

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2023</div> This Form is Open to Public Inspection
---	--	---

Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan GEORGIA STEVEDORE ASSOCIATION INTERNATIONAL LONGSHOREMEN'S ASSOCIATION LOCAL CONTAINER ROYALTY FUND FOR SUPPLEMENTAL VACATION BENEFITS	1b Three-digit plan number (PN) ▶ <u>503</u>
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) GEORGIA STEVEDORE ASSOCIATION INTERNATIONAL LONGSHOREMEN'S ASSOCIATION 10 MERSEY WAY SAVANNAH, GA 31405	1c Effective date of plan <u>04/01/1990</u> 2b Employer Identification Number (EIN) <u>58-1847647</u> 2c Plan Sponsor's telephone number <u>912-233-0218</u> 2d Business code (see instructions) <u>488990</u>

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.	07/14/2025	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2165
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)	2165
	6a(2)	2291
	6b	
	6c	
	6d	2291
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	18

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

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

a Pension Schedules	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> 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 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan GEORGIA STEVEDORE ASSOCIATION INTERNATIONAL LONGSHOREMEN'S ASSOCIATION LOCAL CONTAINER ROYALTY FUND FOR SUPPLEMENTAL VACATION BENEFITS	B Three-digit plan number (PN) ▶	503
C Plan sponsor's name as shown on line 2a of Form 5500 GEORGIA STEVEDORE ASSOCIATION INTERNATIONAL LONGSHOREMEN'S ASSOCIATION	D Employer Identification Number (EIN) 58-1847647	

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)

GSA-ILA MANAGER'S FUND

10 MERSEY WAY
SAVANNAH, GA 31405

(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 50 15 99	AFFILIATED SERVICE FUND	199499	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JAYSON ROBINSON

10 MERSEY WAY
SAVANNAH, GA 31405

58-1847647

(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?
30 50	CONTAINER INSPECTOR	175937	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PHILLIP BELL

10 MERSEY WAY
SAVANNAH, GA 31405

58-1847647

(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?
30 50	CONTAINER INSPECTOR	175937	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

HOLLAND, BROMLEY, BARNHILL & BRETT

530 STEPHENSON AVE, ST 200
SAVANNAH, GA 31408

58-1941470

(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 10 15	ACCOUNTANT	46470	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SYMPHONA LLP

118 PARK OF COMMERCE DR
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	41035	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ELLIS, PAINTER, RATTERREE & ADAMS

24 OGLETHORPE PROFESSIONAL BLVD.
SAVANNAH, GA 31406

58-1788955

(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	CO-COUNSEL	7742	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024			
A Name of plan GEORGIA STEVEDORE ASSOCIATION INTERNATIONAL LONGSHOREMEN'S ASSOCIATION LOCAL CONTAINER ROYALTY FUND FOR SUPPLEMENTAL VACATION BENEFITS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">503</td> </tr> </table>	B Three-digit plan number (PN) ▶	503
B Three-digit plan number (PN) ▶	503		
C Plan sponsor's name as shown on line 2a of Form 5500 GEORGIA STEVEDORE ASSOCIATION INTERNATIONAL LONGSHOREMEN'S ASSOCIATION	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">D Employer Identification Number (EIN) 58-1847647</td> </tr> </table>	D Employer Identification Number (EIN) 58-1847647	
D Employer Identification Number (EIN) 58-1847647			

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	5818827	7534789
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	6111830	6971826
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	151028	148402
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	49003950	53295543
(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)	1088739	764281

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	198355	109954
f Total assets (add all amounts in lines 1a through 1e)	1f	62372729	68824795
Liabilities			
g Benefit claims payable	1g	49910243	54892976
h Operating payables	1h	10650207	13170660
i Acquisition indebtedness	1i		
j Other liabilities	1j	880127	726504
k Total liabilities (add all amounts in lines 1g through 1j)	1k	61440577	68790140
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	932152	34655

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)	65341219	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	15381652	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		80722871
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1708556	
(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)		
(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		82431427

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	55035780	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)	27472322	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		82508102
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)	375987	
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	46470	
(4) IQPA audit fees.....	2i(4)	41035	
(5) Investment advisory and investment management fees.....	2i(5)		
(6) Bank or trust company trustee/custodial fees.....	2i(6)	3474	
(7) Actuarial fees.....	2i(7)		
(8) Legal fees.....	2i(8)	11565	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)	19412	
(11) Other expenses.....	2i(11)	322879	
(12) Total administrative expenses. Add lines 2i(1) through (11).....	2i(12)		820822
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		83328924

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-897497
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: 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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		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?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.		X	

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 _____.



Georgia Stevedore Association –
International Longshoremen’s Association
Local Container Royalty Fund for
Supplemental Vacation Benefits

Financial Statements and
Supplementary Information

September 30, 2024 and 2023

www.symphona.us

TABLE OF CONTENTS

	Page
INDEPENDENT AUDITOR'S REPORT	1
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5
SUPPLEMENTARY SCHEDULES	
Schedule I: Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	13
Schedule II: Schedule H, Line 4j – Schedule of Reportable Transactions	14
Schedule III: Combining Statement of Net Assets Available for Benefits – September 30, 2024	15
Schedule IV: Combining Statement of Changes in Net Assets Available for Benefits – Year Ended September 30, 2024	16



INDEPENDENT AUDITOR'S REPORT

To the Joint Board of Trustees of the
Georgia Stevedore Association – International Longshoremen's Association
Local Container Royalty Fund for Supplemental Vacation Benefits
Savannah, Georgia

Opinion

We have audited the financial statements of Georgia Stevedore Association – International Longshoremen's Association Local Container Royalty Fund for Supplemental Vacation Benefits (the Fund), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprised of the statements of net assets available for benefits as of September 30, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended September 30, 2024, 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 Fund as of September 30, 2024 and 2023, and the changes in its net assets available for benefits for the year ended September 30, 2024, 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 Fund 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 Fund'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 Fund amendments, administering the Fund, and determining that the Fund's transactions that are presented and disclosed in the financial statements are in conformity with the Fund'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.

Auditor's Responsibilities for the Audit of the Financial Statements, continued

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 Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Fund'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, 2024 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

Schedule III: Combining Statement of Net Assets Available for Benefits and Schedule IV: Combining Statement of Changes in Net Assets Available for Benefits as of and for the year ended September 30, 2024, are presented for the purpose of additional analysis and are not a required part of the basic financial statements or required by ERISA. Such information is the responsibility of the Fund'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 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 U.S. GAAP. In our opinion the information is fairly stated in all material respects in relation to the basic financial statements as a whole.



Savannah, Georgia
July 10, 2025

GEORGIA STEVEDORE ASSOCIATION -
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION
LOCAL CONTAINER ROYALTY FUND
FOR SUPPLEMENTAL VACATION BENEFITS
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
September 30,

	2024	2023
ASSETS		
Investments, at fair value	\$ 53,295,543	\$ 49,003,950
Receivables		
Employers	6,971,826	6,111,830
Other	26,477	27,712
Due from Manager's Fund	121,925	123,316
Total receivables	7,120,228	6,262,858
Cash	4,718,740	4,909,447
Designated cash	2,029,946	363,894
Other prepaid expenses	-	22,131
Equipment, net	75	375
Total assets	67,164,532	60,562,655
LIABILITIES		
Accounts payable and accrued expenses	144,231	142,682
Benefits payable and related payroll taxes	54,892,976	49,910,243
Contributions payable to Container Royalty Central Collection Fund, net of receivable	12,090,670	9,577,578
Due to Welfare Plan	2,000	-
Total liabilities	67,129,877	59,630,503
NET ASSETS AVAILABLE FOR BENEFITS	\$ 34,655	\$ 932,152

GEORGIA STEVEDORE ASSOCIATION -
 INTERNATIONAL LONGSHOREMEN'S ASSOCIATION
 LOCAL CONTAINER ROYALTY FUND
 FOR SUPPLEMENTAL VACATION BENEFITS
 STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
 Year Ended September 30, 2024

ADDITIONS	
Employer contributions	\$ 65,341,219
Refund from Container Royalty Central Collection Fund	15,381,652
Interest income	1,708,556
Total additions	82,431,427
DEDUCTIONS	
Supplemental vacation benefits	51,261,558
Total supplemental vacation benefits	51,261,558
Administrative expenses	
Contributions to Container Royalty Central Collection Fund	27,472,322
Payroll taxes	3,799,580
Salaries	350,629
Manager's Fund	199,499
Professional fees	99,070
Welfare Plan contributions	53,360
Pension Plan contributions	32,292
Insurance	29,047
Conferences	19,412
Agents' fees	3,474
Miscellaneous	(2,239)
Automobile	5,750
Occupancy	4,800
Depreciation	300
Computer	70
Total administrative expenses	32,067,366
Total deductions	83,328,924
NET DECREASE	(897,497)
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	932,152
End of year	\$ 34,655

GEORGIA STEVEDORE ASSOCIATION –
 INTERNATIONAL LONGSHOREMEN’S ASSOCIATION
 LOCAL CONTAINER ROYALTY FUND
 FOR SUPPLEMENTAL VACATION BENEFITS
 NOTES TO FINANCIAL STATEMENTS
 September 30, 2024 and 2023

NOTE 1. DESCRIPTION OF THE FUND

The following description of the Georgia Stevedore Association – International Longshoremen’s Association (GSA-ILA) Local Container Royalty Fund for Supplemental Vacation Benefits (the Fund) provides only general information. Participants should refer to the Fund document for a more complete description of the Fund’s provisions.

General

The Fund is an employee benefit plan for the members of ILA Local Union Nos. 1414, 1475, and 2046 located in Savannah, Georgia, and Local Union Nos. 1423 and 1863 located in Brunswick, Georgia. The Fund is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Benefits

Total assets of the Fund, after deducting certain administrative expenses and other deductions as required by law, are distributed annually to eligible employees. On March 25, 2021, the Joint Board of Trustees voted to amend the Fund to require participants to earn at least 1,300 hours to receive a credited year of service to qualify for supplemental vacation benefits effective for the year beginning October 1, 2022 (supplemental vacation benefits paid in December 2023 and the first quarter of 2024). In prior years, 700 hours were needed to be eligible for benefits as defined in the GSA-ILA Collective Bargaining Agreement (the Agreement).

Benefits are paid to employees on the basis of a point system. Points are based on the number of credited years of service in which at least 1,300 credit hours were received, as shown in the schedule below:

Category	Credited Years of Service	Points
A	1 through 3	1
B	4 through 5	2
C	6 through 10	3
D	11 through 15	4
E	16 and over	5

Benefits payable per point are determined by dividing total Fund assets available for distribution by total points to be distributed.

Contributions and Funding Policy

The Agreement provides for participating employer/carrier contributions (Container Royalties) to the Fund, 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 Agreement. Effective for the fiscal year beginning October 1, 2012, the master contract provides that contributions in excess of the amounts paid for the year ended September 30, 2011 must be remitted to the Container Royalty Central Collection Fund (CRCCF). The excess contributions payable to the CRCCF will be divided between United States Maritime Alliance, Ltd. (USMX) and International Longshoremen’s Association A.F.L.-C.I.O (ILA) and distributed as designated by those organizations. During the year ended September 30, 2024, approximately 16 employers/carriers contributed to the Fund. The first and third container royalty dollars are paid directly to the Fund as contributions. Container Royalties were utilized by the Fund for benefits and for administrative expenses.

The Agreement is effective for fiscal years through September 30, 2024. With the Agreement, members of the USMX voted to ratify a new six year Master Contract with the unions of the ILA. The contract includes a centralized reporting and collection process for all employer contributions and requires contributing employers to report and pay all royalties to CRCCF. The CRCCF will be responsible for collection and distribution of the first and third royalties to the Fund. See Note 10. Subsequent Events.

GEORGIA STEVEDORE ASSOCIATION –
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION
LOCAL CONTAINER ROYALTY FUND
FOR SUPPLEMENTAL VACATION BENEFITS
NOTES TO FINANCIAL STATEMENTS
September 30, 2024 and 2023

NOTE 1. DESCRIPTION OF THE FUND, continued

Administration

The Fund is administered by a Joint Board of Trustees (the Board). As described in the Agreement, the Board is composed of trustees from the Georgia Stevedore Association and the International Longshoremen's Association. Each of these Associations carries 50% of the voting weight of the Board.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Fund's financial statements are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, eligibility credits, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Reclassification

Certain prior year balances have been reclassified to conform to the current year presentation.

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. Net appreciation includes the Fund's gains and losses on investments bought and sold as well as held during the year.

As stated in Note 1, the Fund recognizes income from employer contributions that are made based upon assessed container royalties. Royalties at varying rates, in dollars per ton, are assessed to employers based upon containers handled during the fiscal year.

Equipment

Equipment is stated at cost less accumulated depreciation. Depreciation is computed using the straight-line method over an estimated useful life of five years.

Major renewals and improvements are capitalized, while maintenance and repairs are expensed as incurred. The cost and accumulated depreciation of equipment sold or retired are relieved from the accounts, and resulting gains or losses are reflected in income.

Inspectors' Expense Fund

The Fund maintains a separate fund, the Inspectors' Expense Fund, to account for the expenses of container inspectors who are employed by the Fund and who enforce compliance with the Agreement. Interfund transfers to cover the expenses of the inspectors are approved by the Board and are eliminated for financial reporting purposes.

Employee Benefit Plans

The Fund participates as an employer in two employee benefit plans, the GSA-ILA Pension Plan and the GSA-ILA Welfare Plan. The Fund contributes to both Plans at the contribution rate for employers, which is specified in the Agreement.

GEORGIA STEVEDORE ASSOCIATION –
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION
LOCAL CONTAINER ROYALTY FUND
FOR SUPPLEMENTAL VACATION BENEFITS
NOTES TO FINANCIAL STATEMENTS
September 30, 2024 and 2023

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, continued

Concentration of Credit Risk

The Fund maintains its cash accounts in a financial institution in Savannah, Georgia. 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. At September 30, 2024 and 2023, the Fund had cash deposits in the amount of \$6,613,962 and \$5,226,450, respectively, that exceeded the FDIC insurance limit.

Subsequent Events

Subsequent events have been evaluated for potential recognition and/or disclosure through July 10, 2025. This represents the date the financial statements were available to be issued. See Note 10. Subsequent Events.

NOTE 3. FAIR VALUE MEASUREMENTS

The Financial Accounting Standards Board Accounting Standards Codification (FASB ASC) 820, *Fair Value Measurements and Disclosures*, established 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 under FASB ASC 820 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 Fund 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's 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.

The Fund's investment consists of the BlackRock Liquidity FedFund (a money market fund), which is valued at the closing price reported in the active market in which the individual security is traded, for the years ended September 30, 2024 and 2023. There have been no changes in the methodologies used.

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

GEORGIA STEVEDORE ASSOCIATION –
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION
LOCAL CONTAINER ROYALTY FUND
FOR SUPPLEMENTAL VACATION BENEFITS
NOTES TO FINANCIAL STATEMENTS
September 30, 2024 and 2023

NOTE 3. FAIR VALUE MEASUREMENTS, continued

The following table sets forth by level, within the fair value hierarchy, the Fund's assets at fair value at September 30:

Fair Value Measurements at September 30, 2024				
	Level 1	Level 2	Level 3	Total
BlackRock Liquidity FedFund	\$ 53,295,543	\$ -	\$ -	\$ 53,295,543
Fair Value Measurements at September 30, 2023				
	Level 1	Level 2	Level 3	Total
BlackRock Liquidity FedFund	\$ 49,003,950	\$ -	\$ -	\$ 49,003,950

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

NOTE 4. EQUIPMENT

Equipment of the Fund consists of the following at September 30:

	2024	2023
Furniture and equipment	\$ 23,154	\$ 23,154
Less accumulated depreciation	23,079	22,779
	\$ 75	\$ 375

Depreciation expense for the year ending September 30, 2024 was \$300.

GEORGIA STEVEDORE ASSOCIATION –
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION
LOCAL CONTAINER ROYALTY FUND
FOR SUPPLEMENTAL VACATION BENEFITS
NOTES TO FINANCIAL STATEMENTS
September 30, 2024 and 2023

NOTE 5. SUPPLEMENTAL VACATION BENEFITS

Supplemental vacation benefits are calculated based on assets of the Fund net of certain administrative expenses and payroll taxes.

Benefits are paid to longshoremen based on their credited years of service (See Note 1). Gross supplemental vacation benefits paid to individual longshoremen, by category, related to the year ended September 30, 2024 are as follows:

<u>Category</u>	<u>December 2024 Payout</u>	<u>January 2025 Payout</u>	<u>March 2025 Payout</u>
A	\$ 4,297	\$ 1,781	\$ 329
B	8,595	3,563	658
C	12,892	5,344	986
D	17,190	7,126	1,315
E	21,487	8,907	1,644

In 2024 and 2023, the Fund accrued vacation benefits and related payroll taxes for approximately 2,300 and 2,200 individual longshoremen approximating \$54,900,000 and \$49,900,000 from the net assets available for benefits as of September 30, 2024 and 2023, respectively. These amounts are reported as liabilities as of September 30, 2024 and 2023 in the accompanying financial statements.

Effective October 1, 2020, the Fund allowed eligible participants the option to contribute a portion of their December 2020 supplemental vacation benefits into the newly established USMX-ILA Money Purchase Fund and Savings Plan (MPP). These deferrals have pre and post-tax options and are subject to IRS limitations. Eligible participants were notified of this deferral option, however they were not required to exercise this option. Supplemental vacation benefits that were deferred into the MPP that relate to the September 30, 2024 and 2023 payouts approximated \$64,500 and \$61,800, respectively.

NOTE 6. INCOME TAX STATUS

The Fund received a favorable letter of determination dated March 1990, stating that the Fund qualifies under Section 501(c)(9) of the Internal Revenue Code (IRC) and the Fund and related trust are not subject to tax under present federal income tax laws. The Fund has been amended and restated since receiving the determination letter. The Fund manager and the Fund's tax counsel believe that the Fund is designed and is currently being operated in compliance with the applicable requirements of the IRC.

FASB ASC requires management to annually evaluate the Fund's tax positions, including accounting and measurement of uncertain tax positions. For the years ended September 30, 2024 and 2023, management concluded that no uncertain tax positions have been taken that would require adjustment to or disclosure in the financial statements. With few exceptions, the Fund is no longer subject to income tax examinations by federal, state, or local tax authorities for years before 2020.

NOTE 7. FUND TERMINATION

Under certain conditions the Fund may be terminated. Upon termination, the assets then remaining shall be subject to the applicable provisions of the Fund then in effect and shall be used until exhausted to pay benefits to participants in the order of their entitlement.

GEORGIA STEVEDORE ASSOCIATION –
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION
LOCAL CONTAINER ROYALTY FUND
FOR SUPPLEMENTAL VACATION BENEFITS
NOTES TO FINANCIAL STATEMENTS
September 30, 2024 and 2023

NOTE 8. PARTY-IN-INTEREST TRANSACTIONS

The Fund has invested in the BlackRock Liquidity FedFund through Truist Bank, the broker of these investments as of September 30, 2024 and 2023. This investment qualifies as a party-in-interest transaction.

The GSA-ILA Manager's Fund (Manager's Fund) is a service organization for the Pension Plan and the Welfare Plan, as well as for the Fund. The Manager's Fund expenses are approved by the Board, which also determines the amount to be contributed by each of the Plans. In fiscal year 2024, the contribution rates for the Welfare Plan, the Pension Plan, and the Fund were 68%, 25%, and 7%, respectively, towards the budget. In fiscal year 2023, the contribution rates for the Welfare Plan, the Pension Plan, and the Fund were 66%, 25%, and 9%, respectively, towards the budget. Amounts contributed towards the budget included in the accompanying statement of changes in net assets available for benefits totaled \$199,499 for the year ended September 30, 2024. As of September 30, 2024 and 2023, the Fund was due \$121,925 and \$123,316, respectively, from the Manager's Fund.

NOTE 9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The assets and liabilities of the Manager's Fund have been included on the Form 5500 for the Fund.

The following is a reconciliation of noninterest-bearing cash per the financial statements as of September 30, to the Form 5500:

	<u>2024</u>	<u>2023</u>
Noninterest-bearing cash per the financial statements	\$ 6,748,686	\$ 5,273,341
Manager's Fund noninterest-bearing cash	<u>786,103</u>	<u>545,486</u>
Noninterest-bearing cash per the Form 5500	<u>\$ 7,534,789</u>	<u>\$ 5,818,827</u>

The following is a reconciliation of other general assets per the financial statements as of September 30, to the Form 5500:

	<u>2024</u>	<u>2023</u>
Prepaid expenses per the financial statements	\$ -	\$ 22,131
Manager's Fund prepaid expenses	42,147	190,961
Manager's Fund right-of-use asset	<u>722,134</u>	<u>875,647</u>
Other general assets per the Form 5500	<u>\$ 764,281</u>	<u>\$ 1,088,739</u>

The following is a reconciliation of buildings and other property per the financial statements as of September 30, to the Form 5500:

	<u>2024</u>	<u>2023</u>
Equipment, net per the financial statements	\$ 75	\$ 375
Manager's Fund equipment, net	<u>109,879</u>	<u>197,980</u>
Buildings and other property per the Form 5500	<u>\$ 109,954</u>	<u>\$ 198,355</u>

GEORGIA STEVEDORE ASSOCIATION –
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION
LOCAL CONTAINER ROYALTY FUND
FOR SUPPLEMENTAL VACATION BENEFITS
NOTES TO FINANCIAL STATEMENTS
September 30, 2024 and 2023

NOTE 9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500, continued

The following is a reconciliation of total assets per the financial statements as of September 30, to the Form 5500:

	2024	2023
Total assets per financial statements	\$ 67,164,532	\$ 60,562,655
Manager's Fund noninterest-bearing cash	786,103	545,486
Manager's Fund prepaid expenses	42,147	190,961
Manager's Fund right-of-use asset	722,134	875,647
Manager's Fund equipment, net	109,879	197,980
Other receivables per the Form 5500	\$ 68,824,795	\$ 62,372,729

The following is a reconciliation of operating payables per the financial statements as of September 30, to the Form 5500:

	2024	2023
Other liabilities per the financial statements	\$ 12,236,901	\$ 9,720,260
Manager's Fund other liabilities	933,759	929,947
Operating payables per the Form 5500	\$ 13,170,660	\$ 10,650,207

The following is a reconciliation of total liabilities per the financial statements as of September 30, to the Form 5500:

	2024	2023
Liabilities per the financial statements	\$ 67,129,877	\$ 59,630,503
Manager's Fund operating payable	933,759	929,947
Manager's Fund lease liability	726,504	880,127
Operating payables per the Form 5500	\$ 68,790,140	\$ 61,440,577

NOTE 10. SUBSEQUENT EVENTS

Subsequent to year end, on March 11, 2025 a Memorandum of Settlement, a new Agreement and a new Master Contract were executed between the USMX and the ILA. The effective date of the Memorandum of Settlement, the new Agreement and the new Master Contract is from October 1, 2024 through September 30, 2030. Certain provisions of the Fund were impacted from the execution of these documents.

SUPPLEMENTARY SCHEDULES

GEORGIA STEVEDORE ASSOCIATION -
 INTERNATIONAL LONGSHOREMEN'S ASSOCIATION
 LOCAL CONTAINER ROYALTY FUND
 FOR SUPPLEMENTAL VACATION BENEFITS
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 September 30, 2024
 EIN: 58-1847647 PN: 503

(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
*	Truist Bank	BlackRock Liquidity FedFund	\$ 53,295,543	\$ 53,295,543

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

GEORGIA STEVEDORE ASSOCIATION - INTERNATIONAL LONGSHOREMEN'S ASSOCIATION
 LOCAL CONTAINER ROYALTY FUND FOR SUPPLEMENTAL VACATION BENEFITS
 SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
 September 30, 2024
 EIN: 58-1847647 PN: 503

(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) Transfer	(g) Expense incurred with transaction	(h) Cost of asset	(i) Current value of asset on transaction date	(j) Net gain or (loss)
*	Truist Bank	BlackRock Liquidity FedFund	\$ 62,000,000	\$ -	\$ -	\$ -	\$ 62,000,000	\$ -	\$ -
*	Truist Bank	BlackRock Liquidity FedFund	\$ -	\$ 59,221,706	\$ -	\$ -	\$ 59,221,706	\$ 59,221,706	\$ -

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

GEORGIA STEVEDORE ASSOCIATION -
 INTERNATIONAL LONGSHOREMEN'S ASSOCIATION
 LOCAL CONTAINER ROYALTY FUND
 FOR SUPPLEMENTAL VACATION BENEFITS
 SEE INDEPENDENT AUDITOR'S REPORT
 COMBINING STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
 September 30, 2024
 EIN: 58-1847647 PN: 503

	Fund for Supplemental Vacation Benefits	Inspectors' Expense Fund	Eliminations	Total
ASSETS				
Investments, at fair value	\$ 53,295,543	\$ -	\$ -	\$ 53,295,543
Receivables				
Employers	6,971,826	-	-	6,971,826
Other	26,477	-	-	26,477
Contributions receivable from Container Royalty Central Collection Fund	15,381,652	-	-	15,381,652
Due from Manager's Fund	121,925	-	-	121,925
Total receivables	<u>22,501,880</u>	<u>-</u>	<u>-</u>	<u>22,501,880</u>
Cash	4,505,697	213,043	-	4,718,740
Designated cash	2,029,946	-	-	2,029,946
Equipment, net	-	75	-	75
	<u>6,535,643</u>	<u>213,118</u>	<u>-</u>	<u>6,748,761</u>
Total assets	<u>82,333,066</u>	<u>213,118</u>	<u>-</u>	<u>82,546,184</u>
LIABILITIES				
Accounts payable and accrued expenses	59,323	84,908	-	144,231
Benefits payable and related payroll taxes	54,892,976	-	-	54,892,976
Contributions payable to Container Royalty Central Collection Fund	27,472,322	-	-	27,472,322
Due to Welfare Plan	2,000	-	-	2,000
Total liabilities	<u>82,426,621</u>	<u>84,908</u>	<u>-</u>	<u>82,511,529</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ (93,555)</u>	<u>\$ 128,210</u>	<u>\$ -</u>	<u>\$ 34,655</u>

GEORGIA STEVEDORE ASSOCIATION -
 INTERNATIONAL LONGSHOREMEN'S ASSOCIATION
 LOCAL CONTAINER ROYALTY FUND
 FOR SUPPLEMENTAL VACATION BENEFITS
 SEE INDEPENDENT AUDITOR'S REPORT
 COMBINING STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
 Year Ended September 30, 2024
 EIN: 58-1847647 PN: 503

	Fund for Supplemental Vacation Benefits	Inspectors' Expense Fund	Eliminations	Total
ADDITIONS				
Employer contributions	\$ 65,341,219	\$ -	\$ -	\$ 65,341,219
Refund from Container Royalty Central Collection Fund	15,381,652	-	-	15,381,652
Interest income	1,708,556	-	-	1,708,556
Fund transfers	-	525,000	(525,000)	-
Total additions	<u>82,431,427</u>	<u>525,000</u>	<u>(525,000)</u>	<u>82,431,427</u>
DEDUCTIONS				
Supplemental vacation benefits	51,261,558	-	-	51,261,558
Total distributions	<u>51,261,558</u>	<u>-</u>	<u>-</u>	<u>51,261,558</u>
Administrative expenses				
Contributions to Container Royalty Central Collection Fund	27,472,322	-	-	27,472,322
Payroll taxes	3,774,222	25,358	-	3,799,580
Salaries	-	350,629	-	350,629
Manager's Fund	199,499	-	-	199,499
Professional fees	99,070	-	-	99,070
Welfare Plan contributions	-	53,360	-	53,360
Pension Plan contributions	-	32,292	-	32,292
Insurance	-	29,047	-	29,047
Conferences	-	19,412	-	19,412
Agents' fees	3,474	-	-	3,474
Miscellaneous	(15)	(2,224)	-	(2,239)
Automobile	-	5,750	-	5,750
Occupancy	-	4,800	-	4,800
Depreciation	-	300	-	300
Computer	-	70	-	70
Fund transfers	525,000	-	(525,000)	-
Total administrative expenses	<u>32,073,572</u>	<u>518,794</u>	<u>(525,000)</u>	<u>32,067,366</u>
Total deductions	<u>83,335,130</u>	<u>518,794</u>	<u>(525,000)</u>	<u>83,328,924</u>
NET DECREASE	<u>\$ (903,703)</u>	<u>\$ 6,206</u>	<u>\$ -</u>	<u>\$ (897,497)</u>

GEORGIA STEVEDORE ASSOCIATION -
 INTERNATIONAL LONGSHOREMEN'S ASSOCIATION
 LOCAL CONTAINER ROYALTY FUND
 FOR SUPPLEMENTAL VACATION BENEFITS
 SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
 September 30, 2024
 EIN: 58-1847647 PN: 503

(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
*	Truist Bank	BlackRock Liquidity FedFund	\$ 53,295,543	\$ 53,295,543

* - 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

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
 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 GEORGIA STEVEDORE ASSOCIATION INTERNATIONAL LONGSHOREMEN'S ASSOCIATION LOCAL CONTAINER ROYALTY FUND FOR SUPPLEMENTAL VACATION BENEFITS	1b Three-digit plan number (PN) ►	503
	1c Effective date of plan	04/01/1990
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) GEORGIA STEVEDORE ASSOCIATION INTERNATIONAL LONGSHO 10 MERSEY WAY SAVANNAH GA 31405	2b Employer Identification Number (EIN)	58-1847647
	2c Plan Sponsor's telephone number	912-233-0218
	2d Business code (see instructions)	488990

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	<i>Valarie F. West</i>	<u>7/10/2025</u>	VALARIE F. WEST
	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

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

Form 5500 (2023)
v. 230728

GEORGIA STEVEDORE ASSOCIATION - INTERNATIONAL LONGSHOREMEN'S ASSOCIATION
 LOCAL CONTAINER ROYALTY FUND FOR SUPPLEMENTAL VACATION BENEFITS
 SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
 September 30, 2024
 EIN: 58-1847647 PN: 503

(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) Transfer	(g) Expense incurred with transaction	(h) Cost of asset	(i) Current value of asset on transaction date	(j) Net gain or (loss)
*	Truist Bank	BlackRock Liquidity FedFund	\$ 62,000,000	\$ -	\$ -	\$ -	\$ 62,000,000	\$ -	\$ -
*	Truist Bank	BlackRock Liquidity FedFund	\$ -	\$ 59,221,706	\$ -	\$ -	\$ 59,221,706	\$ 59,221,706	\$ -

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