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:
- [X] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
EMPLOYERS - ILA N.C. PORTS CONTAINERIZATION VACATION PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 06/30/1972

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)
TRUSTEES OF EMPLOYERS-ILA N.C. CONTAINERIZATION VACATION PLAN

PO BOX 1116
WILMINGTON, NC 28402-1116

2b Employer Identification Number (EIN) 58-6153337

2c Plan Sponsor's telephone number 910-763-8577

2d Business code (see instructions) 525100

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.	07/14/2026	ROBERT REESE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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**	333
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	333
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	300
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	300
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	20

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

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

4Q

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
EMPLOYERS - ILA N.C. PORTS CONTAINERIZATION VACATION PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF EMPLOYERS-ILA N.C. CONTAINERIZATION VACATION PLAN

D Employer Identification Number (EIN)
58-6153337

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

WAYNE RICHARDSON

58-6153337

(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?
50 30	CONTAINER INSPECTOR	165398	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMPLOYERS-ILA NC PORTS WELFARE PLAN

PO BOX 1116
WILLMINGTON, NC 28402-1116

58-2126333

(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?
38 10 15 50 49 16 13 36 12	AFFILIATED SERVICE FUND	131116	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SYMPHONA LLP

118 PARK OF COMMERCE DRIVE
SAVANNAH, GA 31405

58-2663273

(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	AUDITOR	17110	Yes [ ] No [X]	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)

EVEREST NATIONAL INSURANCE COMPANY

477 MARTINSVILLE RD
LIBERTY CORNER, NJ 07938

22-2660372

(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?
50 22	INSURANCE	6730	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MURCHISON, TAYLOR & GIBSON, PLLC

1979 EASTWOOD ROAD, SUITE 101
WILMINGTON, NC 28403

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	LEGAL COUNSEL	5635	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ART GORMAN

501 HIGHLAND DRIVE
LAKE WALES, FL 33898

(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?
50 49 15	IT VENDOR	5615	Yes [ ] No [X]	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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

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
EMPLOYERS - ILA N.C. PORTS CONTAINERIZATION VACATION PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF EMPLOYERS-ILA N.C. CONTAINERIZATION VACATION PLAN

D Employer Identification Number (EIN)
58-6153337

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	300782	185301
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	342362	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3772250	3548240
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	6149	5994

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e	194	792
f	Total assets (add all amounts in lines 1a through 1e)	1f	4421737	3740327
	Liabilities			
g	Benefit claims payable	1g	3516283	2745342
h	Operating payables	1h	332970	305094
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	2594	2919
k	Total liabilities (add all amounts in lines 1g through1j)	1k	3851847	3053355
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	569890	686972

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)	3224180	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)	2478	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3226658
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	110561	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		110561
	(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)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		3337219
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2651220	
(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)		2651220
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)	165398	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	17110	
(5) Investment advisory and investment management fees	2i(5)	4768	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	5635	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	376006	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		568917
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3220137
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		117082
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) [X] 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)** [X] 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: SYMPHONA LLP **(2)** EIN: 58-2663273

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.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		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?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
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.	**4n**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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 _____.

Employers – ILA N.C. Ports Containerization Vacation Plan

Financial Statements and Supplementary Information

September 30, 2025 and 2024

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INDEPENDENT AUDITOR'S REPORT

To the Trustees
Employers-ILA N.C. Ports Containerization Vacation Plan
Wilmington, North Carolina

Opinion

We have audited the financial statements of Employers-ILA N.C. Ports Containerization Vacation Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise of the statements of net assets available for benefits as of September 30, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended September 30, 2025, 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 Plan as of September 30, 2025 and 2024, and the changes in its net assets available for benefits for the year ended September 30, 2025, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit 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 the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. 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 the Plan's ability to continue as a going concern for one year from when the financial statements are issued or available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these financial statements.

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symphona.us

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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt the Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule I: Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule II: Schedule H, Line 4j – Schedule of Reportable Transactions as of and 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 is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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 GAAS.

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

Other Matter - Supplemental Schedules Not Required by ERISA

The supplementary schedules of Employers' Royalties (Schedule III) and Container Tonnage (Schedule IV) (Unaudited) for the years ended September 30, 2025 and 2024 are presented for the purpose of additional analysis and are not a required part of the basic financial statements. 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 basic financial statements. The information, except for the portion marked "unaudited", on which we express no opinion, has been subjected to the auditing procedures applied in the audits of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, except for the portion marked "unaudited", the information is fairly stated in all material respects in relation to the basic financial statements as a whole.

Symphona LLP

Savannah, Georgia
July 13, 2026

EMPLOYERS-ILA N.C. PORTS CONTAINERIZATION VACATION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
September 30,

	2025	2024
ASSETS		
Investments, at fair value	$ 3,548,240	$ 3,772,250
Receivables		
Container royalties	185,301	300,782
Due from CRCCF/Other	-	342,362
Total receivables	185,301	643,144
Prepaid expenses	5,994	6,149
Furniture and equipment		
Office furniture and equipment	1,719	1,941
Less accumulated depreciation	927	1,747
	792	194
Total assets	3,740,327	4,421,737
LIABILITIES		
Accounts payable and accrued expenses	305,094	332,970
Benefits payable	2,745,342	3,516,283
Dues withheld	2,919	2,594
Total liabilities	3,053,355	3,851,847
NET ASSETS AVAILABLE FOR BENEFITS	$ 686,972	$ 569,890

See Notes to Financial Statements.

EMPLOYERS-ILA N.C. PORTS CONTAINERIZATION VACATION PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended September 30, 2025

ADDITIONS		
Container royalties	$	3,237,768
CRCCF administrative fee		(13,588)
CRCCF $70 million surplus allocation		2,478
Interest and dividends		110,561
Total additions		3,337,219
DEDUCTIONS		
Benefits paid to and for participants		
Containerization vacation benefits		2,651,220
Payroll taxes on vacation benefits		222,228
Total benefits paid to and for participants		2,873,448
Administrative expenses		
Accounting and auditing		17,110
Investment fees		4,768
Legal		5,635
Office supplies, expenses, and depreciation		875
Contracted services		5,615
Planning and advisory services		131,116
Salaries		121,728
Payroll taxes		9,442
Pension, welfare, and vacation contributions		34,886
Travel, conferences, meetings		8,784
Insurance expense		6,730
Total administrative expenses		346,689
Total deductions		3,220,137
NET INCREASE		117,082
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year		569,890
End of year	$	686,972

See Notes to Financial Statements.

NOTE 1. DESCRIPTION OF THE PLAN

The following description of the Employers-ILA N.C. Ports Containerization Vacation Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory multiemployer benefit plan that was organized in 1972 under an Agreement and Declaration of Trust (Agreement) between participating North Carolina Shipping Association Employers (Employers) and the Unions of the International Longshoremen's Association, A.F.L.-C.I.O., in the Port of Wilmington (Union). The Agreement was amended during 1978 to include Unions of Southport and Morehead City, North Carolina. The Agreement established a supplemental cash vacation benefit plan to be administered jointly by the Trustees of the Plan, named and appointed by the Employers and the Unions. The Agreement provides, among other things, that the cost of the Plan not exceed the amount per gross ton stipulated in the collective bargaining agreements to be paid by the Employers/Carriers as royalties when loading or discharging containers not stuffed or stripped by longshoremen. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions and Funding Policy

The collective bargaining agreements provide for participating carrier contributions (Container Royalties) to the Plan, based on the loading and discharging of containers that are greater than twenty feet in length and have not been stripped or stuffed by longshoremen, to provide vacation benefits for eligible participants. The Container Royalty contribution rates are determined by the collective bargaining agreements. Effective for the fiscal year beginning October 1, 2018, the master contract provides that contributions in excess of the $3,460,600 available for benefits and the total administrative expenses payable for the fiscal year end must be remitted to the CRCCF. The CRCCF will provide financial assistance to the Plan during the fiscal years in which container royalty contributions are not sufficient to fund benefits and administrative expenses provided under the new master contract. The Plan received $0 and $342,362 in assistance funding from CRCCF during the years ended September 30, 2025 and September 30, 2024, respectively. Effective for the fiscal year beginning October 1, 2024, the master contract eliminated the requirement to remit excess contributions to CRCCF and allowed the plan to pay benefits and administrative expenses based on container royalty contributions collected for the contract year. Also effective October 1, 2024 CRCCF will no longer provide financial assistance. During the year ended September 30, 2025 twenty (20) carriers contributed to the Plan. The first and third container royalty dollars are paid to the Plan as contributions net of CRCCF operating expenses charged to the Plan. Container Royalties were utilized by the Plan for benefits, container inspector salaries and benefits, and administrative expenses of the Plan.

On October 1, 2018, the collective bargaining agreement was replaced with a new agreement effective for fiscal years through September 30, 2024. With the collective bargaining agreement, members of the United States Maritime Alliance, Ltd. voted to ratify a new six year Master Contract with the Unions of the International Longshoremen's Association A.F.L.-C.I.O. (ILA). The new contract included a centralized reporting and collection process for all royalty contributions that will require contributing carriers to report and pay all royalties to a new CRCCF. The CRCCF is responsible for distribution of the first and third royalties to the Plan, payment of additional royalties to meet benchmark benefits, and distributions of excess contributions. A new Master Contract was signed effective October 1, 2024 and expires on September 30, 2030. Benchmark benefits were eliminated with the new Master Contract. Therefore only the first and third royalties will be provided to the Plan less a fee percentage for operating expenses of the CRCCF Fund.

Benefits

Effective for the Plan year beginning October 1, 1996, participants must have worked in the industry prior to October 1, 1996 or have at least 3 years of qualifying service to be eligible for benefits. As amended for years beginning October 1, 2008 and thereafter, to be eligible for benefits, a participant must have earned at least 700 qualifying hours during the immediately preceding plan year ended September 30. Beginning October 1, 2011, the Plan was amended to add a four year reduced benefit schedule for receipt of vacation benefits. The reduced benefit schedule affects all participants who have never qualified to receive vacation benefits prior to October 1, 2011. Benefits are payable annually in December and are approved by the Trustees based on container royalties that were available and payable to the Plan for the immediately preceding plan year ended September 30.

NOTE 1. DESCRIPTION OF THE PLAN, continued

Benefits, continued
Effective beginning October 1, 2012, each year during the term of the new master contract, container royalties available for benefits shall be no less than $3,460,600. As previously discussed, the benchmark was eliminated with the new Master Contract. In addition, at the Trustees' discretion, the excess contributions divided equally between USMX and the ILA that were returned to the Plan, may be paid as additional benefits. For the 300 participants who met eligibility requirements during the fiscal year ended September 30, 2025, the Trustees paid $2,651,220 in containerization benefits.

NOTE 2. SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting
The financial statements of the Plan are prepared on the accrual basis of accounting.

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. See Note 3 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.

Investment securities are exposed to various risks, such as interest rate, market, and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near-term and such changes could materially affect balances and the amounts reported in the Statements of Net Assets Available for Benefits.

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

Payment of Benefits
Vacation benefits (and related taxes) determined by the Trustees are based on available assets and master contract restrictions, and are recognized in the applicable year that they are attributable to on the accrual basis of accounting.

Administrative Expenses
As provided by the Plan agreement, administrative expenses related to the Plan assets for custodial services as well as other administrative expenses are paid by the Plan.

Contributions
During the year, contributions are recognized upon the receipt of Container Royalties. Container Royalties paid to the Plan are based on the loading and discharging of containers that are greater than twenty feet in length and have not been stripped or stuffed by longshoremen. Current year revenue also includes Container Royalties receivables that are applicable to tonnage worked and completed by employers/carriers in the current fiscal year, although the contributions are remitted to the Plan after year-end.

Income Taxes
GAAP requires Plan management to evaluate tax positions taken by the Plan, and recognize a tax liability (or asset) if the Plan has taken any uncertain tax positions that more likely than not would not be sustained upon examination by a tax authority. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision of liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the United States federal, state, or local tax authorities for years before 2021.

NOTE 2. SIGNIFICANT ACCOUNTING POLICIES, continued

Concentration of Credit Risk
The Plan maintains its cash accounts in a financial institution in North Carolina. At times throughout the year, the amount on deposit at the bank may exceed the insurance limits of the Federal Deposit Insurance Corporation (FDIC) of $250,000 per depositor, per insured bank. The Plan had cash in excess of federally insured limits of $0 for both September 30, 2025 and 2024.

Subsequent Events
Subsequent events have been evaluated for potential recognition and/or disclosure through July 13, 2026. This represents the date the financial statements were available to be issued.

NOTE 3. FAIR VALUE MEASUREMENTS

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

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

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Interest-bearing cash: Valued at cost, which approximates fair value.

Money market fund: Valued at the daily quoted closing price and net asset value (NAV) of shares held by the Plan at year end. The fund is deemed to be open-ended and publicly traded.

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

NOTE 3. FAIR VALUE MEASUREMENTS, continued

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

	Fair Value Measurements at September 30, 2025			
	Level 1	Level 2	Level 3	Total
Cash				
Wells Fargo Interest-bearing Checking	$ 135,036	$ -	$ -	$ 135,036
Money Market Fund				
Allspring Government Money Market Fund INSTL #1751	3,413,204	-	-	3,413,204
	$ 3,548,240	$ -	$ -	$ 3,548,240

	Fair Value Measurements at September 30, 2024			
	Level 1	Level 2	Level 3	Total
Cash				
Wells Fargo Interest-bearing Checking	$ 54,585	$ -	$ -	$ 54,585
Money Market Fund				
Wells Fargo Government Money Market Fund INSTL #1751	3,717,665	-	-	3,717,665
	$ 3,772,250	$ -	$ -	$ 3,772,250

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. The Plan evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits.

During 2025, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) were invested in a money market fund earning interest of $104,908.

NOTE 4. RELATED PARTY TRANSACTIONS

All administrative and advisory functions of the Plan are administered by the employees of the Employers-ILA N.C. Ports Welfare Plan, a separate plan which has the same Trustees as the Plan. Fees for these administrative and advisory services were approximately $131,116 for the year ended September 30, 2025.

The Plan makes monthly contributions for its employee (the container inspector) covered under the hourly-paid Pension Plan and the Welfare Plan as administered by the Trustees of the Employers-ILA N.C. Ports Pension, Welfare, and Vacation Plans. Since January 1, 2000, the benefits under the Welfare Plan also included welfare benefits provided by a separate plan, Management-International Longshoremen's Association (MILA) National Health Plan, administered by MILA Managed Health Care Trust Fund. Contributions to the Pension and Welfare Plans by the Plan during the year ended September 30, 2025, were $34,886. These contributions are adjusted annually by the Trustees based on the average hours worked by qualified longshoremen and to cover the MILA premium required for the premier plan coverage offered by MILA for the Plan's employee.

Principal is the custodian of the Plan's money market fund investment; therefore, transactions with the custodian qualify as party-in-interest transactions. Fees paid by the Plan to the custodian totaled $4,768 for the year ended September 30, 2025, this also included 12b-1 fees which were rebated back to the Plan.

NOTE 5. AMENDMENT AND TERMINATION PROVISIONS

The Trustees have authority to review all the provisions of the Plan and at any time to make such changes, modifications and amendments to the Plan as they deem desirable, provided they adhere to the collective bargaining agreements. Liabilities, obligations or duties of the participating Employers/Carriers may not be changed without their written consent.

The Plan shall continue for a term coextensive with the term of current collective bargaining agreements between the participating Employers/Carriers and the Union, and future collective bargaining agreements providing for contributions for the purpose of maintaining a containerization vacation plan. If the Plan is not extended, the Trustees shall continue to perform and carry out the provisions of the Plan on the basis that all participants and Plan employees who are then or thereafter become eligible to receive vacation benefits shall receive such benefits and/or salaries, as if the Plan were extended, until the total assets of the Plan are disbursed.

NOTE 6. INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Trustees by a letter dated February 26, 1988, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC) and are tax-exempt under Section 501(c)(9) of the IRC. The Plan has been amended since receiving the determination letter. However, the Trustees believe that the Plan is designed and is currently being operated in accordance with the applicable requirements of the IRC.

NOTE 7. MAJOR CONTRIBUTORS

For the years ended September 30, 2025 and 2024, the Plan received approximately 88% and 87% of its Container Royalties from six and nine carriers, respectively. At September 30, 2025 and 2024, royalties receivable from these companies or from the CRCCF totaled approximately $184,170 and $237,828, respectively.

SUPPLEMENTARY SCHEDULES

EMPLOYERS-ILA N.C. PORTS CONTAINERIZATION VACATION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
September 30, 2025
EIN: 56-6153337 PN: 501

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Money Market Fund:			
*	Allspring Government Money Market Fund INSTL #1751	Money market fund	$ 3,413,204	$ 3,413,204
	Cash:			
	Wells Fargo Interest-bearing Checking	Interest bearing cash	135,036	135,036
			$ 3,548,240	$ 3,548,240

* - Represents a party-in-interest.
See independent auditor’s report.

EMPLOYERS-ILA N.C. PORTS CONTAINERIZATION VACATION PLAN
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
September 30, 2025
EIN: 56-6153337 PN: 501

(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) Expense incurred with transaction	(h) Cost of asset	(i) Current value of asset on transaction date	(j) Net gain or (loss)
*	Principal	Allspring Government Money Market Fund INSTL #1751	$ 3,063,908	$ -	$ -	$ -	$ 3,063,908	$ -	$ -
*	Principal	Allspring Government Money Market Fund INSTL #1751	$ -	$ 3,365,369	$ -	$ -	$ 3,365,369	$ 3,365,369	$ -

*- Represents a party-in-interest.
See independent auditor’s report.

EMPLOYERS-ILA N.C. PORTS CONTAINERIZATION VACATION PLAN
SCHEDULES OF EMPLOYERS' ROYALTIES
Years Ended September 30, 2025 and 2024
EIN: 56-6153337 PN: 501

	2025		2024	
	Amount	Percent	Amount	Percent
NSAU (Bahri)	$ 6,152	0.19%	$ 10,008	0.27%
Crowley	339,334	10.48%	382,698	10.18%
Ellerman	-	0.00%	10,226	0.27%
Hapag-Lloyd	60,834	1.88%	89,266	2.37%
Hamburg Sud	-	0.00%	48	0.00%
HMM Co., LTD	112,108	3.46%	188,538	5.02%
Independent Container Lines	1,175,538	36.31%	1,222,404	32.52%
Intermarine	17	0.00%	-	0.00%
International Shipping	779	0.02%	908	0.02%
Liberty Global	-	0.00%	301	0.01%
Maersk A/S	762,758	23.56%	705,618	18.77%
Maersk Line Limited	8	0.00%	-	0.00%
Mediterranean	146,124	4.51%	156,766	4.17%
Nico Shipping	4,078	0.13%	-	0.00%
One (Ocean Ntwrk Exprs)	218,746	6.76%	442,290	11.76%
Ocean 7 Shipping	89	0.00%	-	0.00%
PACC Line PTE LTD	341	0.01%	-	0.00%
Ridgeway	194	0.01%	375	0.01%
Seaboard	183,730	5.67%	130,804	3.48%
Sealand	-	0.00%	4,672	0.12%
Spilethoff	150	0.00%	85	0.00%
US Ocean	396	0.01%	-	0.00%
Yang Ming	49,444	1.53%	97,670	2.60%
Zim American	176,948	5.47%	316,730	8.42%
	$ 3,237,768	100.00%	$ 3,759,407	100.00%

EMPLOYERS-ILA N.C. PORTS CONTAINERIZATION VACATION PLAN
SCHEDULES OF CONTAINER TONNAGE
Years Ended September 30, 2025 and 2024
(UNAUDITED)
EIN: 56-6153337 PN: 501

	2025			2024		
	Containers	Tons	Percent	Containers	Tons	Percent
Bahri General Cargo	433	3,076	0.19%	673	5,004	0.27%
Crowley Maritime	12,002	169,667	10.47%	11,372	191,349	10.17%
Ellerman City Liners Limited	-	-	0.00%	324	5,113	0.27%
HMM Co., LTD	3,664	56,054	3.46%	6,378	94,269	5.01%
Hamburg Sud North America	-	-	0.00%	1	24	0.00%
Hapag-Lloyd	1,762	30,417	1.88%	2,615	44,633	2.37%
Independent Container Lines	47,969	587,769	36.27%	49,489	611,202	32.48%
Intermarine	4	24	0.00%	-	-	0.00%
International Shipping	100	1,113	0.07%	115	1,297	0.07%
Liberty Global Logistics	-	-	0.00%	57	215	0.01%
Maersk A/S	19,491	381,379	23.53%	19,573	352,809	18.75%
Maersk A/S trading as Sealand Americas	-	-	0.00%	159	2,336	0.12%
Maersk Line Limited	1	4	0.00%	-	-	0.00%
Mediterranean Shipping	3,985	73,062	4.51%	4,478	78,383	4.16%
Nico Shipping	147	2,079	0.13%	98	1,207	0.06%
Ocean Network Express	6,266	109,373	6.75%	12,607	221,145	11.75%
Ocean 7 Shipping	22	127	0.01%	-	-	0.00%
PACC Line PTE LTD	35	487	0.03%	-	-	0.00%
Ridgeway Interna	21	278	0.02%	39	535	0.03%
Seaboard	7,080	91,865	5.67%	6,723	65,402	3.47%
Spliethoff	13	214	0.01%	7	122	0.01%
US Ocean	45	565	0.03%	-	-	0.00%
Yang Ming Marine Transport	1,462	24,722	1.53%	1,192	18,645	0.99%
Yang Ming Marine Transport *Retired*	-	-	0.00%	1,788	30,190	1.60%
Zim American	5,676	88,474	5.46%	8,888	158,365	8.41%
	110,178	1,620,749	100.00%	126,576	1,882,245	100.00%

EMPLOYERS-ILA N.C. PORTS CONTAINERIZATION VACATION PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
September 30, 2025
EIN: 56-6153337 PN: 501

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Money Market Fund:			
*	Allspring Government Money Market Fund INSTL #1751	Money market fund	$ 3,413,204	$ 3,413,204
	Cash:			
	Wells Fargo Interest-bearing Checking	Interest bearing cash	135,036	135,036
			$ 3,548,240	$ 3,548,240

* - Represents a party-in-interest.
See independent auditor’s report.

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: [X] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
[ ] a single-employer plan [ ] a DFE (specify) _____

B This return/report is: [ ] the first return/report [ ] 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 ▶ [X]

D Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] the DFVC program
[ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶ [ ]

Part II Basic Plan Information - enter all requested information

1a Name of plan
EMPLOYERS - ILA N.C. PORTS CONTAINERIZATION VACATION PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 06/30/1972

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)
TRUSTEES OF EMPLOYERS-ILA N.C. CONTAINERIZATION VAC

PO BOX 1116

WILMINGTON NC 28402-1116

2b Employer Identification Number (EIN) 58-6153337

2c Plan Sponsor's telephone number 910-763-8577

2d Business code (see instructions) 525100

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	Kathy Womack		KATHY WOMACK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

EMPLOYERS-ILA N.C. PORTS CONTAINERIZATION VACATION PLAN
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
September 30, 2025
EIN: 56-6153337 PN: 501

(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) Expense incurred with transaction	(h) Cost of asset	(i) Current value of asset on transaction date	(j) Net gain or (loss)
*	Principal	Allspring Government Money Market Fund INSTL #1751	$ 3,063,908	$ -	$ -	$ -	$ 3,063,908	$ -	$ -
*	Principal	Allspring Government Money Market Fund INSTL #1751	$ -	$ 3,365,369	$ -	$ -	$ 3,365,369	$ 3,365,369	$ -

*- Represents a party-in-interest.
See independent auditor’s report.