

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2023</div>  <b>This Form is Open to Public Inspection</b>
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**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**

<b>1a</b> Name of plan <u>GEORGIA STEVEDORE ASSOCIATION INTERNATIONAL LONGSHOREMEN'S ASSOCIATION WELFARE PLAN</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>502</u>
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GEORGIA STEVEDORE ASSN INT'L LONGSHOREMEN'S ASSN</u>  <u>10 MERSEY WAY SAVANNAH, GA 31405</u>	<b>1c</b> Effective date of plan <u>05/02/1958</u>  <b>2b</b> Employer Identification Number (EIN) <u>58-6034166</u>  <b>2c</b> Plan Sponsor's telephone number <u>912-233-0218</u>  <b>2d</b> 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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	07/14/2025	ROBERT REESE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	3427
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	2795
	<b>6a(2)</b>	2853
	<b>6b</b>	645
	<b>6c</b>	
	<b>6d</b>	3498
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	25

**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:  
4A 4B 4D 4E 4F 4Q

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" 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)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>  2  </u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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**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 \_\_\_\_\_

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2023</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

<p><b>A</b> Name of plan <b>GEORGIA STEVEDORE ASSOCIATION INTERNATIONAL LONGSHOREMEN'S ASSOCIATION WELFARE PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><b>502</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GEORGIA STEVEDORE ASSN INT'L LONGSHOREMEN'S ASSN</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>58-6034166</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**HARTFORD LIFE AND ACCIDENT**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-0838648	70815	681683G	3415	01/01/2024	12/31/2024

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

<p><b>(a)</b> Total amount of commissions paid <b>45709</b></p>	<p><b>(b)</b> Total amount of fees paid <b>0</b></p>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**THE SEGAL COMPANY EASTERN STATES 1800 M STREET NW SUITE 900 S WASHINGTON, DC 20036**

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
45709			3

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

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

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

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

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b> Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.
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<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	

**6** Contracts With Allocated Funds:

<b>a</b> State the basis of premium rates ▶		
<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year.....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	
<b>e</b> Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶		
<b>f</b> If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>		

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

<b>a</b> Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶		
<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	<b>7e(5)</b>
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	4442563
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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**

<b>A</b> Name of plan <b>GEORGIA STEVEDORE ASSOCIATION INTERNATIONAL LONGSHOREMEN'S ASSOCIATION WELFARE PLAN</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>502</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GEORGIA STEVEDORE ASSN INT'L LONGSHOREMEN'S ASSN</b>	<b>D</b> Employer Identification Number (EIN) <b>58-6034166</b>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier

**HARTFORD LIFE AND ACCIDENT**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>06-0838648</b>	<b>70815</b>	<b>ADDS09060</b>	<b>3415</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

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

<b>(a)</b> Total amount of commissions paid <b>1308</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

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

**THE SEGAL COMPANY EASTERN STATES** **1800 M STREET NW SUITE 900 S**  
**WASHINGTON, DC 20036**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>1308</b>			<b>3</b>

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

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	

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

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

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

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

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

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

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

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

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

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

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

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

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

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	
<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	
	<b>7c(2)</b>	
	<b>7c(3)</b>	
	<b>7c(4)</b>	
	<b>7c(5)</b>	
(6) Total additions .....	<b>7c(6)</b>	0
<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	
<b>e</b> Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b>	
	<b>7e(2)</b>	
	<b>7e(3)</b>	
	<b>7e(4)</b>	
	(5) Total deductions .....	<b>7e(5)</b>
<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ) .....	<b>7f</b>	

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

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

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

<b>a</b> Total premiums or subscription charges paid to carrier .....	<b>10a</b>	134592
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount .....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

<b>A</b> Name of plan <b>GEORGIA STEVEDORE ASSOCIATION INTERNATIONAL LONGSHOREMEN'S ASSOCIATION WELFARE PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>502</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GEORGIA STEVEDORE ASSN INT'L LONGSHOREMEN'S ASSN</b>	<b>D</b> Employer Identification Number (EIN) <b>58-6034166</b>	

**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>BAIRD ASSET MANAGEMENT</b>	<b>615 E. MICHIGAN ST., 3RD FLOOR MILWAKUEE, WI 53202</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>WILLIAM BLAIR</b>	<b>150 NORTH RIVERSIDE PLAZA CHICAGO, IL 60606</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>PINEBRIDGE INVESTMENTS LLC</b>	<b>65 EAST 55TH STREET NEW YORK, NY 10022</b>
<b>47-5317063</b>	

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

<b>BNY MELLON</b>	<b>201 WASHINGTON ST., 14TH FLOOR BOSTON, MA 02108</b>
<b>25-6254705</b>	

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

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

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

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

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

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

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

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**(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)

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?
15 99 38 50	AFFILIATED ADMIN FUND	1937035	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)

BIGNAULT & CARTER

130 CANAL ST. STE 401  
POOLER, GA 31322

58-1310322

(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	252500	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)

SEGAL

2727 PACES FERRY RD  
ATLANTA, GA 30339

13-2619259

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	ACTUARY AND CONSULTANT	80196	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)

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?
50 10	AUDITOR	65014	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)

BOSTON PARTNERS GLOBAL INVESTORS

ONE BEACON STREET  
BOSTON, MA 02108

98-0202744

(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?
51 52 28	INVESTMENT MANAGER	55036	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

SEGAL MARCO ADVISORS

333 W 34TH ST  
NEW YORK, NY 10001

13-2646110

(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 27	INVESTMENT CONSULTANT	51262	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 200  
SAVANNAH, GA 31405

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	46950	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)

LOOMIS SAYLES TRUST COMPANY

ONE FINANCIAL CENTER  
BOSTON, MA 02111

20-8080381

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	INVESTMENT MANAGER	12907	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)

COMERICA

411 W. LAFAYETTE AVE.  
DETROIT, MI 48226

42-1741646

(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?
72 19	CUSTODIAN	6404	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	1812	Yes <input type="checkbox"/> No <input checked="" 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.

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

<b>A</b> Name of plan <u>GEORGIA STEVEDORE ASSOCIATION INTERNATIONAL LONGSHOREMEN'S ASSOCIATION WELFARE PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>502</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GEORGIA STEVEDORE ASSN INT'L LONGSHOREMEN'S ASSN</u>	<b>D</b> Employer Identification Number (EIN) <u>58-6034166</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>NHIT INT'L DURATION FIX. INC. TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>LOOMIS SAYLES TRUST COMPANY</u>		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>20-8080381-004</u>	<u>C</u>		<u>5300502</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>BNYM MELLON CF SL STOCK INDEX FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>BNY MELLON</u>		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>25-6254705-001</u>	<u>C</u>		<u>14477477</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

<b>A</b> Name of plan <b>GEORGIA STEVEDORE ASSOCIATION INTERNATIONAL LONGSHOREMEN'S ASSOCIATION WELFARE PLAN</b>	<b>B</b> Three-digit plan number (PN)	<b>502</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GEORGIA STEVEDORE ASSN INT'L LONGSHOREMEN'S ASSN</b>	<b>D</b> Employer Identification Number (EIN) <b>58-6034166</b>	

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	2404994	6743566
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	1175596	655760
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	4731905	5779907
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	275464	329974
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	7516483	8716978
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	16964985	19777979
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	12212104	13910754
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	6148318	6020733

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	1d(1)		
(2) Employer real property .....	1d(2)		
e Buildings and other property used in plan operation .....	1e		
f Total assets (add all amounts in lines 1a through 1e) .....	1f	51429849	61935651
<b>Liabilities</b>			
g Benefit claims payable .....	1g	584800	521100
h Operating payables .....	1h	216596	612304
i Acquisition indebtedness .....	1i		
j Other liabilities .....	1j	4662939	5604723
k Total liabilities (add all amounts in lines 1g through 1j) .....	1k	5464335	6738127
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f) .....	1l	45965514	55197524

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers .....	2a(1)(A)	43903946	
(B) Participants .....	2a(1)(B)		
(C) Others (including rollovers) .....	2a(1)(C)	4000616	
(2) Noncash contributions .....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2) .....	2a(3)		47904562
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit) .....	2b(1)(A)	53724	
(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)	142218	
(C) Registered investment company shares (e.g. mutual funds) .....	2b(2)(C)	557151	
(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)	15425585	
(B) Aggregate carrying amount (see instructions) .....	2b(4)(B)	14642777	
(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)	885655	
(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.....	<b>2b(6)</b>		2812994
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		1365874
<b>c</b> Other income .....	<b>2c</b>		1410326
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		55915312

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	3996101	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>	32876343	
(3) Other.....	<b>2e(3)</b>	7265727	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		44138171
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>		
(3) Recordkeeping fees.....	<b>2i(3)</b>	46950	
(4) IQPA audit fees.....	<b>2i(4)</b>	65014	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	156915	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	6404	
(7) Actuarial fees .....	<b>2i(7)</b>	80196	
(8) Legal fees .....	<b>2i(8)</b>	252500	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	1937152	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		2545131
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		46683302

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		9232010
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: 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
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		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.)

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

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

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



Georgia Stevedore Association -  
International Longshoremen's Association  
Welfare Plan

Financial Statements and  
Supplementary Information

September 30, 2024 and 2023

[www.symphona.us](http://www.symphona.us)

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## INDEPENDENT AUDITOR'S REPORT

To the Joint Board of Trustees of the  
Georgia Stevedore Association – International Longshoremen's Association Welfare Plan  
Savannah, Georgia

### **Opinion**

We have audited the financial statements of Georgia Stevedore Association – International Longshoremen's Association Welfare Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of September 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, the statements of plan benefit obligations as of September 30, 2024 and 2023, and statements of changes in plan benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of September 30, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, plan benefit obligations as of September 30, 2024 and 2023, and changes in plan benefit obligations for the years then ended, 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 about 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.

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

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.

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 about the Plan's ability to continue as a going concern for a reasonable period of time.

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

**Supplemental Schedule Required by ERISA**

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The Supplemental I: Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Supplemental Schedule II: Schedule H, Line 4j, 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 are 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 are 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.



Savannah, Georgia  
July 10, 2025

GEORGIA STEVEDORE ASSOCIATION -  
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION  
WELFARE PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
September 30,

	2024	2023
<b>ASSETS</b>		
Investments, at fair value		
Common stock	\$ 7,363,345	\$ 6,482,778
Mutual funds	13,910,754	12,212,104
Foreign common stock	1,353,633	1,033,705
Commingled/collective and other investments	26,128,686	23,402,382
Written options	-	(13,615)
Total investments	48,756,418	43,117,354
Receivables		
Due from Container Carriers Escrow Fund	4,000,616	4,000,616
Settlements receivable	1,250,494	-
Employers' contributions	655,760	1,175,596
Due from Manager's Fund	519,571	532,128
Due from Pension Plan	-	192,355
Due from FSVB	2,000	-
Accrued interest and dividends	7,226	6,806
Total receivables	6,435,667	5,907,501
Cash	6,743,566	2,404,994
Total assets	61,935,651	51,429,849
<b>LIABILITIES</b>		
Due to South Atlantic ILA/District Escrow Fund	2,535,355	2,435,265
Due to Management International Longshoremen's Association Health Care Trust Fund	2,705,534	2,227,674
Due to Pension Plan	363,834	-
Accounts payable and accrued expenses	612,304	216,596
Total liabilities	6,217,027	4,879,535
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b>\$ 55,718,624</b>	<b>\$ 46,550,314</b>

GEORGIA STEVEDORE ASSOCIATION -  
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION  
WELFARE PLAN  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
Years Ended September 30,

	2024	2023
<b>ADDITIONS</b>		
Investment income		
Net appreciation		
in fair value of investments	\$ 5,847,331	\$ 3,401,703
Dividends	699,369	725,010
Other income	1,410,326	162,740
Interest, net of expenses and fees	53,724	14,593
	8,010,750	4,304,046
Less investment expenses	(112,057)	(95,440)
Net investment income	7,898,693	4,208,606
 Contributions		
Employers	43,903,946	40,992,432
Excess cap contribution	4,000,616	4,000,616
	47,904,562	44,993,048
 Total additions	 55,803,255	 49,201,654
 <b>DEDUCTIONS</b>		
Benefits paid directly to participants, beneficiaries, and providers		
Self-insured health and welfare	4,059,801	4,776,541
Medicare supplemental benefits	1,524,797	1,443,533
	5,584,598	6,220,074
Benefits paid on behalf of participants		
Fully-insured health and welfare - MILA	26,730,795	24,893,559
Fully-insured health and welfare - Other	4,620,751	4,139,350
	31,351,546	29,032,909
 District Escrow Fund portion of excess cap contribution	 2,000,308	 2,000,308
 District Escrow Fund assessment	 5,265,419	 4,967,134
Administrative expenses	2,433,074	2,154,216
	7,698,493	7,121,350
 Total deductions	 46,634,945	 44,374,641
 NET INCREASE	 9,168,310	 4,827,013
 <b>NET ASSETS AVAILABLE FOR BENEFITS</b>		
Beginning of year	46,550,314	41,723,301
End of year	\$ 55,718,624	\$ 46,550,314

GEORGIA STEVEDORE ASSOCIATION -  
 INTERNATIONAL LONGSHOREMEN'S ASSOCIATION  
 WELFARE PLAN  
 STATEMENTS OF PLAN BENEFIT OBLIGATIONS  
 September 30,

	2024	2023
Amounts currently payable		
Claims incurred but not reported	\$ 521,100	\$ 584,800
Postemployment benefit obligations		
Accumulated eligibility credits	11,230,500	11,851,200
Postretirement benefit obligations, net of amounts currently payable		
Current retirees	74,529,902	53,897,756
Other participants fully eligible for benefits	93,787,070	65,691,108
Other participants not yet fully eligible for benefits	93,398,673	46,167,676
Total postretirement benefit obligations, net	261,715,645	165,756,540
 Total plan benefit obligations	 \$ 273,467,245	 \$ 178,192,540

GEORGIA STEVEDORE ASSOCIATION -  
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION  
WELFARE PLAN  
STATEMENTS OF CHANGES IN PLAN BENEFIT OBLIGATIONS  
Years Ended September 30,

	<u>2024</u>	<u>2023</u>
Amounts currently payable		
Balance at beginning of year - Claims IBNR	\$ 584,800	\$ 523,200
Net changes during the year	<u>(63,700)</u>	<u>61,600</u>
Balance at end of year - Claims IBNR	<u>521,100</u>	<u>584,800</u>
Postemployment benefit obligations		
Balance at beginning of year - Accumulated Eligibility Credits	11,851,200	11,260,300
Net changes during the year	<u>(620,700)</u>	<u>590,900</u>
Balance at end of year - Accumulated Eligibility Credits	<u>11,230,500</u>	<u>11,851,200</u>
Postretirement benefit obligations, net of amounts currently payable		
Balance at beginning of year	165,756,540	166,331,872
Increase during the year attributable to		
Service costs	5,504,148	6,578,580
Expected benefits paid	(5,047,735)	(4,717,389)
Interest	9,957,607	9,382,083
Plan amendment	-	-
Actuarial experience loss (gain)	1,201,012	-
Change in actuarial assumptions and other actuarial gains	<u>84,344,073</u>	<u>(11,818,606)</u>
Balance at end of year	<u>261,715,645</u>	<u>165,756,540</u>
Total plan benefit obligations at end of year	<u>\$ 273,467,245</u>	<u>\$ 178,192,540</u>

GEORGIA STEVEDORE ASSOCIATION –  
INTERNATIONAL LONGSHOREMEN’S ASSOCIATION  
WELFARE PLAN  
NOTES TO FINANCIAL STATEMENTS  
September 30, 2024 and 2023

**NOTE 1. DESCRIPTION OF THE PLAN**

The following description of the Georgia Stevedore Association – International Longshoremen’s Association (GSA-ILA) Welfare Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan’s provisions. A summary description of the Plan is provided to each participant in the form of a benefits booklet.

General

The Plan is an employee benefit plan for members of Local Union Nos. 1414, 1475, and 2046 located in Savannah, Georgia, and Local Union Nos. 1423 and 1863 located in Brunswick, Georgia, of the International Longshoremen’s Association and others to whom the Joint Board of Trustees of the GSA-ILA Welfare Plan (the Board) has extended coverage. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Benefits

The Plan provides participants with group life and health and accidental death and dismemberment benefits which include weekly disability, vision, hearing, and dental insurance. In addition, the Plan reimburses covered participants and spouses for the Part B Medicare premium that is deductible from their social security checks.

Comprehensive medical, mental health, and prescription drug coverages are provided by Management International Longshoremen’s Association Health Care Trust Fund (MILA). MILA is a national health care plan designed to provide the above listed benefits to all eligible employees, retirees, and their qualified dependents represented by the International Longshoremen’s Association, AFL-CIO, and other employees of certain non-bargaining units as recognized by the Board.

To be eligible for benefits, a longshoreman must earn at least 700 credited hours during a union contract year. Credited hours are defined as hours worked for a contributing employer and hours received through workers compensation. Coverage for benefits generally begins January 1 following the end of the fiscal year in which a participant becomes eligible. Additionally, the Plan extends coverage to individuals retired under the GSA-ILA Pension Plan and their dependents. The benefits are supplemental to Medicare benefits.

Contributions and Funding Policy

The Plan and the GSA-ILA Pension Plan (the Plans) are funded under the USMX-ILA Master Contract (the Agreement) dated October 1, 2018. The Agreement spanned the six-year period ending September 30, 2024. The participating employers make contributions into a fund for pension and welfare benefits based upon participant hours worked and type of cargo handled. The Board allocates the contributions to fund the Plans in accordance with the Plans’ documents, each of which requires a funding policy consistent with the minimum funding standards of ERISA and which is adequate to meet the estimated obligations of the Plans. See Note 13. Subsequent Events.

For the years ended September 30, 2024 and 2023, total hours worked by the Plan participants were approximately 5,300,000 and 5,000,000, respectively. Contributions per hour by type of cargo, including contributions per hour allocated to the Plan for the years ending September 30, 2024 and 2023, were as follows:

	September 30, 2024		September 30, 2023	
	Total	Allocated to the Plan	Total	Allocated to the Plan
Contributions per hour				
Break-bulk hours	\$ 11.70	\$ 6.45	\$ 11.70	\$ 6.45
Container hours	15.15	8.25	15.15	8.25
Lash hours	6.61	5.00	6.61	5.00
Car carrier hours	13.50	8.25	13.50	8.25
Private terminals	6.35	5.00	6.35	5.00
Dock and deck	15.15	8.25	15.15	8.25

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**NOTE 1. DESCRIPTION OF THE PLAN, continued**

Administration

The Plan is administered by 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 financial statements of the Plan have been prepared using 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 requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations, and changes therein, claims incurred but not reported, eligibility credits, claims payable, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Reclassification and Presentation

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

Valuation of Investments

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 4 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 Plan's gains and losses on investments bought and sold as well as held during the year.

Special Valuation Policies and Risks

Foreign denominated assets, if any, held by the Plan, may involve risks not typically associated with domestic transactions including, but not limited to, unanticipated movements in exchange rates, the degree of government supervision and regulation of security markets and the possibility of economic instability.

Certain securities held by the Plan may be valued on the basis of a price provided by a single market maker. The prices provided by the principal market makers may differ from the value that would be realized if the securities were sold.

Illiquid Securities

At times, the Plan may hold illiquid securities that it may not be able to sell at their current fair value price. Although it is expected that the fair value represents the current realizable value on disposition of such securities, there is no guarantee that the Plan will be able to do so. In addition, the Plan may incur certain costs related to the disposition of such securities.

Income Recognition

Employer contributions are recognized on the accrual basis.

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**NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, continued**

Written Options

When the Plan writes an option, an amount equal to any premium received by the Plan is recorded as a liability and is subsequently adjusted to the current market value of the option written. Premiums received from writing options that expire unexercised are treated as realized gains. The difference between the premium and the amount paid on effecting a closing purchase transaction is also treated as a realized gain. If the premium is less than the amount paid for the closing purchase transaction, a realized loss is recorded. If a call option is exercised, the premium is added to the proceeds from the sale of the underlying security (or financial instrument) in determining whether the Plan has a realized gain or loss. If a put option is exercised, the Plan purchases the security (or financial instrument), the cost of the security is reduced by the premium originally received, and no gain or loss is recognized. The Plan as writer of an option bears the market risk of an unfavorable change in the price of the security underlying the written option.

Postretirement Benefits

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to employee service previously rendered. Postretirement benefits include future benefits expected to be paid to or for (1) currently retired or terminated employees and (2) active employees after retirement from service with the participating employers. Prior to an active employee’s full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee’s service rendered to the valuation date. The actuarial present value of the expected postretirement benefit obligation is determined by The Segal Company (Actuary), and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The following are other significant assumptions used in the valuations as of September 30, 2024 and 2023:

(a) Weighted-average discount 5.10% and 5.90% in 2024 and 2023, respectively.

(b) Retirement rates

<u>2024 and 2023</u>	
Age 57 - Age 60	3.00%
Age 61 - Age 64	5.00%
Age 65 - Age 67	10.00%
Age 68 - Age 70	15.00%
Age 71	100.00%

(c) Mortality

- i. Healthy postretirement (preretirement) Pri-2012 Blue Collar Headcount-Weighted Healthy Annuitant (Employee) Mortality Table with sex-distinct rates, projected generationally with Scale MP2020 (2024 and 2023).
- ii. Disabled Pri-2012 Disabled Retiree Headcount-Weighted Mortality table with sex-distinct rates, projected generationally with Scale MP2020 (2024 and 2023).

(d) Turnover rates

	<u>Withdrawal</u>	<u>Disability</u>
Age 20	4.63%	0.09%
Age 30	3.13%	0.19%
Age 40	1.88%	0.36%
Age 50	0.63%	0.73%

*Withdrawal rates cut off at age 55; disability stops at age 65.*

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**NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES, continued**

Postretirement Benefits, continued

- (e) Trend Rates                      A trend rate of 3.0% (same in 2023) is applied to the schedule of dental benefits.
- B.
- A trend rate of 3.0% (same in 2023) is applied to the schedule of benefits for vision and hearing.

If the assumed trend increased by one percentage point, the estimated obligation at September 30, 2024 and 2023, would increase by approximately \$53,763,193 and \$26,690,125, respectively.

Other assumptions changes not previously disclosed since the 2023 valuation include: 1) per capita healthcare costs were recalculated using recent experience, and 2) the disability approval rate was lowered from 70% to 50%.

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 13. Subsequent Events.

**NOTE 3. INVESTMENTS**

The Board has established a formal investment policy that includes selecting a professional investment advisor to monitor investments, diversify the investment portfolio and make both short-term and long-term investments to help realize a consistent return.

The following table summarizes, by principal type of investment, net appreciation (depreciation) on investments (based upon fair value at the beginning of the year or current year cost, if not held at the beginning of the year) for the years ended September 30:

	2024	2023
Net appreciation on investments		
Common stock	\$ 1,271,207	\$ 867,323
Commingled/collective and other investments	2,900,679	2,141,984
Mutual funds	1,365,874	212,398
Foreign common stock	295,956	169,239
Written options	13,615	10,759
	\$ 5,847,331	\$ 3,401,703

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**NOTE 4. FAIR VALUE MEASUREMENTS**

The FASB Accounting Standards Codification (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 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’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.

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, 2024 and 2023.

*Common stock and foreign common stock:* Valued at the closing price reported in the active market in which the individual security is traded.

*Commingled/collective and other investments:* This aggregated category includes commingled/collective investment funds, closely held securities, and a property income separate account all of which are valued at net asset value of the shares or units held by the Plan at year end. Since the net asset value of these securities serve as the practical expedient, these securities are reported at the net asset value and are not included in the fair value hierarchy. This aggregated category also includes a money market fund, which is valued at the net asset value in the active market in which the fund is actively held and traded and is reported as a level 1 security in the fair value hierarchy.

*Mutual funds:* Valued at the daily closing price as reported by the fund. These funds are required to publish their daily net asset values and are required to transact at that price. These funds are deemed to be publicly traded.

*Written options:* Valued at the closing price reported in the active market in which the individual option could be called.

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 Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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**NOTE 4. FAIR VALUE MEASUREMENTS, continued**

The following tables set forth by level, within the fair value hierarchy, the Plan’s assets at fair value at September 30:

Fair Value Measurements as of September 30, 2024				
	Level 1	Level 2	Level 3	Total
Common stock	\$ 7,363,345	\$ -	\$ -	\$ 7,363,345
Foreign common stock	1,353,633	-	-	1,353,633
Mutual funds	13,910,754	-	-	13,910,754
Commingled/collective and other investments (money market fund)	329,974	-	-	329,974
Total assets in the fair value heirarchy	\$ 22,957,706	\$ -	\$ -	22,957,706
Investments at NAV				25,798,712
Investments at fair value				\$ 48,756,418

Fair Value Measurements as of September 30, 2023				
	Level 1	Level 2	Level 3	Total
Common stock	\$ 6,482,778	\$ -	\$ -	\$ 6,482,778
Foreign common stock	1,033,705	-	-	1,033,705
Mutual funds	12,212,104	-	-	12,212,104
Written options	(13,615)	-	-	(13,615)
Commingled/collective and other investments (money market fund)	275,464	-	-	275,464
Total assets in the fair value heirarchy	\$ 19,990,436	\$ -	\$ -	19,990,436
Investments at NAV				23,126,918
Investments at fair value				\$ 43,117,354

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.

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**NOTE 4. FAIR VALUE MEASUREMENTS, continued**

The following table sets forth additional disclosures of the Plan’s NAV investments whose fair value is estimated used net asset value (“NAV”) per share (or its equivalent) as of September 30:

Investment	Investment Strategy/ Type	Fair Value Estimated Using Net Asset Value Per Share		Unfunded Commitment	Redemption Frequency	Redemption Notice Period
		2024	2023			
Commingled/collective and other investment						
BNYM Mellon	Equity Large - Collective					
CF SL Stock Index (a)	Investment Fund	\$ 14,477,477	\$ 12,153,604	\$ -	Daily	*
NHIT Intermediate Duration Fixed Income Trust (b)	Debt - Collective Investment Fund	5,300,502	4,811,381	-	Daily	*
Pinebridge Senior Secured Loan						
US Fund (c)	Closely Equity Security	2,100,000	2,100,000	-	Monthly	*
UBS Global Asset Management (d)	Real Estate - Property Income Separate Account	3,920,733	4,061,933	-	Quarterly	*
Total		<u>\$ 25,798,712</u>	<u>\$ 23,126,918</u>	<u>\$ -</u>		

\* Subject to general partner's discretion and can vary.

(a) The objective of this fund is to track the performance of the S&P 500® Index (the “Index”). The Fund is constructed to mirror the Index to provide long-term capital growth. In meeting the objective, the Fund will seek to match the performance of the Index by investing in a portfolio of small and mid-capitalization equity securities. Financial futures may be used to obtain exposure, to provide liquidity for cash flows, to hedge dividend accruals or for other purposes that facilitate meeting the Fund’s objective.

(b) The objective of this fund is to outperform the Bloomberg US Intermediate Government/Credit Bond Index while maintaining a benchmark-aware risk return objective. Individual investment ideas are evaluated on the basis of their investment return potential and contribution to portfolio risk. Top-down macro-analysis is combined with bottom-up security selection that drives the portfolio construction.

(c) The objective of this fund is to provide senior secured loans to U.S.-based lower-middle-market sponsor-backed companies seeking capital for growth, acquisitions, leveraged buyouts, and recapitalizations. The floating rate investment strategy provides strong risk-adjusted returns throughout economic cycles + “illiquidity premium” compared to broadly syndicated loans. Loans are secured by collateral, have seniority in the capital structure, and feature traditional covenant protections

(d) The objective of this fund is to provide broad exposure to US commercial and multifamily real estate markets at competitive risk-adjusted returns over any three- to five-year period. Core and value-added strategies utilizing a range of investment structures, including wholly owned properties, joint ventures and participating mortgages, are utilized based on the real estate portfolio diversification. This fund utilizes capabilities on a global, regional and country basis and through open- and closed-end private funds, REITs, customized investment structures, multi-manager funds, individually managed accounts and real estate securities.

**NOTE 5. ESTIMATED CLAIMS PAYABLE DUE TO ELIGIBILITY**

The estimated claims payable due to eligibility of approximately \$11.8 million and \$12.4 million at September 30, 2024 and 2023, respectively, is the estimated liability for coverage of eligible employees and dependents through the year. The claim obligation is estimated by the Actuary, using current experience ratings and estimates of inflation.

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**NOTE 6. INCOME TAX STATUS**

The Internal Revenue Service has ruled that the trust established under the Plan to hold the Plan's assets meets the requirements of Section 501(c)(9) of the Internal Revenue Code and, therefore, the Plan's net investment income is exempt from income taxes. The Plan's Board believes that the Plan continues to operate as designed and qualifies as tax exempt.

FASB ASC requires management to annually evaluate the Plan'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 Plan is no longer subject to income tax examinations by federal, state, or local tax authorities for years before 2020.

**NOTE 7. PLAN TERMINATION**

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

**NOTE 8. PARTY-IN-INTEREST TRANSACTIONS**

The Plan has certain investments offered by custodians, banks and asset managers, some of which qualify as party-in-interest transactions, these investments are identified on the attached supplementary information Schedule I. These transactions qualify as party-in-interest transactions which are exempt from the prohibited transaction rules.

The GSA-ILA Manager's Fund (Manager's Fund) is a service organization for the Plan, GSA-ILA Pension Plan (Pension Plan), and the Fund for Supplemental Vacation Benefits (FSVB). 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 years 2024 and 2023, the contribution rates for the Plan, Pension Plan, and FSVB were 68%, 25%, 7%, and 66%, 25%, and 9%, respectively, towards the budget. Amounts contributed towards the budget included in the accompanying statements of changes in net assets available for benefits were \$1,937,035 and \$1,751,814 for the years ended September 30, 2024 and 2023, respectively. The Plan has amounts due from the Manager's Fund as of September 30, 2024 and 2023, totaling \$519,571 and \$532,128, respectively.

The Plan owed the Pension Plan \$363,834 as of September 30, 2024. The Pension Plan owed the Plan \$192,355 as of September 30, 2023. As of September 30, 2024 and 2023, the Fund for Supplemental Vacation Benefits (FSVB) owed the Plan \$2,000 and \$0, respectively.

**NOTE 9. HEALTH AND WELFARE BENEFITS**

Payments for accidental death and dismemberment and life insurance coverage are included in health and welfare benefits expense. Total premiums paid for life insurance totaled approximately \$4,620,751 and \$4,139,350 for the years ended September 30, 2024 and 2023, respectively.

The Plan has certain participants under the Consolidated Omnibus Budget Reconciliation Act (COBRA or the Act). No payments were received by the Plan under this Act for the years ended September 30, 2024 and 2023. When received, these payments are recorded as a reduction of administrative expenses.

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**NOTE 10. CONCENTRATION OF CREDIT RISK**

The Plan maintains cash balances at one bank. At September 30, 2024 and 2023, the book amount of the Plan’s deposits was \$6,743,566 and \$2,404,994, respectively, and the bank balances totaled \$5,519,340 and \$1,379,619, respectively. 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, cash deposits exceeded the insurance limits of the FDIC by \$2,243,870. At September 30, 2023, cash deposits exceeded the insurance limits of the FDIC by \$1,129,619.

**NOTE 11. RISKS AND UNCERTAINTIES**

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

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

**NOTE 12. FORM 5500 RECONCILIATIONS**

For financial statement purposes, claims incurred but not reported are presented on the Statement of Plan’s Benefit Obligations. This differs from the reporting requirements of the Department of Labor which requires that these liabilities be shown on the Statement of Net Assets Available for Benefits.

The following is a reconciliation of the net assets available for benefits reported on the financial statements to the net assets available for benefits reported on Form 5500 for the years ended September 30:

	2024	2023
Net assets available for benefits per the financial statements	\$ 55,718,624	\$ 46,550,314
Less: claims incurred but not reported	521,100	584,800
Net assets available for benefits as reported on Form 5500	\$ 55,197,524	\$ 45,965,514

The net increase in net assets available for benefits is also affected by the difference in the reporting requirements related to benefit obligations, the difference is \$63,700 per the financial statements compared to the Form 5500. For financial statement purposes, the change in benefit liabilities is shown on the Statement of Changes in Plan Benefit Obligations. For Form 5500 purposes, this change is included in benefits paid.

**NOTE 13. SUBSEQUENT EVENTS**

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

Subsequent to year end, the Board of Trustees voted to reallocate \$0.25 per hour from the Welfare Plan to the Pension Plan. The effective date of the revised allocation is October 1, 2024.

SUPPLEMENTARY SCHEDULES

GEORGIA STEVEDORE ASSOCIATION -  
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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
September 30, 2024  
EIN: 58-6034166 PN: 502

(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
	Abbvie, Inc.	Common Stock	\$ 95,460	\$ 178,719
	Acuity Brands, Inc.	Common Stock	46,441	72,703
	Advance Drainage Systems, Inc.	Common Stock	19,651	28,603
	Allison Transmission Holdings, Inc.	Common Stock	25,527	62,542
	Allstate Corporation	Common Stock	23,683	55,757
	Alphabet Inc. CI A	Common Stock	138,024	219,917
	American International Group, Inc.	Common Stock	89,576	134,963
	Ametek, Inc.	Common Stock	17,492	46,190
	Amgen, Inc.	Common Stock	78,091	109,229
	AMN Healthcare Services, Inc.	Common Stock	73,943	47,858
	Analog Devices, Inc.	Common Stock	62,848	99,894
	Applied Mats, Inc.	Common Stock	28,730	54,149
	Arrow Electronics, Inc.	Common Stock	30,518	54,726
	Autozone, Inc.	Common Stock	30,868	81,901
	Avantor, Inc.	Common Stock	50,054	75,411
	Bank of America Corporation	Common Stock	71,532	143,840
	Beacon Roofing Supply, Inc.	Common Stock	76,297	71,132
	Booking Holdings, Inc.	Common Stock	61,556	134,788
	Bristol Meyers Squibb Co.	Common Stock	193,719	143,320
	CDW Corporation	Common Stock	35,880	45,713
	Cencora, Inc.	Common Stock	35,623	83,955
	Centene Corporation	Common Stock	50,718	74,301
	Chord Energy Corporation	Common Stock	32,272	45,581
	Cisco Systems, Inc.	Common Stock	75,115	103,140
	Citigroup, Inc.	Common Stock	64,322	85,512
	Cognizant Technology Solutions	Common Stock	75,699	89,066
	Conocophillips	Common Stock	16,389	36,111
	Corpay, Inc.	Common Stock	135,794	174,520
	Corteva, Inc.	Common Stock	22,879	50,442
	Curtiss Wright Corp.	Common Stock	18,091	55,877
	Dell Technologies, Inc.	Common Stock	68,010	85,349
	Discover Financial Services	Common Stock	44,768	84,455
	Electronic Arts	Common Stock	9,986	14,918

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

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SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
September 30, 2024  
EIN: 58-6034166 PN: 502

(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
	Elevance Health, Inc.	Common Stock	\$ 57,116	\$ 120,640
	EnerSys	Common Stock	16,055	22,451
	Equifax Inc.	Common Stock	40,927	53,483
	Expeditors International	Common Stock	60,182	85,016
	Exxon Mobil Corporation	Common Stock	15,164	41,730
	Fidelity National Information Services	Common Stock	71,657	59,714
	First American Financial Corporation	Common Stock	62,830	70,301
	FMC Corporation	Common Stock	48,075	41,344
	Gen Digital, Inc.	Common Stock	20,601	21,642
	Global Payments, Inc.	Common Stock	89,329	65,856
	Goldman Sachs Group, Inc.	Common Stock	47,113	118,826
	Halliburton Company	Common Stock	51,894	40,844
	Harley Davidson Inc.	Common Stock	76,813	75,018
	Hewlett-Packard Company	Common Stock	17,198	28,051
	Humana, Inc.	Common Stock	59,328	52,262
	Huron Consulting Group, Inc.	Common Stock	22,517	52,393
	Interpublic Group of Companies, Inc.	Common Stock	27,844	35,710
	Jabil Circuit, Inc.	Common Stock	12,220	59,076
	JM Smucker Company	Common Stock	52,649	50,257
	Johnson & Johnson	Common Stock	154,746	178,590
	JPMorgan Chase & Company	Common Stock	59,141	186,400
	Kenvue, Inc. Com	Common Stock	42,192	51,927
	Keurig Dr. Pepper Inc. Com	Common Stock	65,186	72,299
	KLA-Tencor Corp.	Common Stock	26,183	60,404
	Lam Resh Corp	Common Stock	27,582	48,965
	Landstar System, Inc.	Common Stock	45,946	62,894
	Leidos Holdings, Inc.	Common Stock	31,493	51,671
	LKQ Corporation	Common Stock	38,950	42,435
	Loews Corporation	Common Stock	47,845	82,212
	LPL Financial Holdings, Inc.	Common Stock	30,457	30,940
	Markel Corp (Holdings Co)	Common Stock	85,057	105,095
	Masco Corporation	Common Stock	21,396	44,908
	Match Group, Inc. New Com	Common Stock	44,129	42,040

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

GEORGIA STEVEDORE ASSOCIATION -  
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION  
WELFARE PLAN  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
September 30, 2024  
EIN: 58-6034166 PN: 502

(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
	McKesson Corporation	Common Stock	\$ 15,627	\$ 45,981
	Merck & Co., Inc.	Common Stock	66,672	113,219
	Microchip Technology, Inc.	Common Stock	123,658	133,041
	Micron Technology, Inc.	Common Stock	86,589	80,168
	Middleby Corp.	Common Stock	54,266	49,948
	NVR, Inc.	Common Stock	86,833	186,424
	Omnicom Ggroup Inc.	Common Stock	28,848	40,115
	Oracle Corporation	Common Stock	115,510	210,785
	Philip Morris International, Inc.	Common Stock	102,574	131,476
	Phillips 66	Common Stock	17,389	32,205
	Qualcomm, Inc.	Common Stock	61,977	77,033
	Resideo Technologies, Inc. -W/I	Common Stock	20,777	15,528
	Robert Half International, Inc.	Common Stock	47,521	46,311
	Schlumberger, Ltd.	Common Stock	25,811	54,032
	Schwab Charles Corp.	Common Stock	24,378	38,821
	Science Applications Intl, Corp.	Common Stock	61,188	88,297
	Sensata Technologies Holdings PLC	Common Stock	63,945	50,132
	SHIFT4 Payments, Inc. CI A	Common Stock	42,838	51,920
	SS&C Technologies Holdings, Inc.	Common Stock	58,820	77,995
	Synchrony Financial	Common Stock	25,681	40,303
	Take-Two Interactive Software	Common Stock	64,673	76,855
	Tempur-Pedic International, Inc.	Common Stock	9,170	13,432
	Textron, Inc.	Common Stock	20,843	56,425
	The Cigna Group	Common Stock	26,562	55,430
	Travelers Companies, Inc.	Common Stock	34,727	77,962
	UnitedHealth Group Incorporated	Common Stock	40,870	127,460
	Visa, INC CI A	Common Stock	84,057	121,803
	Wabtec Corp.	Common Stock	49,587	110,153
	Wells Fargo & Company	Common Stock	65,071	74,849
	Wesco International, Inc.	Common Stock	5,549	5,879
	Wyndham Hotels & Resorts, Inc.	Common Stock	37,328	46,571
	Zimmer Biomet Holdings, Inc.	Common Stock	32,888	32,816
	Total common stock		<u>\$ 5,071,598</u>	<u>\$ 7,363,345</u>
	Baird Aggregate Bond Fund	Mutual Fund	\$ 13,437,150	\$ 12,176,603
	Blair William FDS LGCAP Growth I	Mutual Fund		
	Global Leaders Fund		1,704,902	1,734,151
	Total mutual funds		<u>\$ 15,142,052</u>	<u>\$ 13,910,754</u>

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

GEORGIA STEVEDORE ASSOCIATION -  
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION  
WELFARE PLAN  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
September 30, 2024  
EIN: 58-6034166 PN: 502

(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
	Allegion PLC	Foreign Common Stock	\$ 72,734	\$ 95,314
	Aon PLC	Foreign Common Stock	28,688	45,671
	BP PLC Spon ADR	Foreign Common Stock	15,065	21,628
	Canadian Natural Resources	Foreign Common Stock	18,443	43,804
	Check Point Software Tech ADR	Foreign Common Stock	118,569	172,565
	Chubb Ltd.	Foreign Common Stock	55,327	125,738
	Coca-Cola European Partners	Foreign Common Stock	14,910	27,484
	CRH PLC	Foreign Common Stock	92,583	175,186
	Flex Ltd.	Foreign Common Stock	28,211	82,372
	Medtronic PLC	Foreign Common Stock	101,111	102,994
	Nice Systems Ltd. Spon ADR	Foreign Common Stock	55,291	54,880
	Renaissance RE Holdings Ltd.	Foreign Common Stock	65,945	114,953
	Sanofi-Aventis	Foreign Common Stock	108,227	139,580
	Shell PLC Spons	Foreign Common Stock	15,659	32,381
	TE Connectivity Ltd.	Foreign Common Stock	14,250	34,275
	White Mountains Insurance	Foreign Common Stock	34,414	84,808
	Total foreign common stock		<u>\$ 839,427</u>	<u>\$ 1,353,633</u>
	BNYM-M CF SL SIF Fund	Collective Investment Fund	\$ 8,994,576	\$ 14,477,477
	NHIT Intermediate Duration Fixed Income Trust	Collective Investment Fund	5,107,531	5,300,502
	UBS Global Asset Management	Property Income Separate Account	4,064,200	3,920,733
	Pinebridge Senior Secured Loan US Fund LLC	Closely Held Security	2,100,000	2,100,000
*	Comerica Bank	Money Market Fund	329,974	329,974
	Total commingled/collective and other investments		<u>\$ 20,596,281</u>	<u>\$ 26,128,686</u>

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

GEORGIA STEVEDORE ASSOCIATION - INTERNATIONAL LONGSHOREMEN'S ASSOCIATION  
 WELFARE PLAN  
 SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
 September 30, 2024  
 EIN: 58-6034166 PN: 502

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
* Comerica	U.S. Government Money Market Fund	\$ 11,389,377	\$ -	\$ -	\$ 11,389,377	\$ -	\$ -
* Comerica	U.S. Government Money Market Fund	\$ -	\$ 11,334,887	\$ -	\$ 11,334,887	\$ 11,334,887	\$ -

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

GEORGIA STEVEDORE ASSOCIATION -  
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION  
WELFARE PLAN  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
September 30, 2024  
EIN: 58-6034166 PN: 502

(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
	Abbvie, Inc.	Common Stock	\$ 95,460	\$ 178,719
	Acuity Brands, Inc.	Common Stock	46,441	72,703
	Advance Drainage Systems, Inc.	Common Stock	19,651	28,603
	Allison Transmission Holdings, Inc.	Common Stock	25,527	62,542
	Allstate Corporation	Common Stock	23,683	55,757
	Alphabet Inc. Cl A	Common Stock	138,024	219,917
	American International Group, Inc.	Common Stock	89,576	134,963
	Ametek, Inc.	Common Stock	17,492	46,190
	Amgen, Inc.	Common Stock	78,091	109,229
	AMN Healthcare Services, Inc.	Common Stock	73,943	47,858
	Analog Devices, Inc.	Common Stock	62,848	99,894
	Applied Matls, Inc.	Common Stock	28,730	54,149
	Arrow Electronics, Inc.	Common Stock	30,518	54,726
	Autozone, Inc.	Common Stock	30,868	81,901
	Avantor, Inc.	Common Stock	50,054	75,411
	Bank of America Corporation	Common Stock	71,532	143,840
	Beacon Roofing Supply, Inc.	Common Stock	76,297	71,132
	Booking Holdings, Inc.	Common Stock	61,556	134,788
	Bristol Meyers Squibb Co.	Common Stock	193,719	143,320
	CDW Corporation	Common Stock	35,880	45,713
	Cencora, Inc.	Common Stock	35,623	83,955
	Centene Corporation	Common Stock	50,718	74,301
	Chord Energy Corporation	Common Stock	32,272	45,581
	Cisco Systems, Inc.	Common Stock	75,115	103,140
	Citigroup, Inc.	Common Stock	64,322	85,512
	Cognizant Technology Solutions	Common Stock	75,699	89,066
	Conocophillips	Common Stock	16,389	36,111
	Corpay, Inc.	Common Stock	135,794	174,520
	Corteva, Inc.	Common Stock	22,879	50,442
	Curtiss Wright Corp.	Common Stock	18,091	55,877
	Dell Technologies, Inc.	Common Stock	68,010	85,349
	Discover Financial Services	Common Stock	44,768	84,455
	Electronic Arts	Common Stock	9,986	14,918

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

GEORGIA STEVEDORE ASSOCIATION -  
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION  
WELFARE PLAN  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
September 30, 2024  
EIN: 58-6034166 PN: 502

(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
	Elevance Health, Inc.	Common Stock	\$ 57,116	\$ 120,640
	EnerSys	Common Stock	16,055	22,451
	Equifax Inc.	Common Stock	40,927	53,483
	Expeditors International	Common Stock	60,182	85,016
	Exxon Mobil Corporation	Common Stock	15,164	41,730
	Fidelity National Information Services	Common Stock	71,657	59,714
	First American Financial Corporation	Common Stock	62,830	70,301
	FMC Corporation	Common Stock	48,075	41,344
	Gen Digital, Inc.	Common Stock	20,601	21,642
	Global Payments, Inc.	Common Stock	89,329	65,856
	Goldman Sachs Group, Inc.	Common Stock	47,113	118,826
	Halliburton Company	Common Stock	51,894	40,844
	Harley Davidson Inc.	Common Stock	76,813	75,018
	Hewlett-Packard Company	Common Stock	17,198	28,051
	Humana, Inc.	Common Stock	59,328	52,262
	Huron Consulting Group, Inc.	Common Stock	22,517	52,393
	Interpublic Group of Companies, Inc.	Common Stock	27,844	35,710
	Jabil Circuit, Inc.	Common Stock	12,220	59,076
	JM Smucker Company	Common Stock	52,649	50,257
	Johnson & Johnson	Common Stock	154,746	178,590
	JPMorgan Chase & Company	Common Stock	59,141	186,400
	Kenvue, Inc. Com	Common Stock	42,192	51,927
	Keurig Dr. Pepper Inc. Com	Common Stock	65,186	72,299
	KLA-Tencor Corp.	Common Stock	26,183	60,404
	Lam Resh Corp	Common Stock	27,582	48,965
	Landstar System, Inc.	Common Stock	45,946	62,894
	Leidos Holdings, Inc.	Common Stock	31,493	51,671
	LKQ Corporation	Common Stock	38,950	42,435
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INTERNATIONAL LONGSHOREMEN'S ASSOCIATION  
WELFARE PLAN  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
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See independent auditor's report.

GEORGIA STEVEDORE ASSOCIATION -  
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION  
WELFARE PLAN  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
September 30, 2024  
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*	Comerica Bank	Money Market Fund	329,974	329,974
	Total commingled/collective and other investments		<u>\$ 20,596,281</u>	<u>\$ 26,128,686</u>

\*- 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

<b>1a</b> Name of plan GEORGIA STEVEDORE ASSOCIATION INTERNATIONAL LONGSHOREMEN'S ASSOCIATION WELFARE PLAN	<b>1b</b> Three-digit plan number (PN) ▶ <u>502</u> <b>1c</b> Effective date of plan <u>05/02/1958</u>
<b>2a</b> 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) GA STEVEDORE ASSN INT'L LONGSHOREMEN'S ASSN  10 MERSEY WAY  SAVANNAH GA 31405	<b>2b</b> Employer Identification Number (EIN) <u>58-6034166</u> <b>2c</b> Plan Sponsor's telephone number <u>912-233-0218</u> <b>2d</b> 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	<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  
 WELFARE PLAN  
 SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS  
 September 30, 2024  
 EIN: 58-6034166 PN: 502

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* Comerica	U.S. Government Money Market Fund	\$ 11,389,377	\$ -	\$ -	\$ 11,389,377	\$ -	\$ -
* Comerica	U.S. Government Money Market Fund	\$ -	\$ 11,334,887	\$ -	\$ 11,334,887	\$ 11,334,887	\$ -

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