT	CORPORATE BOND	N/A	5.375%	06/15/2034	30,000	30,132	30,936
	ELEVANCE HEALTH INC SR GLBL NT	CORPORATE BOND	N/A	5.000%	01/15/2036	90,000	89,719	89,345
	ELEVANCE HEALTH INC SR NT	CORPORATE BOND	N/A	5.200%	02/15/2035	20,000	19,929	20,384
	ELP COMMERCIAL MTG TR SER 2021 ELP	CORPORATE BOND	N/A	FLTG RATE	11/15/2038	99,174	94,897	99,050
	ENERGY TRANSFER L P SR GLBL NT	CORPORATE BOND	N/A	6.550%	12/01/2033	9,000	8,990	9,844
	ENERGY TRANSFER PRTRNS L P SR NT	CORPORATE BOND	N/A	5.150%	03/15/2045	40,000	38,856	35,896

See Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

American Maritime Officers Pension Plan
Schedule H Line 4i - Schedule of Assets (Held at End of Year)
EIN 13-1936709, Plan #001
September 30, 2025

(a)	(b) Identity of Issuer, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	EVERSOURCE ENERGY SR GBL Y NT	CORPORATE BOND	N/A	4.600%	07/01/2027	25,000	24,970	25,141
	EXTRA SPACE STORAGE LP SR GBL	CORPORATE BOND	N/A	2.200%	10/15/2030	8,000	6,329	7,172
	EXTRA SPACE STORAGE LP SR GBL	CORPORATE BOND	N/A	2.400%	10/15/2031	30,000	24,009	26,417
	EXTRA SPACE STORAGE LP SR NT	CORPORATE BOND	N/A	3.900%	04/01/2029	4,000	3,675	3,943
	FARMERS EXCHANGE CAP SURPLUS NT144A	CORPORATE BOND	N/A	7.050%	07/15/2028	100,000	123,641	105,266
	FIRST FRANKLIN MTG SER 2004 FF5 CL A	CORPORATE BOND	N/A	FLTG RATE	08/26/2019	27,291	27,004	25,733
	FIRSTENERGY TRANSMISSION LLC SR 144A	CORPORATE BOND	N/A	2.866%	09/15/2028	180,000	170,070	172,960
	FIRSTENERGY TRANSMISSION LLC SR GBL	CORPORATE BOND	N/A	5.000%	01/15/2035	55,000	54,907	55,033
	FLORIDA PWR & LT CO 1M GBL	CORPORATE BOND	N/A	5.700%	03/15/2055	70,000	71,063	72,559
	FOUNDRY JV HOLDCO SR SEC 144A NT	CORPORATE BOND	N/A	5.500%	01/25/2031	5,000	4,995	5,188
	FRESENIUS MED CARE US FIN III SR	CORPORATE BOND	N/A	1.875%	12/01/2026	30,000	30,128	29,059
	GALAXY XXII CLO LTD / GALAXY XXI CLO	CORPORATE BOND	N/A	5.501%	04/16/2034	250,000	250,000	250,491
	GCAT SER 2025 NQM3 CL A 1	CORPORATE BOND	N/A	FLTG RATE	05/25/2070	144,212	144,211	145,474
	GCI FUNDING I LLC A SER	CORPORATE BOND	N/A	2.380%	06/18/2046	103,867	93,707	96,322
	GLOBAL PMTS INC SR NT	CORPORATE BOND	N/A	5.300%	08/15/2029	45,000	44,997	46,019
	GLP CAP FING II INC SR NT	CORPORATE BOND	N/A	4.000%	01/15/2030	5,000	5,126	4,842
	GLP CAP FING II INC SR NT	CORPORATE BOND	N/A	4.000%	01/15/2031	7,000	5,954	6,700
	GOLDMAN SACHS GROUP INC SR NT	CORPORATE BOND	N/A	VAR RATE	03/09/2027	60,000	59,947	59,228
	GOLDMAN SACHS GROUP INC SR NT	CORPORATE BOND	N/A	6.250%	09/10/2027	65,000	62,476	63,396
	GOLDMAN SACHS GROUP INC SR NT	CORPORATE BOND	N/A	2.383%	07/21/2032	10,000	8,008	8,925
	GOLDMAN SACHS GROUP INC SR NT	CORPORATE BOND	N/A	FLTG RATE	10/23/2035	45,000	43,193	45,299
	GOLDMAN SACHS GROUP INC SR NT	CORPORATE BOND	N/A	5.536%	01/28/2036	5,000	4,888	5,219
	GS MBS TRUST SER 2021 PJ10 CL A 8	CORPORATE BOND	N/A	FLTG RATE	03/25/2052	136,406	116,601	121,805
	GS MRTG BCK SEC TR SER 2021 INV1 CL	CORPORATE BOND	N/A	FLTG RATE	12/25/2051	132,097	115,440	118,043
	GS MTG BACKED SECU TR SER 2025 PJ6	CORPORATE BOND	N/A	FLTG RATE	09/25/2055	136,493	136,076	137,219
	GSAA HEQ TR SER 2007 2 CL AF5A	CORPORATE BOND	N/A	FLTG RATE	03/25/2037	315,181	234,022	68,373
	GUARDIAN LIFE GLOBAL FDG MTN SR SEC	CORPORATE BOND	N/A	4.798%	04/28/2030	135,000	135,000	137,977
	HCA INC SR SEC GBL NT	CORPORATE BOND	N/A	5.250%	06/15/2026	20,000	22,726	20,040
	HCA INC SR SEC GBL NT	CORPORATE BOND	N/A	5.500%	06/15/2047	25,000	27,888	23,849
	HCA SR SEC GBL NT	CORPORATE BOND	N/A	3.500%	07/15/2051	62,000	41,214	42,415
	HEALTHCARE TRUST OF AMER HLDGS SR	CORPORATE BOND	N/A	3.500%	08/01/2026	10,000	9,958	9,928
	HEALTHCARE TRUST OF AMER HLDGS SR NT	CORPORATE BOND	N/A	3.100%	02/15/2030	30,000	28,494	28,226
	HILT COML MTG TR SER 2024 ORL CL A	CORPORATE BOND	N/A	FLTG RATE	05/15/2037	85,000	84,788	85,133
	HSBC HLDGS PLC SR NT	CORPORATE BOND	N/A	VAR RATE	09/22/2028	40,000	39,940	38,321
	HUDSON PAC PPTY S L P SR NT	CORPORATE BOND	N/A	3.950%	11/01/2027	50,000	45,328	48,101
	HUDSON YARDS MTG TR SER 2019 30HY CL	CORPORATE BOND	N/A	3.228%	07/10/2039	135,000	121,539	128,342
	HUMANA INC SR GBL NT	CORPORATE BOND	N/A	5.550%	05/01/2035	15,000	14,956	15,281
	HUMANA INC SR NT	CORPORATE BOND	N/A	3.700%	03/23/2029	75,000	74,904	73,292
	IMPAC CMB TR SER 2007 A CL	CORPORATE BOND	N/A	FLTG RATE	05/25/2037	152,241	144,819	148,329
	IMPERIAL TOB FIN PLC SR 144A NT	CORPORATE BOND	N/A	6.125%	07/27/2027	40,000	40,261	41,280
	IMPERIAL TOB FIN PLC SR GBL 144A	CORPORATE BOND	N/A	4.500%	06/30/2028	50,000	49,867	50,322
	INTEL CORP SR GBL NT	CORPORATE BOND	N/A	3.734%	12/08/2047	15,000	10,207	11,079
	INTEL CORP SR GBL NT	CORPORATE BOND	N/A	3.250%	11/15/2049	40,000	25,153	26,580
	INTEL CORP SR NT	CORPORATE BOND	N/A	2.000%	08/12/2031	25,000	20,775	21,868
	INTEL CORP SR NT	CORPORATE BOND	N/A	4.900%	08/05/2052	5,000	3,956	4,301

See Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

American Maritime Officers Pension Plan
Schedule H Line 4i - Schedule of Assets (Held at End of Year)
EIN 13-1936709, Plan #001
September 30, 2025

(a)	(b) Identity of Issuer, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	INTEL CORP SR NT	CORPORATE BOND	N/A	5.700%	02/10/2053	10,000	8,993	9,671
	INTERNATIONAL FLAVORS&FRAGRANC SR	CORPORATE BOND	N/A	2.300%	11/01/2030	76,000	64,742	68,002
	INTERSTATE PWR & LT CO SR NT	CORPORATE BOND	N/A	5.450%	09/30/2054	45,000	44,826	43,510
	INVITATION HOMES OPER PARTNERS SR NT	CORPORATE BOND	N/A	2.000%	08/15/2031	10,000	7,604	8,641
	INVITATION HOMES OPER PARTNERS SR NT	CORPORATE BOND	N/A	4.150%	04/15/2032	15,000	13,360	14,501
	IQVIA INC SR SEC GLBL NT	CORPORATE BOND	N/A	6.250%	02/01/2029	100,000	100,926	105,264
	J P MORGAN CHASE COMML MTG SECS TR	CORPORATE BOND	N/A	3.397%	06/05/2039	45,000	46,350	42,510
	J P MORGAN MTG TR SER 2025 1 CL A 4	CORPORATE BOND	N/A	FLTG RATE	06/25/2055	112,676	112,151	113,221
	JBS USA LUX S A JBS USA FOOD SR GLBL	CORPORATE BOND	N/A	3.750%	12/01/2031	10,000	9,425	9,447
	JBS USA LUX S A JBS USA FOOD SR GLBL	CORPORATE BOND	N/A	3.000%	05/15/2032	35,000	34,548	31,313
	JBS USA LUX S A JBS USA FOOD SR GLBL	CORPORATE BOND	N/A	6.750%	03/15/2034	56,000	56,171	61,908
	JBS USA LUX S A JBS USA FOOD SR GLBL	CORPORATE BOND	N/A	6.500%	12/01/2052	25,000	24,682	26,344
	JGWPT XXX LLC ASSET BACKED NT	CORPORATE BOND	N/A	4.080%	07/15/2041	21,154	21,137	20,080
	JGWPT XXXII LLC ASSET BACKED NT	CORPORATE BOND	N/A	3.610%	01/17/2073	29,146	29,128	26,467
	JP MORG CHASE CMBS SER 2016 NINE CL	CORPORATE BOND	N/A	FLTG RATE	09/09/2038	169,000	146,647	165,883
	JP MORGAN CHASE BANK NA SR NT	CORPORATE BOND	N/A	2.182%	06/01/2028	5,000	4,575	4,846
	JP MORGAN CHASE BANK NA SR NT	CORPORATE BOND	N/A	VAR RATE	10/15/2030	20,000	17,730	18,888
	JP MORGAN MRT TR SER 2021 INV5 CL A	CORPORATE BOND	N/A	FLTG RATE	12/25/2051	64,187	56,645	59,202
	JP MORGAN MRTG TR SER 2021 INV3 CL A	CORPORATE BOND	N/A	FLTG RATE	12/25/2051	146,818	126,739	131,697
	JP MORGAN MTG TR SER 2007 S3	CORPORATE BOND	N/A	7.500%	08/25/2037	103,599	86,678	31,988
	JP MORGAN MTG TR SER 2025 2 CL A 4 A	CORPORATE BOND	N/A	FLTG RATE	07/25/2055	121,269	121,269	121,959
	JPMORGAN CHASE & CO SR GLBL NT	CORPORATE BOND	N/A	VAR RATE	02/04/2027	15,000	14,074	14,834
	JPMORGAN CHASE & CO SR NT	CORPORATE BOND	N/A	VAR RATE	11/19/2026	15,000	14,428	14,933
	JPMORGAN CHASE & CO SR NT	CORPORATE BOND	N/A	1.578%	04/22/2027	45,000	45,000	44,353
	JPMORGAN CHASE & CO SR NT	CORPORATE BOND	N/A	2.069%	06/01/2029	10,000	8,700	9,489
	JPMORGAN CHASE & CO SR NT	CORPORATE BOND	N/A	VAR RATE	11/19/2031	30,000	26,412	26,486
	JPMORGAN CHASE & CO SR NT	CORPORATE BOND	N/A	2.545%	11/08/2032	5,000	4,359	4,485
	JPMORGAN CHASE & CO SR NT	CORPORATE BOND	N/A	ZERO CPN	01/25/2033	75,000	62,237	68,613
	JPMORGAN CHASE & CO SR NT	CORPORATE BOND	N/A	VAR RATE	10/22/2035	10,000	9,858	10,085
	JPMORGAN CHASE & CO SR NT	CORPORATE BOND	N/A	VAR RATE	01/24/2036	25,000	25,088	26,155
	KEYSPAN GAS EAST CORP MTN SR 144A NT	CORPORATE BOND	N/A	3.586%	01/18/2052	100,000	91,348	67,899
	LAS VEGAS SANDS CORP SR NT	CORPORATE BOND	N/A	6.000%	06/14/2030	45,000	44,950	46,860
	LOCKHEED MARTIN CORP SR NT	CORPORATE BOND	N/A	4.500%	05/15/2036	10,000	9,388	9,787
	LXP INDUSTRIAL TRUST SR NT	CORPORATE BOND	N/A	6.750%	11/15/2028	10,000	9,942	10,630
	MADISON PARK FDG SER 2021 48 CL A	CORPORATE BOND	N/A	FLTG RATE	04/19/2033	58,509	58,655	58,676
	MCDONALDS CORP FR	CORPORATE BOND	N/A	4.950%	03/03/2035	45,000	44,059	45,592
	MCDONALDS CORP MED TERM NT SR NT	CORPORATE BOND	N/A	4.700%	12/09/2035	25,000	24,398	24,824
	META PLATFORMS INC SR NT	CORPORATE BOND	N/A	5.600%	05/15/2053	45,000	44,669	45,646
	MF SER 2020 FL4 CL A	CORPORATE BOND	N/A	FLTG RATE	12/17/2035	14,567	14,649	14,568
	MF SER 2025 FL19 CL A S	CORPORATE BOND	N/A	FLTG RATE	05/18/2042	125,000	125,781	125,109
	MF SER 2025 FL20 CL A S	CORPORATE BOND	N/A	FLTG RATE	02/18/2043	125,000	125,195	125,107
	MORGAN STANLEY FR	CORPORATE BOND	N/A	VAR RATE	05/04/2027	35,000	30,763	34,448
	MORGAN STANLEY FR	CORPORATE BOND	N/A	VAR RATE	07/20/2027	20,000	20,000	19,572
	MORGAN STANLEY FR	CORPORATE BOND	N/A	VAR RATE	10/20/2032	10,000	8,669	8,922
	MORGAN STANLEY FR	CORPORATE BOND	N/A	VAR RATE	01/21/2033	10,000	8,847	9,091

See Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

American Maritime Officers Pension Plan
Schedule H Line 4i - Schedule of Assets (Held at End of Year)
EIN 13-1936709, Plan #001
September 30, 2025

(a)	(b) Identity of Issuer, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	MORGAN STANLEY FR	CORPORATE BOND	N/A	VAR RATE	01/18/2036	30,000	30,249	31,410
	MORGAN STANLEY SR NT	CORPORATE BOND	N/A	VAR RATE	04/28/2032	60,000	47,259	52,364
	MORTGAGE IT TR 2005 1 MTG BACKED NT	CORPORATE BOND	N/A	FLTG RATE	02/25/2035	21,430	21,437	21,782
	NEW ENGLAND POWER CO SR GLBL 144A	CORPORATE BOND	N/A	2.807%	10/06/2050	25,000	14,314	15,749
	NLG GLOBAL FDG 144A NT	CORPORATE BOND	N/A	4.350%	09/15/2030	70,000	69,875	69,266
	NORTHERN STS PWR CO MINN 1M BD	CORPORATE BOND	N/A	5.050%	05/15/2035	20,000	19,986	20,398
	NORTHWOOD CAPITAL LTD SER 2021 25R	CORPORATE BOND	N/A	FLTG RATE	07/20/2034	150,000	150,000	150,000
	NYC COMML MTG TR SER 2025 1155 CL A	CORPORATE BOND	N/A	FLTG RATE	06/12/2042	82,000	82,000	82,423
	OBX TRUST SER 2021 NQM3 CL A 1	CORPORATE BOND	N/A	FLTG RATE	07/25/2061	86,187	69,233	70,986
	OBX TRUST SER 2024 NQM14 CL A 1	CORPORATE BOND	N/A	4.944%	09/25/2064	89,120	89,120	89,097
	OCEANVIEW MTG TR SER 2021 INV3 CL A	CORPORATE BOND	N/A	FLTG RATE	07/25/2051	123,988	110,030	111,518
	OCTAGON INV PNRS SER 2016 27R CL A 2	CORPORATE BOND	N/A	FLTG RATE	07/15/2030	75,000	74,348	75,065
	OCTAGON INVT PARTNERS 40 LTD /	CORPORATE BOND	N/A	FLTG RATE	01/20/2035	120,000	120,000	119,890
	ONCOR ELEC DELIVERY CO LLC SR SEC	CORPORATE BOND	N/A	5.350%	04/01/2035	60,000	59,706	62,058
	ONCOR ELEC DELIVERY CO LLC SR SEC	CORPORATE BOND	N/A	4.950%	09/15/2052	10,000	9,521	9,110
	ONE BRYANT PARK TRUST SER 2019 OBP	CORPORATE BOND	N/A	2.516%	09/15/2054	145,000	125,871	133,543
	OPEN TEXT CORP SR SEC 144A NT	CORPORATE BOND	N/A	6.900%	12/01/2027	60,000	62,275	62,425
	ORACLE CORP SR GLBL	CORPORATE BOND	N/A	5.200%	09/26/2035	15,000	14,998	15,083
	ORACLE CORP SR NT	CORPORATE BOND	N/A	2.800%	04/01/2027	20,000	20,812	19,609
	ORACLE CORP SR NT	CORPORATE BOND	N/A	4.300%	07/08/2034	180,000	166,954	172,215
	PALMER SQUARE LN FDG 2022-3 LTD	CORPORATE BOND	N/A	FLTG RATE	04/15/2031	100,000	100,000	100,150
	PAYCHEX INC SR NT	CORPORATE BOND	N/A	5.350%	04/15/2032	45,000	44,270	46,694
	PETROLEOS MEXICANOS GLBL NT	CORPORATE BOND	N/A	6.750%	09/21/2047	15,000	12,741	12,380
	PHYSICIANS RLTY LP SR NT	CORPORATE BOND	N/A	3.950%	01/15/2028	1,000	918	992
	PIEDMONT NAT GAS CO INC SR NT	CORPORATE BOND	N/A	5.100%	02/15/2035	55,000	55,913	55,949
	PNC FINL SVCS GROUP INC SR NT	CORPORATE BOND	N/A	VAR RATE	10/20/2034	5,000	4,997	5,665
	PNC FINL SVCS GROUP INC SR NT	CORPORATE BOND	N/A	VAR RATE	01/22/2035	5,000	5,000	5,273
	PRKCM TRUST SER 2021 AFC2 CL A 1	CORPORATE BOND	N/A	FLTG RATE	11/25/2056	151,658	122,938	135,108
	PUBLIC SERVICE CO COLO 1ST MTG BD	CORPORATE BOND	N/A	5.250%	04/01/2053	30,000	29,789	28,406
	REALTY INCOME CORP SR NT	CORPORATE BOND	N/A	5.125%	04/15/2035	30,000	29,511	30,506
	REXFORD INDUSTRIAL REALTY L P SR NT	CORPORATE BOND	N/A	2.150%	09/01/2031	5,000	3,848	4,348
	ROLLINS INC SR GLBL NT	CORPORATE BOND	N/A	5.250%	02/24/2035	70,000	69,734	71,234
	SANTANDER UK GROUP HOLDINGS SR GLBL	CORPORATE BOND	N/A	VAR RATE	06/14/2027	5,000	4,940	4,907
	SEQUOIA MTG TR SER 2025 4 CL A 5	CORPORATE BOND	N/A	FLTG RATE	05/25/2055	142,815	142,425	143,475
	SER 2017 245P CL A	CORPORATE BOND	N/A	3.508%	06/05/2037	120,000	114,375	117,625
	SFAVE COML MTG TR SER 2015 SAVE	CORPORATE BOND	N/A	3.872%	01/08/2043	142,500	123,506	123,711
	SMBC AVIATION CAP FIN SR GLBL 144A	CORPORATE BOND	N/A	5.700%	07/25/2033	60,000	60,138	62,709
	SMITHFIELD FOODS INC SR 144A NT	CORPORATE BOND	N/A	2.625%	09/13/2031	45,000	44,406	39,418
	SOUTHERN CO JR SB GLBL	CORPORATE BOND	N/A	VAR RATE	09/15/2051	95,000	93,928	93,733
	SPRINT SPECTRUM CO CL A	CORPORATE BOND	N/A	5.152%	09/20/2029	52,500	53,419	52,699
	STARBUCKS CORP SR GLBL	CORPORATE BOND	N/A	5.400%	05/15/2035	10,000	9,991	10,369
	STRUCTURED ASSET ADJ SER 2005 1	CORPORATE BOND	N/A	FLTG RATE	02/25/2035	56,214	54,659	53,516
	STRUCTURED ASSET MTG SER 2004 AR1	CORPORATE BOND	N/A	FLTG RATE	03/19/2034	34,432	33,572	32,432
	STRYKER CORPORATION SR GLBL	CORPORATE BOND	N/A	4.700%	02/10/2028	110,000	109,927	111,607
	SYMPHONY CLO SER 2020 24R CL A 1 R	CORPORATE BOND	N/A	FLTG RATE	10/23/2035	150,000	150,000	150,217

See Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

American Maritime Officers Pension Plan
Schedule H Line 4i - Schedule of Assets (Held at End of Year)
EIN 13-1936709, Plan #001
September 30, 2025

(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value								
(a)	(b) Identity of Issuer, Borrower, or Similar Party	Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value	(d) Cost	(e) Current Value
	T MOBILE USA INC SR NT	CORPORATE BOND	N/A	3.375%	04/15/2029	25,000	22,201	24,273
	T MOBILE USA INC SR NT	CORPORATE BOND	N/A	5.125%	05/15/2032	10,000	9,988	10,292
	T MOBILE USA INC SR NT	CORPORATE BOND	N/A	4.700%	01/15/2035	20,000	19,971	19,642
	T MOBILE USA INC SR SEC GLBL NT	CORPORATE BOND	N/A	3.750%	04/15/2027	15,000	16,462	14,911
	TAKE TWO INTERACTIVE SOFTWARE SR NT	CORPORATE BOND	N/A	4.000%	04/14/2032	30,000	29,582	28,868
	THE CIGNA GROUP SR NT	CORPORATE BOND	N/A	5.250%	01/15/2036	60,000	60,017	60,764
	THORNBURG MTG TR SER 2003 4	CORPORATE BOND	N/A	FLTG RATE	09/25/2043	51,042	50,675	50,721
	TOWD PT MTG TR 2017-4 NT CL A1 144A	CORPORATE BOND	N/A	2.750%	06/25/2057	21,665	21,198	21,223
	TOWD PT MTG TR 2024-1 ASSET BACKED	CORPORATE BOND	N/A	FLTG RATE	03/25/2064	108,294	107,407	110,021
	TRESTLES CLO SER 2021 4 CL B 1	CORPORATE BOND	N/A	FLTG RATE	07/21/2034	75,000	75,000	75,227
	UBER TECHNOLOGIES INC SR NT	CORPORATE BOND	N/A	4.800%	09/15/2034	70,000	69,950	70,132
	UNITED AIR LINES INC SR SEC NT	CORPORATE BOND	N/A	5.800%	07/15/2037	51,313	51,313	53,067
	UNITEDHEALTH GROUP INC SR NT	CORPORATE BOND	N/A	5.150%	07/15/2034	135,000	136,874	138,559
	VANTAGE DATA CENTERS SER 2020 2 CL A	CORPORATE BOND	N/A	1.992%	09/15/2045	175,000	162,647	165,755
	VANTAGE DATA CTRS ISSUER LLC/VANTAGE	CORPORATE BOND	N/A	2.165%	10/15/2046	70,000	68,070	68,161
	VOLKSWAGEN GROUP AMER FIN LLC SR	CORPORATE BOND	N/A	5.650%	03/25/2032	60,000	59,699	61,944
	VOLKSWAGEN GROUP AMER FIN LLC SR	CORPORATE BOND	N/A	5.800%	03/27/2035	25,000	24,305	25,633
	VOYA CLO LTD SER 2014 4R CL A 1 RB	CORPORATE BOND	N/A	FLTG RATE	07/14/2031	75,000	74,633	75,087
	WAMU MTG CERT SER 2005 AR2 CL 2A 2A3	CORPORATE BOND	N/A	FLTG RATE	01/25/2045	107,714	106,099	107,634
	WAMU MTG CERT SER 2005 AR8	CORPORATE BOND	N/A	FLTG RATE	07/25/2045	182,257	170,695	175,412
	WBHT CML MTG TR SER 2025 WBM CL A	CORPORATE BOND	N/A	FLTG RATE	06/16/2042	100,000	99,750	100,000
	WELLS FARGO & CO FR	CORPORATE BOND	N/A	VAR RATE	07/25/2029	135,000	137,651	139,907
	WELLS FARGO & CO FR	CORPORATE BOND	N/A	VAR RATE	10/30/2030	50,000	51,476	47,340
	WELLS FARGO & CO FR	CORPORATE BOND	N/A	VAR RATE	12/03/2035	5,000	5,010	5,109
	WELLS FARGO & CO SR NT	CORPORATE BOND	N/A	VAR RATE	06/02/2028	10,000	10,133	9,721
	WELLS FARGO & CO SR W	CORPORATE BOND	N/A	5.244%	01/24/2031	15,000	15,000	15,519
	WILLIS NORTH AMER INC SR NT	CORPORATE BOND	N/A	2.950%	09/15/2029	20,000	20,608	18,988
	WISCONSIN PWR & LT CO SR GLBL DEB	CORPORATE BOND	N/A	5.375%	03/30/2034	85,000	84,839	88,264
							14,532,416	14,382,677
GOVERNMENT AND GOVERNMENT AGENCY SECURITIES								
	CALIFORNIA HEALTH FACS FING AU BDS	BOND	N/A	3.000%	08/15/2051	15,000	11,267	10,969
	FEDERAL HOME LN MTG CORP MULTICLASS	BOND	N/A	1.948%	11/15/2037	9,670	9,670	1,970
	FEDERAL HOME LN MTG CORP MULTICLASS	BOND	N/A	1.478%	11/15/2037	45,022	15,722	3,154
	FEDERAL HOME LN MTG CORP MULTICLASS	BOND	N/A	1.678%	06/15/2038	43,831	26,417	3,317
	FEDERAL HOME LN MTG CORP MULTICLASS	BOND	N/A	4.000%	02/15/2047	135,659	141,604	129,912
	FEDERAL HOME LN MTG CORP MULTICLASS	BOND	N/A	FLTG RATE	11/25/2054	21,863	21,846	21,968
	FEDERAL HOME LN MTG CORP PARTN CTF	BOND	N/A	4.000%	01/01/2049	37,332	39,991	35,871
	FEDERAL HOME LN MTG CORP PARTN CTF	BOND	N/A	2.500%	12/01/2050	437,746	365,039	370,355
	FEDERAL HOME LN MTG CORP PARTN CTF	BOND	N/A	2.000%	01/25/2051	337,656	45,927	45,985
	FEDERAL HOME LN MTG CORP PARTN CTF	BOND	N/A	2.500%	10/01/2051	112,538	102,497	95,376
	FEDERAL HOME LN MTG CORP PARTN CTF	BOND	N/A	2.000%	02/01/2052	163,378	144,915	132,176
	FEDERAL HOME LN MTG CORP PARTN CTF	BOND	N/A	2.500%	02/01/2052	136,833	125,865	115,702
	FEDERAL HOME LN MTG CORP PARTN CTF	BOND	N/A	2.500%	04/01/2052	64,383	53,984	54,509
	FEDERAL HOME LN MTG CORP PARTN CTF	BOND	N/A	2.000%	05/01/2052	91,495	74,751	74,112
	FEDERAL HOME LN MTG CORP PARTN CTF	BOND	N/A	2.500%	05/01/2052	123,881	114,201	104,536

See Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

American Maritime Officers Pension Plan
Schedule H Line 4i - Schedule of Assets (Held at End of Year)
EIN 13-1936709, Plan #001
September 30, 2025

(a)	(b) Identity of Issuer, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	FEDERAL HOME LN MTG CORP PARTN CTF	BOND	N/A	3.000%	05/01/2052	69,134	59,463	60,861
	FEDERAL HOME LN MTG CORP PARTN CTF	BOND	N/A	3.000%	06/01/2052	208,633	183,793	183,530
	FEDERAL HOME LN MTG CORP PARTN CTF	BOND	N/A	3.000%	06/01/2052	312,824	276,672	275,091
	FEDERAL HOME LN MTG CORP PARTN CTF	BOND	N/A	4.000%	08/01/2052	42,177	39,274	39,895
	FEDERAL HOME LN MTG CORP PARTN CTF	BOND	N/A	4.500%	10/01/2052	100,325	98,483	97,763
	FEDERAL HOME LN MTG CORP PARTN CTF	BOND	N/A	3.500%	11/01/2052	347,261	306,443	317,778
	FEDERAL HOME LN MTG CORP PARTN CTF	BOND	N/A	4.000%	11/01/2052	206,612	196,887	195,176
	FEDERAL HOME LN MTG CORP PARTN CTF	BOND	N/A	4.500%	11/01/2052	248,189	241,970	241,826
	FEDERAL HOME LN MTG CORP PARTN CTF	BOND	N/A	3.500%	02/01/2053	269,980	239,312	247,015
	FEDERAL HOME LN MTG CORP PARTN CTF	BOND	N/A	4.500%	04/01/2053	101,596	95,524	98,979
	FEDERAL HOME LN MTG CORP PARTN CTF	BOND	N/A	4.500%	10/01/2053	97,541	96,048	95,060
	FEDERAL HOME LN MTG CORP PARTN CTF	BOND	N/A	5.000%	12/01/2054	70,655	68,994	70,107
	FEDERAL HOME LN MTG CORP PARTN GOLD	BOND	N/A	4.000%	03/01/2041	31,741	31,893	30,973
	FEDERAL HOME LN MTG CORP PARTN GOLD	BOND	N/A	3.500%	02/01/2044	6,157	6,458	5,818
	FEDERAL HOME LN MTG CORP PARTN GOLD	BOND	N/A	3.500%	08/01/2045	42,672	44,764	40,240
	FEDERAL HOME LN MTG CORP PARTN GOLD	BOND	N/A	3.500%	03/01/2046	23,194	24,231	21,764
	FEDERAL HOME LN MTG CORP PARTN GOLD	BOND	N/A	3.000%	06/01/2046	26,970	27,735	24,420
	FEDERAL HOME LN MTG CORP PARTN GOLD	BOND	N/A	3.000%	08/01/2046	21,645	22,488	19,589
	FEDERAL HOME LN MTG CORP PARTN GOLD	BOND	N/A	3.500%	08/01/2046	23,476	24,764	22,129
	FEDERAL HOME LN MTG CORP PARTN GOLD	BOND	N/A	3.000%	09/01/2046	3,454	3,584	3,126
	FEDERAL HOME LN MTG CORP PARTN GOLD	BOND	N/A	3.000%	10/01/2046	30,677	31,790	27,757
	FEDERAL HOME LN MTG CORP PARTN GOLD	BOND	N/A	3.000%	11/01/2046	33,112	34,221	29,960
	FEDERAL HOME LN MTG CORP PARTN GOLD	BOND	N/A	3.000%	02/01/2047	39,211	38,998	35,478
	FEDERAL HOME LN MTG CORP PARTN GOLD	BOND	N/A	3.000%	03/01/2047	11,775	11,812	10,654
	FEDERAL HOME LN MTG CORP PARTN GOLD	BOND	N/A	3.500%	10/01/2047	17,401	17,188	16,212
	FEDERAL HOME LN MTG CORP PARTN GOLD	BOND	N/A	3.500%	01/01/2048	112,224	113,776	104,973
	FEDERAL HOME LN MTG CORP PARTN GOLD	BOND	N/A	4.000%	03/01/2048	37,021	37,757	35,670
	FEDERAL HOME LN MTG CORP PARTN GOLD	BOND	N/A	5.000%	11/01/2048	12,850	13,332	12,972
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	6.500%	11/01/2031	3,640	3,797	3,726
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	ARM RATE	05/01/2033	3,812	3,826	3,870
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	ARM RATE	05/01/2033	12,141	12,227	12,385
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	3.000%	08/01/2033	40,823	40,529	39,392
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.000%	10/01/2040	16,893	17,443	14,840
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.000%	11/01/2040	80,337	82,860	69,937
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	3.500%	12/01/2041	87,422	89,548	83,220
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	3.500%	04/01/2043	16,010	16,845	15,111
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	3.500%	05/01/2047	28,724	29,600	26,840
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	4.000%	06/01/2047	45,209	47,557	43,631
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	3.500%	01/01/2048	16,892	16,734	15,731
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	4.500%	05/01/2048	33,469	34,767	32,980
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	4.500%	08/01/2048	8,710	9,056	8,555
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	4.500%	12/01/2048	19,095	19,829	18,827
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	3.000%	10/01/2049	13,794	13,846	12,056
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.000%	07/25/2050	118,184	15,905	14,901
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.500%	01/01/2051	273,682	228,396	230,930

See Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

American Maritime Officers Pension Plan
Schedule H Line 4i - Schedule of Assets (Held at End of Year)
EIN 13-1936709, Plan #001
September 30, 2025

(a)	(b) Identity of Issuer, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.000%	04/01/2051	148,267	111,733	120,473
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.500%	05/01/2051	138,038	118,670	118,254
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.000%	07/25/2051	352,940	47,822	44,389
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.000%	09/25/2051	139,828	19,352	18,141
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.000%	10/01/2051	136,506	119,368	110,664
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.000%	12/01/2051	60,573	53,498	49,105
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.000%	12/01/2051	118,375	104,753	95,672
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	3.000%	12/01/2051	129,860	112,998	114,299
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.500%	12/01/2051	58,372	47,437	49,298
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.000%	01/01/2052	82,039	76,156	66,254
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.000%	01/01/2052	95,882	85,043	78,174
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.000%	01/01/2052	98,252	77,512	79,486
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.500%	01/01/2052	134,728	121,865	113,937
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.000%	02/01/2052	77,686	63,921	63,410
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.000%	02/01/2052	204,597	158,898	165,282
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.500%	02/01/2052	117,366	109,214	99,182
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.000%	03/01/2052	138,602	114,541	112,087
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.000%	03/01/2052	444,010	361,857	359,790
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.000%	03/25/2052	301,842	41,216	38,557
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.500%	04/01/2052	121,805	111,651	103,063
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.500%	04/01/2052	165,852	142,555	139,853
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.000%	04/01/2052	102,827	84,061	83,076
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.000%	04/01/2052	61,750	52,806	49,963
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	2.000%	04/01/2052	221,339	182,129	179,180
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	3.000%	05/01/2052	108,987	103,606	96,552
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	3.000%	05/01/2052	122,375	112,820	107,755
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	3.000%	05/01/2052	116,063	101,156	102,261
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	4.000%	05/01/2052	214,229	194,748	202,113
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	3.000%	05/01/2052	285,142	241,235	251,022
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	4.000%	07/01/2052	243,152	223,396	229,533
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	4.500%	07/01/2052	77,919	75,996	75,946
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	4.500%	09/01/2052	163,425	159,467	159,268
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	4.500%	10/01/2052	58,871	55,412	57,367
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	4.000%	10/01/2052	69,329	64,896	65,503
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	4.000%	10/01/2052	247,034	233,900	233,499
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	4.000%	12/01/2052	280,987	255,456	265,518
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	4.500%	12/01/2052	292,176	278,982	285,284
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	4.500%	02/01/2053	445,255	425,550	433,790
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	5.000%	07/01/2053	298,815	289,127	297,216
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	5.500%	09/01/2053	246,118	243,138	248,941
	FEDERAL NATL MTG ASSN GTD PASSTHRU	BOND	N/A	4.500%	03/01/2054	46,968	44,561	45,701
	FEDERAL NATL MTG ASSN GTD REMIC	BOND	N/A	5.500%	03/25/2036	14,783	13,889	15,262
	FEDERAL NATL MTG ASSN GTD REMIC	BOND	N/A	2.296%	03/25/2038	28,582	17,117	2,713
	FEDERAL NATL MTG ASSN GTD REMIC	BOND	N/A	3.500%	12/25/2048	14,527	14,460	13,297
	FEDERAL NATL MTG ASSN GTD REMIC	BOND	N/A	2.000%	07/25/2052	2,181,762	289,170	279,259

See Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

American Maritime Officers Pension Plan
Schedule H Line 4i - Schedule of Assets (Held at End of Year)
EIN 13-1936709, Plan #001
September 30, 2025

(a)	(b) Identity of Issuer, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	FEDERAL NATL MTG ASSN SF TBA 30 YRS	BOND	N/A	3.000%	10/25/2042	400,000	352,344	351,551
	FEDERAL NATL MTG ASSN SF TBA 30 YRS	BOND	N/A	5.000%	10/25/2042	25,000	24,916	24,802
	FEDERAL NATL MTG ASSN SF TBA 30 YRS	BOND	N/A	3.500%	10/25/2043	650,000	596,169	594,215
	FEDERAL NATL MTG ASSN SF TBA 30 YRS	BOND	N/A	4.000%	10/25/2045	200,000	189,336	188,591
	FEDERAL NATL MTG ASSN SF TBA 30 YRS	BOND	N/A	2.500%	10/25/2048	350,000	295,818	295,051
	FEDERAL NATL MTG ASSN SF TBA 30 YRS	BOND	N/A	2.000%	10/25/2050	300,000	242,098	241,831
	FEDERAL NATL MTG ASSN SF TBA 30 YRS	BOND	N/A	4.500%	10/15/2052	250,000	239,700	242,635
	FEDERAL NATL MTG ASSN SF TBA 30 YRS	BOND	N/A	5.500%	10/25/2052	325,000	328,794	327,797
	GINNIE MAE II POOL	BOND	N/A	2.500%	12/31/2049	650,000	562,764	559,809
	GNMA GTD PASSTHRU CTF POOL #439430	BOND	N/A	8.000%	10/15/2026	272	277	273
	GNMA GTD PASSTHRU CTF POOL #484962	BOND	N/A	7.500%	12/15/2028	4,100	4,127	4,128
	GNMA II MTG ASSN SF TBA 30 YRS OCT	BOND	N/A	4.000%	10/20/2044	500,000	475,181	470,567
	GNMA II MTG ASSN SF TBA 30 YRS OCT	BOND	N/A	3.500%	10/20/2052	400,000	369,922	365,279
	GNMA II MTG ASSN SF TBA 30 YRS OCT	BOND	N/A	4.500%	10/20/2052	225,000	220,204	218,337
	GNMA II MTG ASSN SF TBA 30 YRS OCT	BOND	N/A	5.000%	10/20/2052	600,000	600,171	597,091
	GNMA II MTG ASSN SF TBA 30 YRS OCT	BOND	N/A	5.500%	10/20/2052	300,000	303,371	302,281
	GNMA II PASSTHRU CTF POOL #MA3521	BOND	N/A	3.500%	03/20/2046	14,787	15,627	13,734
	GNMA II PASSTHRU CTF POOL #MA3663	BOND	N/A	3.500%	05/20/2046	7,956	8,422	7,407
	GNMA II PASSTHRU CTF POOL #MA3937	BOND	N/A	3.500%	09/20/2046	24,523	26,003	22,810
	GNMA II PASSTHRU CTF POOL #MA4003	BOND	N/A	3.000%	10/20/2046	37,407	39,118	33,849
	GNMA II PASSTHRU CTF POOL #MA4196	BOND	N/A	3.500%	01/20/2047	6,978	7,261	6,474
	GNMA II PASSTHRU CTF POOL #MA4262	BOND	N/A	3.500%	02/20/2047	10,519	10,911	9,773
	GNMA II PASSTHRU CTF POOL #MA4263	BOND	N/A	4.000%	02/20/2047	6,198	6,383	5,924
	GNMA II PASSTHRU CTF POOL #MA4320	BOND	N/A	3.000%	03/20/2047	11,323	11,527	10,256
	GNMA II PASSTHRU CTF POOL #MA4382	BOND	N/A	3.500%	04/20/2047	39,509	41,139	36,377
	GNMA II PASSTHRU CTF POOL #MA4511	BOND	N/A	4.000%	06/20/2047	5,125	5,269	4,904
	GNMA II PASSTHRU CTF POOL #MA4588	BOND	N/A	4.500%	07/20/2047	27,645	28,773	27,433
	GNMA II PASSTHRU CTF POOL #MA4589	BOND	N/A	5.000%	07/20/2047	4,149	4,441	4,226
	GNMA II PASSTHRU CTF POOL #MA4838	BOND	N/A	4.000%	11/20/2047	11,992	12,572	11,474
	GNMA II PASSTHRU CTF POOL #MA4961	BOND	N/A	3.000%	01/20/2048	11,792	11,762	10,678
	GNMA II PASSTHRU CTF POOL #MA4962	BOND	N/A	3.500%	01/20/2048	7,002	7,029	6,499
	GNMA II PASSTHRU CTF POOL #MA5399	BOND	N/A	4.500%	08/20/2048	17,949	18,580	17,756
	GNMA II PASSTHRU CTF POOL #MA5467	BOND	N/A	4.500%	09/20/2048	10,594	10,965	10,474
	GNMA II PASSTHRU CTF POOL #MA5530	BOND	N/A	5.000%	10/20/2048	15,108	15,777	15,333
	GNMA II PASSTHRU CTF POOL #MA6209	BOND	N/A	3.000%	10/20/2049	11,194	11,260	9,872
	GNMA II PASSTHRU CTF POOL #MA8201	BOND	N/A	4.500%	08/20/2052	193,172	184,124	188,766
	GNMA II PASSTHRU CTF POOL #MA9963	BOND	N/A	4.500%	10/20/2054	167,873	159,519	162,900
	GOVERNMENT NATL MTG ASSN GTD REMIC	BOND	N/A	FLTG RATE	08/20/2053	11,498	11,455	11,486
	GOVERNMENT NATL MTG ASSN GTD REMIC	BOND	N/A	FLTG RATE	06/20/2054	66,297	66,090	66,410
	MEDINA VALLEY TEX INDPT SCH DI UNLTD	BOND	N/A	4.750%	02/15/2050	15,000	14,702	15,194
	NEW YORK N Y CITY TRANSITIONAL	BOND	N/A	5.000%	02/01/2051	45,000	45,049	46,159
	NEW YORK N Y CITY TRANSITIONAL	BOND	N/A	5.000%	11/01/2053	20,000	20,072	20,719
	NEW YORK N Y CITY TRANSITIONAL	BOND	N/A	5.000%	05/01/2050	25,286	25,286	26,004
	NEW YORK N Y GO BDS 2010 D TAXABLE	BOND	N/A	5.985%	12/01/2036	50,000	53,980	52,343
	NEW YORK ST DORM AUTH ST PERS GEN	BOND	N/A	5.000%	03/15/2053	30,000	30,341	31,044

See Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

American Maritime Officers Pension Plan
Schedule H Line 4i - Schedule of Assets (Held at End of Year)
EIN 13-1936709, Plan #001
September 30, 2025

(a)	(b) Identity of Issuer, Borrower, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
		Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	NEW YORK ST DORM AUTH ST PERS INCOME	BOND	N/A	5.289%	03/15/2033	67,750	79,480	68,966
	NEW YORK ST TWY AUTH ST PERS I GREEN	BOND	N/A	5.000%	03/15/2059	65,000	65,302	67,144
	NORTHWEST TEX INDPT SCH DIST UNLTD	BOND	N/A	5.000%	02/15/2055	25,000	25,321	25,982
	PASADENA TEX INDPT SCH DIST UNLTD	BOND	N/A	4.250%	02/15/2053	25,000	22,525	24,004
	SLM STUDENT LN TR SER 2003 7	BOND	N/A	FLTG RATE	12/15/2033	33,517	33,934	32,913
	SLM STUDENT LN TR SER 2008 2	BOND	N/A	FLTG RATE	01/25/2029	25,000	21,673	25,728
	SLM STUDENT LN TR SER 2008 3	BOND	N/A	FLTG RATE	04/26/2083	25,000	22,159	25,188
	SLM STUDENT LN TR SER 2008 4	BOND	N/A	FLTG RATE	04/25/2029	25,000	22,591	25,574
	SLM STUDENT LN TR SER 2008 5	BOND	N/A	FLTG RATE	07/25/2073	25,000	24,250	25,726
	SLM STUDENT LN TR SER 2008 6	BOND	N/A	FLTG RATE	07/25/2029	25,000	23,889	25,217
	SLM STUDENT LN TR SER 2008 7	BOND	N/A	FLTG RATE	07/25/2029	25,000	24,017	24,783
	UNITED STATES TREAS BDS	BOND	N/A	4.875%	08/15/2045	1,220,000	1,218,085	1,247,352
	US TREASURY BOND	BOND	N/A	ZERO CPN	08/15/2055	2,682,000	2,655,008	2,691,655
	US TREASURY NOTE	BOND	N/A	3.500%	09/30/2027	5,048,000	5,041,429	5,037,349
	US TREASURY NOTE	BOND	N/A	3.375%	09/15/2028	1,415,000	1,410,997	1,405,435
	US TREASURY NOTE	BOND	N/A	3.625%	09/30/2030	3,115,000	3,104,503	3,099,176
	US TREASURY NOTE	BOND	N/A	3.875%	09/30/2032	1,425,000	1,425,220	1,420,440
	US TREASURY NOTE	BOND	N/A	4.250%	08/15/2035	1,328,000	1,332,398	1,338,903
							<u>32,582,663</u>	<u>32,413,100</u>
INTEREST-BEARING CASH								
	Collective STIF	CCT	N/A	N/A	N/A	8,546,660	8,546,660	8,546,660
	Morgan Stanley Cash Collateral	CCT	N/A	N/A	N/A	N/A	100,000	100,000
							<u>8,646,660</u>	<u>8,646,660</u>
MUTUAL FUNDS								
	AMERICAN EUPAC R6	MUTUAL FUND	N/A	N/A	N/A	64,530	668,650	774,053
	AMOP BLACKROCK HY	MUTUAL FUND	N/A	N/A	N/A	4,275,292.149	32,159,990	30,995,868
	AMOP CHAMPLAIN SMALL CAP EQUITY	MUTUAL FUND	N/A	N/A	N/A	1,206,968.639	30,133,746	26,179,150
	AMOP EATON VANCE	MUTUAL FUND	N/A	N/A	N/A	3,447,679.917	30,226,288	28,270,975
	AMOP VANGUARD DEV MARKETS INDEX	MUTUAL FUND	N/A	N/A	N/A	2,601,851.011	34,563,582	50,293,780
	AMOP VANGUARD EMIF	MUTUAL FUND	N/A	N/A	N/A	940,273.885	29,961,111	32,072,742
	AMOP VANGUARD INSTITUTIONAL INDEX FD	MUTUAL FUND	N/A	N/A	N/A	94,252.514	26,210,930	51,247,920
	AMOP VANGUARD INTERMEDIATE-TERM	MUTUAL FUND	N/A	N/A	N/A	976,395.191	24,175,833	24,497,755
	AMOP VANGUARD LONG TERM CORPORATE BD INX	MUTUAL FUND	N/A	N/A	N/A	970,342.612	24,265,061	24,996,026
	AMOP VANGUARD RUSSELL 1000 GROWTH FD	MUTUAL FUND	N/A	N/A	N/A	55,394.170	15,519,488	51,369,784
	AMOP VANGUARD RUSSELL 1000 VALUE IN	MUTUAL FUND	N/A	N/A	N/A	147,052.817	29,797,015	51,336,138
	AMOP VANGUARD SHORT TERM INFLATION	MUTUAL FUND	N/A	N/A	N/A	1,381,446.606	34,152,895	34,646,681
	AMOP VANGUARD TOTAL BOND MKT INDEX	MUTUAL FUND	N/A	N/A	N/A	6,508,812.704	68,123,446	63,591,100
	BLACKROCK INFL PROT BOND K	MUTUAL FUND	N/A	N/A	N/A	9,810	413,245	418,679
	CAUSEWAY INTERNATIONAL VAL IST	MUTUAL FUND	N/A	N/A	N/A	23,860	6,394,698	7,412,817
	CLEARBRIDGE LGE CAP GRWTH IS	MUTUAL FUND	N/A	N/A	N/A	81.190	13,131,483	15,142,622
	CLEARBRIDGE SM CAP GR IS	MUTUAL FUND	N/A	N/A	N/A	44.610	2,250,869	2,732,947
	COLUMBIA BALANCED FD INSTL 3	MUTUAL FUND	N/A	N/A	N/A	57.320	19,138,927	21,456,566
	COLUMBIA CONTRARIAN CORE INST3	MUTUAL FUND	N/A	N/A	N/A	41.790	1,106,022	1,314,075

See Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

American Maritime Officers Pension Plan
Schedule H Line 4i - Schedule of Assets (Held at End of Year)
EIN 13-1936709, Plan #001
September 30, 2025

		(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value					(d) Cost	(e) Current Value
(a)	(b) Identity of Issuer, Borrower, or Similar Party	Description	Collateral	Rate of Interest	Maturity Date	Par/Maturity Value		
	COLUMBIA SM CAP VALUE INT 3	MUTUAL FUND	N/A	N/A	N/A	55.520	1,704,660	1,973,319
	DODGE COX STOCK FUND X	MUTUAL FUND	N/A	N/A	N/A	278.530	13,756,703	14,601,070
	FEDERATED MDT MC GROWTH R6	MUTUAL FUND	N/A	N/A	N/A	59.990	1,067,660	1,256,263
	INVESCO DEVELOPING MKTS R6	MUTUAL FUND	N/A	N/A	N/A	46.690	3,364,195	4,005,143
	JOHN HANCOCK BOND FUND R6	MUTUAL FUND	N/A	N/A	N/A	13.750	9,267,657	9,384,251
	NUVEEN REAL ESTATE SEC R6	MUTUAL FUND	N/A	N/A	N/A	15.340	353,613	354,908
	NYLI MK HIGH YIELD CORP BND R6	MUTUAL FUND	N/A	N/A	N/A	5.220	923,223	933,072
	OAKMARK INTERNATIONAL INST	MUTUAL FUND	N/A	N/A	N/A	31.540	491	508
	PIMCO COMM REAL RET STRAT (I)	MUTUAL FUND	N/A	N/A	N/A	14.060	214,604	210,613
	PIMCO INT BD USD HEDGED INST	MUTUAL FUND	N/A	N/A	N/A	9.920	1,115,501	1,121,091
	VANGUARD FED MONEY MARKET	MUTUAL FUND	N/A	N/A	N/A	1.000	15,568	15,568
	VANGUARD INSTIT INDEX (INST)	MUTUAL FUND	N/A	N/A	N/A	543.730	8,147,067	9,628,070
	VANGUARD MID CAP INDEX INSTL	MUTUAL FUND	N/A	N/A	N/A	80.350	1,642,404	1,849,927
	VANGUARD SM CAP INDEX FD ADM	MUTUAL FUND	N/A	N/A	N/A	121.810	805,123	914,571
	VANGUARD TARGET RET 2020 FUND	MUTUAL FUND	N/A	N/A	N/A	29.220	547,032	595,736
	VANGUARD TARGET RET 2025 FUND	MUTUAL FUND	N/A	N/A	N/A	21.000	660,513	733,050
	VANGUARD TARGET RET 2030 FUND	MUTUAL FUND	N/A	N/A	N/A	43.040	2,273,034	2,562,824
	VANGUARD TARGET RET 2035 FUND	MUTUAL FUND	N/A	N/A	N/A	27.500	689,395	780,294
	VANGUARD TARGET RET 2040 FUND	MUTUAL FUND	N/A	N/A	N/A	49.980	1,012,459	1,146,134
	VANGUARD TARGET RET 2045 FUND	MUTUAL FUND	N/A	N/A	N/A	34.610	1,097,155	1,258,742
	VANGUARD TARGET RET 2050 FUND	MUTUAL FUND	N/A	N/A	N/A	58.720	705,325	825,505
	VANGUARD TARGET RET 2055 FUND	MUTUAL FUND	N/A	N/A	N/A	65.520	769,728	902,117
	VANGUARD TARGET RET 2060 FUND	MUTUAL FUND	N/A	N/A	N/A	60.380	848,733	986,892
	VANGUARD TARGET RET 2065 FUND	MUTUAL FUND	N/A	N/A	N/A	39.610	1,967,110	2,306,268
	VANGUARD TARGET RET 2070 FUND	MUTUAL FUND	N/A	N/A	N/A	31.430	244,447	279,152
	VANGUARD TARGET RET INCOME FD	MUTUAL FUND	N/A	N/A	N/A	14.060	321,613	340,842
	VANGUARD TOTAL INT IDX ADM	MUTUAL FUND	N/A	N/A	N/A	39.490	474,628	540,493
	VICTORY SYCA EST VALUE R6	MUTUAL FUND	N/A	N/A	N/A	47.000	1,752,728	1,831,482
							<u>478,135,648</u>	<u>580,087,583</u>
REAL ESTATE								
*	2 WEST DIXIE HIGHWAY, DANIA BEACH, FL	REAL ESTATE	N/A	N/A	N/A	N/A	24,551,220	40,647,085
*	992 S. FEDERAL HIGHWAY, DANIA BEACH, FL	REAL ESTATE	N/A	N/A	N/A	N/A	10,512,272	12,695,930
							<u>35,063,492</u>	<u>53,343,015</u>
LIMITED PARTNERSHIP								
	IFM Global Infrastructure (US), L.P.	LP	N/A	N/A	N/A	1,000.000	25,000,000	28,225,156
COMMON/COLLECTIVE TRUSTS								
*	Great Gray CIT III for MetLife Group Annuity Contract No.	CCT	N/A	N/A	N/A	N/A	21,747,940	22,005,399
							<u>21,747,940</u>	<u>22,005,399</u>
							<u>\$ 739,103,590</u>	

See Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

American Maritime Officers Pension Plan
Schedule H Line 4j - Schedule of Reportable Transactions
EIN 13-1936709, Plan #001
Year Ended September 30, 2025

(a)	(b) Identity of Party Involved	(c) Description of Asset (include interest rate and maturity in case of a loan)	(d) Purchase Price	(e) Selling Price	(f) Lease Rental	(g) Expenses Incurred with Transaction	(h) Cost of Asset	(i) Current Value of Asset on Transaction Date	(j) Net Gain or (Loss)
<i>Series of reportable security transactions exceeding 5% of Plan assets</i>									
	BMO	GS FIN SQ GOV #465	\$ 245,378,976	N/A	N/A	N/A	\$ 245,378,976	\$ 245,378,976	N/A
	BMO	GS FIN SQ GOV #465	N/A	\$ 240,231,742	N/A	N/A	\$ 240,231,742	\$ 240,231,742	\$ -

See Report on Supplementary Information Required by the Department of Labor's Rules and Regulations for Reporting and Disclosure Under the Employee Retirement Income Security Act of 1974.

AMERICAN MARITIME OFFICERS PENSION PLAN

EIN: 13-1936709

Plan No. 001

Plan Year Ended September 30, 2025

From 5500, Schedule H, Part IV, Line 4i

Schedule of Assets (Held at Year End)

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

AMERICAN MARITIME OFFICERS PENSION PLAN

EIN: 13-1936709

Plan No. 001

Plan Year Ended September 30, 2025

From 5500, Schedule H, Part III

Financial Statements used to formulate IQPA's opinion

The entire report has been attached to the Accountant's Opinion

AMERICAN MARITIME OFFICERS PENSION PLAN

EIN: 13-1936709

Plan No. 001

Plan Year Ended September 30, 2025

From 5500, Schedule H, Part IV, Line 4j

Schedule of Reportable Transactions

See attachment to the Accountant's Audit Report attached at Accountant's Opinion

Schedule MB, Line 11 – Justification for Change in Actuarial Assumptions

Changes in Assumptions

Since the prior valuation, the following assumptions have been changed:

Funding:

- The valuation interest rate for minimum funding requirements was changed from 7.00% to 6.50%.
- The retirement rates were updated for DSGL participants with 20+ years of credited service, and for D2A participants with 30+ years of credited service, based on historical and current demographic data and future expectations.

Current Liability:

- The interest rate and mortality assumptions used to determine the RPA '94 current liability were updated in accordance with the changes in the IRS prescribed assumptions.

Justification for Changes in Assumptions

The changes in the valuation interest rate and retirement assumptions were made to better reflect anticipated Plan experience.

The changes in the interest rate and mortality tables used to determine the RPA '94 current liability were mandated legislative changes.



Schedule MB – Statement by the Enrolled Actuary

Plan Sponsor: Trustees of American Maritime Officers Pension Plan
EIN / PN: 13-1936709 / 001
Plan Year: Beginning October 1, 2024 and ending September 30, 2025
Plan Name: American Maritime Officers Pension Plan (the “Plan”)
Enrolled Actuary: Kevin M. Culp
Enrollment Number: 26-07423

The actuarial assumptions and methods are individually reasonable and, in combination, represent the enrolled actuary's best estimate of anticipated experience under the plan.

The actuarial valuation, on which the information in this Schedule MB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the auditor. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years.

The amounts of contributions and dates paid shown in Line 3 of Schedule MB were listed in reliance on information as reported to Horizon Actuarial Services, LLC by the plan administrator and/or auditor during the period October 1, 2024 to September 30, 2025.

Attached as separate exhibits are:

1. A schedule of withdrawal liability amounts, as required under Line 3.
2. A statement of actuarial assumptions and cost methods, as required under Line 6, including justification of changes in actuarial assumptions and an identification of benefits not included in the valuation.
3. A summary of principal eligibility and benefit provisions, as required under Line 6, including a summary of changes in principal eligibility or benefit provisions.
4. A schedule of projection of expected benefit payments, as required under Line 8b(1).
5. A schedule of active participant data, as required under Line 8b(2).
6. A schedule of projection of employer contributions and withdrawal liability payments, as required under Line 8b(3).
7. A schedule of amortization bases, as required under Lines 9c and 9h.
8. A justification for the change in assumptions, as required under Line 11.

J:\RET_AMO\Shared Documents\General\RET_AMO\2025\GOV\2024 Schedule MB\AMO 2024 SchMB Attachments v3.docx



SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
---	---	--

For calendar plan year 2024 or fiscal plan year beginning 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.

A Name of plan American Maritime Officers Pension Plan	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Board of Trustees - American Maritime Officers Pension Plan	D Employer Identification Number (EIN) 13-1936709

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) 583,094,282
(2) Actuarial value of assets for funding standard account.....	1b(2) 530,771,503
c (1) Accrued liability for plan using immediate gain methods	1c(1) 593,164,934
(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) 593,164,934
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) 803,169,040
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 2,000,000
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 53,695,720
(3) Expected plan disbursements for the plan year	1d(3) 51,066,333

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

SIGN HERE  Signature of actuary	06/01/2026 Date 2607423 Most recent enrollment number 240-247-4600 Telephone number (including area code)
Kevin M. Culp Type or print name of actuary Horizon Actuarial Services, LLC Firm name	

8601 Georgia Avenue, Suite 905
Silver Spring MD 20910
Address of the firm

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	583,094,282
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	2,639	564,097,383
(2) For terminated vested participants	1,012	75,400,955
(3) For active participants:		
(a) Non-vested benefits		3,221,536
(b) Vested benefits		160,449,166
(c) Total active	904	163,670,702
(4) Total	4,555	803,169,040
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/01/2025	19,774,601				
Totals ▶			3(b)	19,774,601	3(c) 0

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 1,500,000

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	89.4 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		
• 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):

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

Line 3(a): Contributions made throughout the year.

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 Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	6.50 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☐ Single rate ☒ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	5.2 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	20.2 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	2,000,000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	8,669,098	865,711
3	9,965,861	995,208
3	3,536,673	3,536,673
4	19,760,491	1,973,318

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

e 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).	8e	
--	-----------	--

9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	2,000,000

c 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.....	9c(1)	177,824,174
(2) Funding waivers.....	9c(2)	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0

d Interest as applicable on lines 9a, 9b, and 9c.....	9d	2,474,715
e Total charges. Add lines 9a through 9d.....	9e	40,547,255

Credits to funding standard account:		
f Prior year credit balance, if any.....	9f	80,621,001
g Employer contributions. Total from column (b) of line 3.....	9g	19,774,601

h Amortization credits as of valuation date.....	Outstanding balance	
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9h	34,809,742
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	154,440,370
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	193,339,090
(3) FFL credit.....	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	111,121,690
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	70,574,435
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
--	--

Schedule MB, Line 3d – Withdrawal Liability Amounts

Withdrawal liability payments represented \$1,500,000 of the \$19,774,601 in contributions shown on Line 3 for the plan year. Withdrawal liability payments were made throughout the year.

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
10/2/2024	\$375,000	\$0	\$375,000
1/3/2025	\$375,000	\$0	\$375,000
4/2/2025	\$375,000	\$0	\$375,000
7/7/2025	\$375,000	\$0	\$375,000



Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

Plan Name American Maritime Officers Pension Plan

Plan Sponsor Trustees of the American Maritime Officers Pension Plan

EIN / PN 13-1936709 / 001

Interest Rates 6.50% per annum, compounded annually, net of investment expense for determining costs and liabilities.

The valuation interest rate was chosen in consideration of the purpose of the measurement (long-term contribution budgeting), current and historical investment data, and the Plan's asset allocation as set by the Plan Sponsor. As a part of the analysis, we considered the results of the current and prior editions of our Survey of Capital Market Assumptions and the expectations of the Plan's investment advisor.

The highest rate within the IRS allowable range for determining Current Liability, which is 3.85% per annum as of the valuation date.

Future Increases in Maximum Benefits Limitations It is assumed that maximum benefit limitations under the Internal Revenue Code will not increase in the future.

Assumed Cost of Living Adjustment None.



Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

Disabled Mortality The sex-distinct RP-2014 Disabled Retiree Mortality Tables; future generational improvements at 100% of Scale MP-2018 from 2006 through 2018 and 25% of Scale MP-2018 beyond 2018.

For determining the RPA '94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.

The disabled mortality table was chosen upon review of available tables and projection scales, the underlying demographic basis of those tables in relation to the demographics of the Plan, the Plan's definition of disabled, expectations regarding future mortality improvement, analysis of actual vs. expected experience as well as liability gains and losses in recent years resulting from deviations from expected experience.

Non-disabled Mortality The sex-distinct RP-2014 Employee and Annuitant Mortality Tables; Blue Collar adjustment; future generational improvements at 100% of Scale MP-2018 from 2006 through 2018 and 25% of Scale MP-2018 beyond 2018.

For determining the RPA '94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.

The non-disabled mortality tables were chosen upon review of available tables and projection scales, the underlying demographic basis of those tables in relation to the demographics of the Plan, expectations regarding future mortality improvement, analysis of actual vs. expected experience as well as liability gains and losses in recent years resulting from deviations from expected experience.



Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

Retirement Age Active participants: Per the rates in the table below.

Retirement Rates

Age	60/15 Retirement	20 Year Retirement	62/10 Retirement (D2A)	30 Year Retirement (D2A)
Under 50	0.00	0.05	0.00	0.00
50-55	0.00	0.05	0.00	0.05
56-59	0.00	0.08	0.00	0.08
60	0.05	0.08	0.00	0.08
61	0.05	0.15	0.00	0.15
62	0.20	0.15	0.20	0.15
63	0.15	0.20	0.15	0.20
64	0.15	0.20	0.15	0.20
65+	1.00	1.00	1.00	1.00

Inactive vested participants are assumed to retire at age 65.

The weighted average retirement age for active participants is age 61.4. This average is based on the active population in the October 1, 2024 valuation. All decrements are considered when projecting the current population to retirement. The weighted average retirement age is the average age at which the lives that reach the retirement decrement retire.

The retirement assumptions were selected based on analysis of actual vs. expected experience as well as liability gains and losses in recent years resulting from deviations from expected experience.

Operating Expenses Expenses are assumed to be \$2,000,000, as of the beginning of the plan year, based on the actual expenses paid in the prior year. Investment counseling fees are not included in assumed operating expenses.

The expense assumption was selected based on a review of past experience as well as expectations for the upcoming year.



Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

Contributions

Contributions are assumed to equal contributions made to the plan in the prior year, increased by 3.0%, and adjusted for contracts that include contributions diverted to the American Maritime Officers Defined Contribution Plan. Contributions include contributions paid directly to the Pension Plan and contributions allocated from the Master Operating Trust.

The contribution assumption was selected based on a review of past experience as well as input from the Trustees regarding future work levels.

Active Participant

For valuation purposes, an active participant is a participant who worked at least fifty man days during the year prior to the valuation date, provided they have not retired or terminated prior to the valuation date.

Disability

Illustrations of the annual rates of disablement are shown in the table below for selected ages (the same rates are used for males and females):

Representative Disability Rates

Age	Deep Sea Great Lakes Inland Waters	Former D2A
37	0.0010	0.0019
42	0.0010	0.0027
47	0.0020	0.0046
52	0.0060	0.0083
57	0.0110	0.0145
62	0.0320	0.0237

The disability rate assumptions were selected based on analysis of actual vs. expected experience as well as liability gains and losses in recent years resulting from deviations from expected experience.



Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

Withdrawal

Illustrations of the annual rates of withdrawal (for reasons other than mortality or disablement) prior to vesting are shown in the table below for selected ages:

Representative Withdrawal Rates

Age	Deep Sea Great Lakes Inland Waters	Former D2A
22	0.059	0.177
27	0.050	0.168
32	0.047	0.150
37	0.042	0.128
42	0.036	0.102
47	0.027	0.072
52	0.009	0.036
57	0.001	0.009

The withdrawal rate assumptions were selected based on analysis of actual vs. expected experience as well as liability gains and losses in recent years resulting from deviations from expected experience.

Reemployment

It is assumed that participants will not be reemployed following a break in service.

Form of Payment

Participants are assumed to elect the normal form.

Marriage

80% of non-retired participants are assumed to be married.

Spouse Ages

Females are assumed to be three years younger than their spouses.



Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

Cost Method

The Unit Credit Cost Method is used to determine the normal cost and the actuarial accrued liability. The actuarial accrued liability is the present value of the accrued benefits as of the beginning of the year for active participants and is the present value of all benefits for other participants. The normal cost is the present value of the difference between the accrued benefits as of the beginning and end of the year. The normal cost and actuarial accrued liability for the plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all plan participants.

Rate of Service Credit

Service, for benefit eligibility purposes only, is assumed to be credited in accordance with the following table:

Deep Sea Great Lakes	Inland Waters	Former D2A
0.875	N/A	1.000

Asset Valuation Method

The actuarial value of assets is determined by adjusting the market value of assets to reflect the investment gains and losses (the difference between the actual investment return and the expected investment return) during each of the last 3 years at the rate of 33% per year. Expected investment return is calculated using the actuarial value of assets as of the beginning of the plan year and the benefit payments, employer contributions and operating expenses, weighted based on the timing of the transactions during the year.

The actuarial value is subject to a restriction that it be not less than 80% nor more than 120% of the market value.

Pension Relief Act of 2010

The Trustees elected not to apply special rules under the Pension Relief Act of 2010.

Participant Data

Participant census data was provided by the Fund Office.

Missing or Incomplete Participant Data

Assumptions were made to adjust for participants and beneficiaries with missing or incomplete data, based on those exhibited by participants with similar known characteristics.

Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

***Benefits Not
Included in
Valuation***

None.

***Future Increases in
Maximum Benefits***

It is assumed that the maximum benefit under the Internal Revenue Code will not increase in the future.

***Assumed Cost of
Living Adjustments***

None.

***Financial
Information***

Financial information was obtained from the audited financial statements.

***Nature of Actuarial
Calculations***

The valuation results presented in this report are estimates. The results are based on data that may be imperfect and on assumptions made about future events. Certain plan provisions may be approximated or deemed immaterial for the purposes of the valuation. Assumptions may be made about missing or incomplete participant census data or other factors. Reasonable efforts were made to ensure that significant items and factors are included in the valuation and treated appropriately. A range of results different from those presented in this report could also be considered reasonable.

The actuarial assumptions selected for this valuation – including the valuation interest rate – generally reflect average expectations over the long term. If overall future demographic or investment experience is less favorable than assumed, the relative level of plan costs determined in this valuation will likely increase in future valuations. Investment returns and demographic factors may fluctuate significantly from year to year. The deterministic actuarial models used in this valuation do not take into consideration the possibility of such volatility.

Schedule MB, Line 6 – Statement of Actuarial Assumptions/Methods

Actuarial Models

The information presented in this report is based on actuarial models, the intended purpose of which is the calculation and projection of the Plan's liabilities and assets under ERISA. Horizon Actuarial relies on third party actuarial modeling software to perform the liability calculations for our annual actuarial valuations. We also use internally developed models to project and present results. We have a robust review process to confirm the appropriateness of the inputs, check the calculations, and validate the results of the models to ensure they are consistent with the intended purpose. Overall, we believe the models are reasonable for their intended purpose.

Changes in Assumptions and Methods

Since the prior valuation, the following assumptions have been changed:

Funding:

- The valuation interest rate for minimum funding requirements was changed from 7.00% to 6.50%.
- The retirement rates were updated for DSSL participants with 20+ years of credited service, and for D2A participants with 30+ years of credited service, based on historical and current demographic data and future expectations.

Current Liability:

- The interest rate and mortality assumptions used to determine the RPA '94 current liability were updated in accordance with the changes in the IRS prescribed assumptions.



Schedule MB, Line 6 – Summary of Plan Provisions

Plan Name	American Maritime Officers Pension Plan
Plan Sponsor	Trustees of the American Maritime Officers Pension Plan
EIN / PN	13-1936709/001
Effective Date and Most Recent Amendment	The original effective date of the Plan is October 25, 1955. The most recent amendment to the Plan is effective October 1, 2024.
Plan Year	The twelve-month period beginning October 1 and ending September 30.
Benefit Accruals	Benefit accruals ceased effective January 1, 2010. Pension Credits earned after December 31, 2009 are for eligibility purposes only. Effective January 1, 2020, for participants that retire on or after January 1, 2019 with one day of covered employment between January 1, 2019 and October 31, 2019, accrued benefits earned as of December 31, 2009 are increased by ten percent (10%). Effective October 1, 2024, for participants that retire on or after October 1, 2024 with one day of covered employment between October 1, 2023 and September 30, 2024, accrued benefits earned as of December 31, 2009 are increased by an additional ten percent (10%).

This appendix summarizes the major provisions of the Plan that were reflected in the actuarial valuation. This summary of provisions is not intended to be a comprehensive statement of all provisions of the Plan. A complete description of the Plan provisions can be found in the Plan Document or Summary Plan Description.



Schedule MB, Line 6 – Summary of Plan Provisions

Deep Sea, Great Lakes and Inland Waters

Normal Retirement Age	The Normal Retirement Age is:	
	Age 65, or the 5 th anniversary of participation if later	
Regular Pension	Eligibility	20 years (80 quarters) of service The Regular Pension is not available for participants in the Default Schedule of the Rehabilitation Plan.
	Benefit	The Accrued Benefit as of December 31, 2009 For participants that retire on or after January 1, 2019 with one day of covered employment between January 1, 2019 and October 31, 2019, the Accrued Benefit as of December 31, 2009 increased by ten percent (10%). Effective October 1, 2024, for participants that retire on or after October 1, 2024 with one day of covered employment between October 1, 2023 and September 30, 2024, accrued benefits earned as of December 31, 2009 are increased by an additional ten percent (10%).



Schedule MB, Line 6 – Summary of Plan Provisions

Reduced Pension *Eligibility* Attainment of Normal Retirement Age

Benefit The Accrued Benefit as of December 31, 2009

For participants that retire on or after January 1, 2019 with one day of covered employment between January 1, 2019 and October 31, 2019, the Accrued Benefit as of December 31, 2009 increased by ten percent (10%).

Effective October 1, 2024, for participants that retire on or after October 1, 2024 with one day of covered employment between October 1, 2023 and September 30, 2024, accrued benefits earned as of December 31, 2009 are increased by an additional ten percent (10%).

Early Retirement *Eligibility* Age 60 and 15 years (60 quarters) of service

Benefit The Accrued Benefit as of December 31, 2009 reduced actuarially from age 65

For participants that retire on or after January 1, 2019 with one day of covered employment between January 1, 2019 and October 31, 2019, the Accrued Benefit as of December 31, 2009 increased by ten percent (10%) and reduced actuarially from age 65.

Effective October 1, 2024, for participants that retire on or after October 1, 2024 with one day of covered employment between October 1, 2023 and September 30, 2024, accrued benefits earned as of December 31, 2009 are increased by an additional ten percent (10%). and reduced actuarially from age 65.



Schedule MB, Line 6 – Summary of Plan Provisions

Disability Retirement

Eligibility

20 years (80 quarters) of service

Benefit

The Accrued Benefit as of December 31, 2009

For participants that commence a disability pension on or after January 1, 2019 with one day of covered employment between January 1, 2019 and October 31, 2019, the Accrued Benefit as of December 31, 2009 increased by ten percent (10%).

Effective October 1, 2024, for participants that retire on or after October 1, 2024 with one day of covered employment between October 1, 2023 and September 30, 2024, accrued benefits earned as of December 31, 2009 are increased by an additional ten percent (10%).

Vesting

Eligibility

100% after 5 years of vesting service (ten years for collectively bargained participants without one hour of credited service on or after October 1, 1999)

Benefit

The Accrued Benefit as of December 31, 2009

For participants that retire on or after January 1, 2019 with one day of covered employment between January 1, 2019 and October 31, 2019, the Accrued Benefit as of December 31, 2009 increased by ten percent (10%).

Effective October 1, 2024, for participants that retire on or after October 1, 2024 with one day of covered employment between October 1, 2023 and September 30, 2024, accrued benefits earned as of December 31, 2009 are increased by an additional ten percent (10%).



Schedule MB, Line 6 – Summary of Plan Provisions

Pre-Retirement Survivor Benefit	<i>Eligibility</i>	5 years of service
	<i>Benefit</i>	50% of the Accrued Benefit as of December 31, 2009 reduced for form and early commencement For participants with one day of covered employment between January 1, 2019 and October 31, 2019, 50% of the Accrued Benefit as of December 31, 2009 increased by ten percent (10%) and reduced for form and early commencement Effective October 1, 2024, for participants that retire on or after October 1, 2024 with one day of covered employment between October 1, 2023 and September 30, 2024, accrued benefits earned as of December 31, 2009 are increased by an additional ten percent (10%) and reduced for form and early commencement.
Form of Payment	If married, pension benefits are paid in the form of a Joint and Survivor (J&S) annuity unless this form is rejected. If not rejected, the benefit amount otherwise payable is reduced to reflect the Joint and Survivor coverage	

Schedule MB, Line 6 – Summary of Plan Provisions

Pension Credit An employee shall be given a year’s pension credit for each calendar year in which he is employed at least 200 days in Covered Employment (1,000 hours for non-maritime employees). If in a calendar year, he was employed for less than 200 days of Covered Employment he shall receive pension credit in quarter year units as follows:

Days of Covered Employment in a Calendar Year	Number of Quarters Credited
Less than 50	None
50 to 99	1
100 to 149	2
150 to 199	3
200 or more	4

Cost of Living Adjustments Effective January 1, 2011, cost-of-living adjustments have been eliminated.

Former D2A Participants

Normal Retirement	Eligibility	The earlier of: 1. 30 years (120 quarters) of service or, 2. Age 65 or 5 th anniversary of Plan participation, if later
	Benefit	The Accrued Benefit as of December 31, 2009 For participants that retire on or after January 1, 2019 with one day of covered employment between January 1, 2019 and October 31, 2019, the Accrued Benefit as of December 31, 2009 increased by ten percent (10%). Effective October 1, 2024, for participants that retire on or after October 1, 2024 with one day of covered employment between October 1, 2023 and September 30, 2024, accrued benefits earned as of December 31, 2009 are increased by an additional ten percent (10%).



Schedule MB, Line 6 – Summary of Plan Provisions

Early Retirement	Eligibility	Age 62 and 10 years (40 quarters) of service
	Benefit	The Accrued Benefit as of December 31, 2009 reduced actuarially from age 65 For participants that retire on or after January 1, 2019 with one day of covered employment between January 1, 2019 and October 31, 2019, the Accrued Benefit as of December 31, 2009 increased by ten percent (10%) and reduced actuarially from age 65. Effective October 1, 2024, for participants that retire on or after October 1, 2024 with one day of covered employment between October 1, 2023 and September 30, 2024, accrued benefits earned as of December 31, 2009 are increased by an additional ten percent (10%) and reduced actuarially from age 65.

Disability Retirement	Eligibility	20 years (80 quarters) of service
	Benefit	The Accrued Benefit as of December 31, 2009 For participants that commence a disability pension on or after January 1, 2019 with one day of covered employment between January 1, 2019 and October 31, 2019, the Accrued Benefit as of December 31, 2009 increased by ten percent (10%). Effective October 1, 2024, for participants that retire on or after October 1, 2024 with one day of covered employment between October 1, 2023 and September 30, 2024, accrued benefits earned as of December 31, 2009 are increased by an additional ten percent (10%).



Schedule MB, Line 6 – Summary of Plan Provisions

<i>Vesting</i>	<i>Eligibility</i>	100% after 5 years of vesting service or at Normal Retirement Age
	<i>Benefit</i>	The Accrued Benefit as of December 31, 2009 For participants that retire on or after January 1, 2019 with one day of covered employment between January 1, 2019 and October 31, 2019, the Accrued Benefit as of December 31, 2009 increased by ten percent (10%). Effective October 1, 2024, for participants that retire on or after October 1, 2024 with one day of covered employment between October 1, 2023 and September 30, 2024, accrued benefits earned as of December 31, 2009 are increased by an additional ten percent (10%).
<i>Pre-Retirement Survivor Benefit</i>	<i>Eligibility</i>	5 years of service
	<i>Benefit</i>	50% of the Accrued Benefit as of December 31, 2009 reduced for form and early commencement For participants with one day of covered employment between January 1, 2019 and October 31, 2019, 50% of the Accrued Benefit as of December 31, 2009 increased by ten percent (10%) and reduced for form and early commencement. Effective October 1, 2024, for participants that retire on or after October 1, 2024 with one day of covered employment between October 1, 2023 and September 30, 2024, accrued benefits earned as of December 31, 2009 are increased by an additional ten percent (10%) and reduced for form and early commencement.



Schedule MB, Line 6 – Summary of Plan Provisions

Changes in Plan Provisions

- Effective October 1, 2024, for participants that retire on or after October 1, 2024 with one day of covered employment between October 1, 2023 and September 30, 2024, accrued benefits earned as of December 31, 2009 are increased by an additional ten percent (10%).
- A one-time 13th check was paid in December 2024 to participants in payment as of December 1, 2024. Note that the 13th check was not applicable to participants that received the 10% increase described above.



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

Exhibit D.1 - Schedule of Projection of Expected Benefit Payments

Measurement Date: October 1, 2024

[Form 5500 Sch. MB, Line 8b(1)]

Plan Year Beginning October 1	Expected Benefit Payments			
	Active Participants	Inactive Vested Participants	Retired Participants and Beneficiaries	Total
2024	2,997,320	1,151,622	46,461,852	50,610,794
2025	4,117,344	1,450,395	42,022,082	47,589,821
2026	5,122,990	1,885,027	41,153,988	48,162,005
2027	6,058,045	2,186,927	40,234,686	48,479,658
2028	6,852,032	2,456,119	39,340,082	48,648,233
2029	7,443,965	2,566,146	38,348,254	48,358,365
2030	8,036,467	2,840,700	37,277,248	48,154,415
2031	8,510,168	2,991,684	36,157,839	47,659,691
2032	8,883,747	3,193,975	35,008,422	47,086,144
2033	9,230,330	3,474,106	33,809,554	46,513,990
2034	9,566,113	3,874,059	32,565,225	46,005,397
2035	9,786,192	4,066,215	31,280,230	45,132,637
2036	9,903,547	4,221,766	29,976,847	44,102,160
2037	9,972,369	4,439,426	28,620,253	43,032,048
2038	10,002,393	4,555,566	27,230,807	41,788,766
2039	9,998,566	4,734,925	25,818,812	40,552,303
2040	9,950,436	4,763,282	24,366,763	39,080,481
2041	9,855,416	4,939,927	22,906,185	37,701,528
2042	9,749,902	4,961,553	21,439,070	36,150,525
2043	9,596,463	4,998,123	19,973,299	34,567,885
2044	9,423,804	5,026,246	18,519,008	32,969,058
2045	9,212,980	4,988,746	17,085,997	31,287,723
2046	8,972,517	4,908,717	15,681,767	29,563,001
2047	8,700,265	4,824,136	14,313,972	27,838,373
2048	8,400,986	4,651,349	12,992,693	26,045,028

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

Exhibit D.1 - Schedule of Projection of Expected Benefit Payments (Cont.)

Measurement Date: October 1, 2024

[Form 5500 Sch. MB, Line 8b(1)]

Plan Year Beginning October 1	Expected Benefit Payments			
	Active Participants	Inactive Vested Participants	Retired Participants and Beneficiaries	Total
2049	8,078,353	4,455,659	11,726,299	24,260,311
2050	7,732,944	4,240,211	10,521,060	22,494,215
2051	7,370,698	4,009,823	9,384,882	20,765,403
2052	6,993,634	3,767,664	8,319,833	19,081,131
2053	6,605,164	3,530,856	7,331,546	17,467,566
2054	6,208,409	3,292,301	6,422,390	15,923,100
2055	5,806,576	3,056,825	5,593,105	14,456,506
2056	5,402,873	2,825,674	4,842,938	13,071,485
2057	5,000,618	2,599,973	4,169,847	11,770,438
2058	4,603,047	2,380,312	3,570,561	10,553,920
2059	4,213,267	2,168,037	3,041,025	9,422,329
2060	3,834,240	1,963,963	2,576,604	8,374,807
2061	3,468,690	1,768,963	2,172,236	7,409,889
2062	3,119,039	1,583,809	1,822,664	6,525,512
2063	2,787,357	1,409,135	1,522,512	5,719,004
2064	2,475,299	1,245,420	1,266,426	4,987,145
2065	2,184,075	1,092,983	1,049,220	4,326,278
2066	1,914,476	952,025	866,016	3,732,517
2067	1,666,888	822,657	712,288	3,201,833
2068	1,441,294	704,865	583,907	2,730,066
2069	1,237,321	598,514	477,191	2,313,026
2070	1,054,302	503,360	388,884	1,946,546
2071	891,352	419,065	316,152	1,626,569
2072	747,446	345,183	256,522	1,349,151
2073	621,425	281,153	207,834	1,110,412

Schedule MB, Line 8b(2) – Schedule of Active Participant Data

Measurement Date: October 1, 2024

[Form 5500 Sch. MB, Line 8b(2)]

Age	Stat	Years of Credited Service										Total
		Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	
Under 25	Count	-	-	-	-	-	-	-	-	-	-	-
	Avg Ben											
25 - 29	Count	-	-	-	-	-	-	-	-	-	-	-
	Avg Ben											
30 - 34	Count	-	-	-	-	-	-	-	-	-	-	-
	Avg Ben											
35 - 39	Count	-	-	1	5	22	1	-	-	-	-	29
	Avg Ben					\$104						\$107
40 - 44	Count	-	-	-	8	67	40	2	-	-	-	117
	Avg Ben					\$352	\$647					\$442
45 - 49	Count	-	-	1	5	34	61	23	2	-	-	126
	Avg Ben					\$444	\$847	\$1,136				\$774
50 - 54	Count	-	-	2	4	39	52	55	22	-	-	174
	Avg Ben					\$363	\$814	\$1,504	\$2,226			\$1,098
55 - 59	Count	-	-	1	6	27	46	28	61	22	-	191
	Avg Ben					\$498	\$809	\$1,390	\$2,299	\$2,977		\$1,555
60 - 64	Count	-	-	2	6	21	33	34	33	32	4	165
	Avg Ben					\$289	\$796	\$1,342	\$2,006	\$3,666		\$1,686
65 - 69	Count	-	-	-	1	13	20	15	14	10	9	82
	Avg Ben						\$823					\$1,739
70 +	Count	-	-	-	3	4	3	2	3	3	2	20
	Avg Ben											\$1,105
Total	Count	-	-	7	38	227	256	159	135	67	15	904
	Avg Ben				\$293	\$362	\$792	\$1,347	\$2,223	\$3,251		\$1,198

Stat Description:

- Count: Number of active participants as of the valuation date
- Avg Ben: The average accrued monthly benefit for active participants as of the valuation date



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

Measurement Date: October 1, 2024

[Form 5500 Sch. MB, Line 8b(3)]

Plan Year Beginning October 1	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$ 18,560,000	\$ 1,500,000	\$ 20,060,000
2025	18,560,000	13,375,000	31,935,000
2026	18,560,000	0	18,560,000
2027	18,560,000	0	18,560,000
2028	18,560,000	0	18,560,000
2029	18,560,000	0	18,560,000
2030	18,560,000	0	18,560,000
2031	18,560,000	0	18,560,000
2032	18,560,000	0	18,560,000
2033	18,560,000	0	18,560,000



Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases

Charges

[Schedule MB, Line 9c]

Type	Date Established	Initial Period	Initial Balance	Outstanding at 10/1/2024 Period	Balance	Annual Payment
Amendment	10/1/2003	30.00	\$ 15,219,768	9.00	\$ 8,147,778	\$ 1,149,395
Amendment	10/1/2004	30.00	8,631,165	10.00	4,977,870	650,183
Amendment	10/1/2005	30.00	10,381,852	11.00	6,388,442	780,141
Amendment	10/1/2006	30.00	22,716,794	12.00	14,783,951	1,701,448
Amendment	10/1/2007	30.00	10,873,642	13.00	7,435,255	811,822
Exper Loss	10/1/2010	15.00	98,434,917	1.00	10,283,834	10,283,834
Exper Loss	10/1/2011	15.00	18,175,390	2.00	3,666,005	1,890,700
Assumption	10/1/2013	15.00	29,890,758	4.00	11,250,947	3,083,739
Exper Loss	10/1/2015	15.00	405,651	6.00	214,074	41,522
Exper Loss	10/1/2016	15.00	7,328,899	7.00	4,365,222	747,340
Assumption	10/1/2018	15.00	2,126,290	9.00	1,525,869	215,252
Amendment	10/1/2019	15.00	14,556,164	10.00	11,242,629	1,468,453
Exper Loss	10/1/2020	15.00	2,852,076	11.00	2,348,155	286,751
Assumption	10/1/2020	15.00	26,742,512	11.00	22,017,488	2,688,722
Exper Loss	10/1/2022	15.00	13,965,152	13.00	12,814,775	1,399,188
Exper Loss	10/1/2023	15.00	15,027,782	14.00	14,429,757	1,503,140
Amendment	10/1/2024	15.00	9,965,861	15.00	9,965,861	995,208
Amendment	10/1/2024	1.00	3,536,673	1.00	3,536,673	3,536,673
Assumption	10/1/2024	15.00	19,760,491	15.00	19,760,491	1,973,318
Exper Loss	10/1/2024	15.00	8,669,098	15.00	8,669,098	865,711
Total Charges					\$ 177,824,174	\$ 36,072,540

Credits

[Schedule MB, Line 9h]

Type	Date Established	Initial Period	Initial Balance	Outstanding at 10/1/2024 Period	Balance	Annual Payment
Exper Gain	10/1/2017	15.00	\$ 3,980,844	8.00	\$ 2,622,606	\$ 404,441
Exper Gain	10/1/2018	15.00	18,800,213	9.00	13,491,421	1,903,216
Exper Gain	10/1/2019	15.00	7,351,447	10.00	5,677,981	741,628
Exper Gain	10/1/2021	15.00	14,927,495	12.00	13,017,734	1,498,178
Total Credits					\$ 34,809,742	\$ 4,547,463
Net Total					\$ 143,014,432	\$ 31,525,077

See the comments following this Exhibit.



Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases

The table above shows the outstanding amortization bases in the funding standard account as of the valuation date. The amortization bases are grouped as charges, which represent increases in the unfunded actuarial liability, and credits, which represent decreases in the unfunded actuarial liability.

Different types of amortization bases are as follows:

Abbreviation	Description
Initial Liab	Initial unfunded actuarial accrued liability
Exper Loss	Actuarial experience loss (charge only)
Exper Gain	Actuarial experience gain (credit only)
ENIL (2008)	Eligible net investment loss under the Pension Relief Act of 2010
Amendment	Plan amendment
Assumption	Change in actuarial assumptions
Method	Change in the actuarial cost method or asset valuation method
Combined	Combined charge base or combined credit base
Offset	Combined and offset charge and credit bases

The "ENIL (2008)" bases do not apply as the Trustees elected not to apply the special amortization rule provided in the Pension Relief Act of 2010.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
--	---	---

Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ☐

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan AMERICAN MARITIME OFFICERS PENSION PLAN	1b	Three-digit plan number (PN) ▶ 001
		1c	Effective date of plan 10/22/1955
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE BOARD OF TRUSTEES AMERICAN MARITIME OFFICERS PENSION PLAN 2 WEST DIXIE HIGHWAY DANIA BEACH FL 33004	2b	Employer Identification Number (EIN) 13-1936709
		2c	Plan Sponsor's telephone number (954) 922-7428
		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		07/10/2026	T. CHRISTIAN SPAIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		07/10/2026	F. ANTHONY NACCARATO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 4,494
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 916 6a(2) 822 6b 1,991 6c 985 6d 3,798 6e 587 6f 4,385 6g(1) 4,494 6g(2) 4,023 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 41

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

1A 1I 2C 2H

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

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

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information) – Number Attached _____
- (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 _____