

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2023</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 03/01/2023 and ending 02/29/2024

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

<p>1a Name of plan <u>SOUTHEASTERN IRONWORKERS ANNUITY PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES OF SOUTHEASTERN IRONWORKERS ANNUITY PLAN</u></p> <p><u>C/O AFL-AGC BUILDING TRADES</u></p> <p><u>P.O. BOX 1492</u> <u>MOBILE, AL 36633-1492</u></p>	<p>1c Effective date of plan <u>01/01/1996</u></p> <p>2b Employer Identification Number (EIN) <u>58-6319526</u></p> <p>2c Plan Sponsor's telephone number <u>251-438-4765</u></p> <p>2d Business code (see instructions) <u>525100</u></p>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	08/21/2025	TIM MILLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/21/2025	LEE BAILEY
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	3640
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	3640
	6a(2)	3638
	6b	
	6c	
	6d	3638
	6e	
	6f	3638
	6g(1)	
6g(2)	3638	
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	94

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2C

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE 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 **03/01/2023** and ending **02/29/2024**

A Name of plan SOUTHEASTERN IRONWORKERS ANNUITY PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF SOUTHEASTERN IRONWORKERS ANNUITY PLAN		D Employer Identification Number (EIN) 58-6319526

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

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	8-02684		03/01/2023	02/29/2024

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.

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
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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

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

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(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.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	5467239

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year..... **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits **7c(2)**
 (3) Interest credited during the year **7c(3)**
 (4) Transferred from separate account..... **7c(4)**
 (5) Other (specify below) **7c(5)**
 ▶

(6) Total additions **7c(6)** 0

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:
 (1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier **7e(2)**
 (3) Transferred to separate account..... **7e(3)**
 (4) Other (specify below) **7e(4)**
 ▶

(5) Total deductions **7e(5)** 0

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a
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	10b

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 C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **03/01/2023** and ending **02/29/2024**

A Name of plan SOUTHEASTERN IRONWORKERS ANNUITY PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF SOUTHEASTERN IRONWORKERS ANNUITY PLAN	D Employer Identification Number (EIN) 58-6319526	

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

PRINCIPAL FINANCIAL GROUP	711 HIGH STREET DES MOINES, IA 50392
42-0127290	

(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)

COMPUSYS OF UTAH INC.

2156 WEST 2200 SOUTH
SALT LAKE CITY, UT 84119

84-0869853

(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?
13 50	CONTRACT ADMINISTRAT	38591	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)

INVESTMENT PERFORMANCE SERVICES

7402 HODGSON MEMORIAL DRIVE, ST 100
SAVANNAH, GA 31406

58-1645832

(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?
27 50	INVESTMENT MONITOR	32299	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BLACKROCK INSTITUTIONAL TRUST CO

400 HOWARD STREET
SAN FRANCISCO, CA 94105

94-3112180

(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 50	INVESTMENT MANAGEMENT	28592	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)

WEDGE CAPITAL MANAGEMENT

301 SOUTH COLLEGE STREET 2920
CHARLOTTE, NC 28202

56-1557450

(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	INVESTMENT MANAGEMENT	23008	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 type="checkbox"/>

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

QUINN, CONNER, WEAVER, DAVIES & ROUCO

3516 COVINGTON HIGHWAY
DECATUR, GA 30032

58-1368590

(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	ATTORNEY	21523	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)

STEVEN D EISENBERG CPA, P.A.

7700 CONGRESS AVENUE 1128
BOCA RATON, FL 33487

65-0140643

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	12854	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)

US BANK

225 WATER STREET 5TH FLOOR
JACKSONVILLE, FL 32202

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51	CUSTODIAL	8780	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 type="checkbox"/>

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

SEGALL, BRYANT, & HAMILL

10 S WACKER DRIVE STE 3500
CHICAGO, IL 60606

41-1788385

(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	INVESTMENT MANAGEMENT	8445	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)

(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?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 03/01/2023 and ending 02/29/2024

A Name of plan <u>SOUTHEASTERN IRONWORKERS ANNUITY PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF SOUTHEASTERN IRONWORKERS ANNUITY PLAN</u>	D Employer Identification Number (EIN) <u>58-6319526</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GLOBAL ALLOCATION FUND</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INVESTMENT LLC</u>		
c EIN-PN <u>46-0563260-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3472169</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>US PROPERTY SEPARATE ACCOUNT</u>		
b Name of sponsor of entity listed in (a): <u>PRINCIPAL FINANCIAL</u>		
c EIN-PN <u>42-0127290-001</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5467239</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 03/01/2023 and ending 02/29/2024	
A Name of plan SOUTHEASTERN IRONWORKERS ANNUITY PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF SOUTHEASTERN IRONWORKERS ANNUITY PLAN	D Employer Identification Number (EIN) 58-6319526

Part I	Asset and Liability Statement
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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
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	287456	295576
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	47475	185472
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	689919	1484417
(2) U.S. Government securities	1c(2)	1172226	1964129
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1549162	2450636
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	4168555	4714681
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	14637598	13523429
(10) Value of interest in pooled separate accounts	1c(10)	6419213	5467239
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	3708659	6629225

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	32680263	36714804
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	25204	63863
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	25204	63863
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	32655059	36650941

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	3139528	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3139528
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	6766	
(B) U.S. Government securities	2b(1)(B)	37790	
(C) Corporate debt instruments	2b(1)(C)	56397	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	6873	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		107826
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	123317	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		123317
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	13786469	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	10302859	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		3483610
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	692844	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		-122298
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		-853592
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		6571235

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2336255	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2336255
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	38591	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	12854	
(5) Investment advisory and investment management fees.....	2i(5)	134053	
(6) Bank or trust company trustee/custodial fees.....	2i(6)	8780	
(7) Actuarial fees.....	2i(7)		
(8) Legal fees.....	2i(8)	21523	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	23297	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		239098
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2575353

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3995882
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **03/01/2023** and ending **02/29/2024**

A Name of plan SOUTHEASTERN IRONWORKERS ANNUITY PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF SOUTHEASTERN IRONWORKERS ANNUITY PLAN	D Employer Identification Number (EIN) 58-6319526	

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	3139528	
b Enter the amount contributed by the employer to the plan for this plan year	6b	3139528	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	0	
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

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

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment.....

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment.....

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

**SOUTHEASTERN IRONWORKERS
ANNUITY PLAN**
Financial Statements
with Independent Auditors' Report
February 29, 2024 and February 28, 2023

SOUTHEASTERN IRONWORKERS
ANNUITY PLAN
FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS' REPORT
FEBRUARY 29, 2024 AND FEBRUARY 28, 2023

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INDEPENDENT AUDITORS' REPORT

To: Board of Trustees
Southeastern Ironworkers Annuity Plan

Disclaimer of Opinion

We were engaged to audit the accompanying financial statements of Southeastern Ironworkers Annuity Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974. The financial statements comprise the statements of net assets available for benefits as of February 29, 2024 and February 28, 2023 and the related statement of changes in net assets available for benefits for the years ended and the related notes to the financial statements.

We do not express an opinion on the financial statements of Southeastern Ironworkers Annuity Plan referred to in the first paragraph. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

The Plan's records and procedures are not adequate to assure the completeness of employer contributions and participants' data on which benefit payments are determined and we were unable to perform any other auditing procedures with respect to employer contributions and participants' data maintained by the Plan.

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 Southeastern Ironworkers Annuity Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

MEMBER AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS
MEMBER FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

Auditor's Responsibilities for the Audit of the Financial Statements

Our responsibility is to conduct an audit of Southeastern Ironworkers Annuity Plan 's financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matter described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of Southeastern Ironworkers Annuity Plan, and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits.

Supplemental Schedules Required by ERISA

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedules of Assets Held at End of Year 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. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

Other Supplemental Information

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Operating Expenses is presented for the purpose of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion section, it is inappropriate to and we do not express an opinion on the supplemental schedules referred to above.

A handwritten signature in black ink, appearing to read 'S. Eisenberg', followed by the printed text 'C.P.A., P.A.'.

Steven D. Eisenberg C.P.A., P.A.
November 21, 2025

SOUTHEASTERN IRONWORKERS
ANNUITY PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
FEBRUARY 29, 2024 AND FEBRUARY 28, 2023

	<u>2024</u>	<u>2023</u>
<u>ASSETS</u>		
Investments		
Common Collective Fund	\$ 13,523,429	\$ 14,637,598
Limited Partnership	4,967,257	1,697,361
Equity Securities	4,714,681	4,168,555
Corporate Bonds	2,450,636	1,549,162
Government Securities	1,964,129	1,172,226
Real Estate Fund	1,377,912	1,600,816
Municipal Obligations	156,266	272,799
Money Market and Short Term Reserves	75,561	104,018
Foreign Issues	52,229	33,665
	<u>29,282,100</u>	<u>25,236,200</u>
Insurance Company Separate Account	<u>5,467,239</u>	<u>6,419,213</u>
Total Investments	<u>34,749,339</u>	<u>31,655,413</u>
Cash	<u>1,484,417</u>	<u>689,919</u>
Receivables		
Contributions	295,576	287,456
Interest and Other	49,846	47,475
	<u>345,422</u>	<u>334,931</u>
Prepaid Taxes	<u>135,626</u>	<u>-</u>
Total Assets	<u>36,714,804</u>	<u>32,680,263</u>
<u>LIABILITIES</u>		
Accounts Payable	<u>63,863</u>	<u>25,204</u>
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>	<u>\$ 36,650,941</u>	<u>\$ 32,655,059</u>

The accompanying notes are an integral part of these financial statements.

SOUTHEASTERN IRONWORKERS
ANNUITY PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED FEBRUARY 29, 2024 AND FEBRUARY 28, 2023

	2024	2023
<u>ADDITIONS TO NET ASSETS:</u>		
Investment Income		
Interest and Dividends	\$ 231,143	\$ 211,319
Gain on Sales of Investments	3,483,610	752,668
Net Appreciation (Depreciation) in Fair Value of Investments	(283,046)	(3,240,918)
	3,431,707	(2,276,931)
Less: Investment Expenses	(110,534)	(112,379)
	3,321,173	(2,389,310)
Employers Contributions (Net of Reciprocal Transfers of \$180,236 and \$206,204 for 2024 and 2023)	3,139,528	2,550,353
Total Additions	6,460,701	161,043
<u>DEDUCTIONS FROM NET ASSETS:</u>		
Benefits Paid	2,336,255	3,291,132
Operating Expenses	128,564	119,038
Total Deductions	2,464,819	3,410,170
<u>NET ADDITIONS (DEDUCTIONS)</u>	3,995,882	(3,249,127)
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>		
Beginning	32,655,059	35,904,186
Ending	\$ 36,650,941	\$ 32,655,059

The accompanying notes are an integral part of these financial statements.

SOUTHEASTERN IRONWORKERS
ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 1 DESCRIPTION

The following description of the Southeastern Ironworkers Annuity Plan is provided for general information only. Participants should refer to the Plan Agreement for more complete information.

General – The Plan is a multi-employer defined contribution pension plan covering substantially all eligible members of employers that are parties to collective bargaining agreements.

Participation in the Plan is open to all local unions affiliated with the Southeastern States District Council of the International Association of Bridge, Structural, Ornamental and Reinforcing Ironworkers. Participants consist of members of International Association of Bridge, Structural, Ornamental and Reinforcing Ironworkers Local Unions #597, #709 and #798. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective July 1, 2024, Ironworkers Local Union #597 withdrew from the Plan

Funding Policy – Plan benefits are funded by contributions from employers who are signatory to a collective bargaining agreement. Contributions are based on the number of hours worked. The current contribution rate ranges from \$1.00 to \$3.42 per hour of covered employment.

The Plan has entered into a reciprocity agreement with the International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers, which provides Pro-Rata and Money-Follows-the-Man reciprocity. Under the agreement, the Plan is entitled to receive funds from other participating local unions and is required to remit funds collected to participating local unions.

Reciprocal funds received are included in employers' contributions in the Statements of Changes in Net Assets Available for Benefits. In 2024 and 2023, the Plan remitted \$180,236 and \$206,204 of reciprocal payments to other participating Plans. Payments made to other Plans are recorded as a reduction of employers' contributions in the Statements of Changes in Net Assets Available for Benefits.

Individual Participant Accounts – Contributions are credited to individual accounts maintained for each participant. Each participant's account is adjusted to reflect the gains and losses resulting from the change in the value of the Plan, as well as reflecting the expense of administration.

Benefits – Benefits are payable to participants at normal retirement age 62. The Plan also allows for early, late and disability retirement. The benefit payable is equal to the total value of the participant's individual account. A participant can elect to have benefits paid either through the purchase of an annuity or a lump sum payment. Account balances of \$100 or less after five consecutive plan years are forfeited.

SOUTHEASTERN IRONWORKERS
ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 1 DESCRIPTION (continued)

Death Benefits – If a participant dies prior to retirement, the value of the account is paid to the participant’s designated beneficiary.

Termination Benefits – A participant is entitled to a permanent termination benefit equal to the value of the participant’s account, if \$100 or more and the participant has not worked for a period of 12 consecutive months.

Plan Termination – Although they have not expressed any intention to do so, the parties to the collective bargaining agreement and the Trustees have the right under the plan to discontinue contributions at any time and terminate the Plan. In the event of termination, each member becomes 100% vested in the amount that has been credited to the participant’s account.

NOTE 2 SUMMARY OF ACCOUNTING POLICIES

This summary of accounting policies of the Southeastern Ironworkers Annuity Plan is presented to assist in understanding the Plan’s financial statements.

Method of Accounting – The accounts of the Plan are maintained on the cash basis of accounting. Memorandum entries have been applied to the cash basis accounts to present them on the accrual basis for financial reporting purposes.

Use of Estimates – The preparation of financial statements in conformity with United States of America generally accepted accounting principles requires the Trustees to make estimates and assumptions that affect the reported amounts and disclosures. Actual results could differ from those estimates

Valuation of Investments and Income Recognition – Investments are valued as 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. Quoted market prices are used to value investments. See Note 3 for discussion of fair value measurements.

Security transactions are accounted for on the date the order to buy or sell is executed. Realized and unrealized gains and losses from security transactions are calculated on the cost basis.

Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Contributions Receivable – Contributions receivable were determined by a review of cash collections in subsequent periods. Accordingly, an allowance for uncollectible contributions is not considered necessary.

Employer contributions receivable totaled \$295,576 and \$287,456 for 2024 and 2023 respectively. Delinquent contributions receivable may exist at February 28, 2024 and 2023, however due to the uncertainty of the amount and collectability no receivable has been recorded.

The Plan maintains an on-going payroll compliance audit program to collect these amounts and monitor reporting compliance.

SOUTHEASTERN IRONWORKERS
ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 2 SUMMARY OF ACCOUNTING POLICIES

Concentration Risk – For the year ended February 29, 2024, approximately 42% or \$1,438,000 of total contributions was received from three employers. As of February 29, 2024, amounts due from these employers totaled \$94,336.

For the year ended February 28, 2023, approximately 18% or \$499,000 of total contributions was received from one employer. As of February 28, 2023, amounts due from this employer totaled \$25,252.

Payment of Benefits - Benefit payments to participants are recorded upon distribution. The Plan pays all benefits directly from the assets of the Plan. The Plan paid a total of \$3,139,528 and \$2,550,353 in benefits to participants and their beneficiaries during 2024 and 2023.

At February 29, 2024, the Plan had a withholding tax overpayment of \$135,626. The overpayment was used to offset withholding tax liabilities incurred in the subsequent period.

Operating Expenses – Certain expenses incurred in connection with the general administration of the Plan are paid by the Plan and recorded as deductions in the accompanying statements of changes in net assets available for benefits.

Income Taxes – The Internal Revenue Service has determined by a letter dated September 10, 2012, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code.

The Plan has been amended since receiving its determination letter. The plan administrator and legal counsel believe that the plan is currently designed and being operated in compliance with applicable requirements of the Code.

Accounting principles generally accepted in the United States of America require the plan administrator to evaluate tax positions taken by the Fund and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the IRS.

The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress.

SOUTHEASTERN IRONWORKERS
ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 3 INVESTMENTS

Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount 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.

The fair value measurement accounting literature provides the 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 (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are described as follows:

Level 1 Fair Value Measurements

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 Fair Value Measurements

Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active or non-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 Fair Value Measurements

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

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

The following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at February 29, 2024 and February 28, 2023.

SOUTHEASTERN IRONWORKERS
ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 3 INVESTMENTS (continued)

Investment measured at Fair Value

Registered Investment Companies (Mutual Funds): The fair value of mutual funds is based on quoted net asset values of the shares as reported by the fund. The mutual funds held by the Fund are open-end mutual funds registered with the U.S. Securities and Exchange Commission. The funds must publish their daily net asset value and transact at that price. The mutual funds held by the Fund are considered to be actively traded.

United States Government Securities, Corporate Bonds, Foreign Issues and Municipal Obligations: Valued at the closing price reported in the active market in which the bond is traded. Others are valued based upon yields currently available on comparative securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flow approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

Common and Preferred Stock: Valued at the closing price reported on the active market on which the individual security is traded.

Short Term Reserves: Valued at period ending amounts.

Investments Measured at Net Asset Value

The Plan has investments in alternative asset classes that do not have a readily available market quotation. These investments are measured at net asset value based upon their proportionate share of the value of the investment as determined by the fund managers and are valued according to methodologies which include pricing models, discounted cash flows models and similar techniques.

Common Collective Trusts: These are comprised of shares or units in commingled funds that are not publicly traded. The value of the Plan is determined using the net asset value per fund share, derived from the value of the underlying asset. The underlying assets in these funds (equity securities, fixed income securities and commodity-related securities) are generally publicly traded on exchanges and price quotes for the assets held by these funds are readily available.

Real Estate Fund: Open-end commingled real estate equity fund with a portfolio of top-quality, core, income producing assets. The fund invests in office buildings, industrial, retail and multi-family properties.

Pooled Separate Account: Valued at the net asset value of the shares held by the Plan at year end. Pooled Separate Accounts are made up of a wide variety of underlying investments such as equities, preferred stock, bonds, real estate and mutual funds. The NAV is based on the market value of the underlying investments. The NAV is not publicly-quoted price in an active market.

Limited Partnership: These investments seek to achieve long term-growth of capital consistent with risk reduction through diversification. The Plan estimates the fair value of their investment in limited partnerships based on the audited capital accounts and their respective percentage ownership as reported by the investment manager. These investments are subject to various restrictions on redemption and frequency.

SOUTHEASTERN IRONWORKERS
ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 3 INVESTMENTS (continued)

The Fund's assets at fair value as of February 29, 2024 and February 28, 2023 by level are as follows:

Fair Value Measurements at February 29, 2024:

	<u>(LEVEL 1)</u>	<u>(LEVEL 2)</u>	<u>(LEVEL 3)</u>	<u>TOTAL</u>
Equity Securities	\$ 4,714,681	\$ -	\$ -	\$ 4,714,681
Corporate Bonds	-	2,450,636	-	2,450,636
Government Securities	-	1,964,129	-	1,964,129
Municipal Obligations	-	156,266	-	156,266
Short Term Reserves	75,561	-	-	75,561
Foreign Issues	-	52,229	-	52,229
	<u> </u>	<u> </u>	<u> </u>	
Investments Measured at Fair Value	<u>\$ 4,790,242</u>	<u>\$ 4,623,260</u>	<u>\$ -</u>	9,413,502
Investments Measured at Net Asset Value				<u>25,335,837</u>
				<u>\$ 34,749,339</u>

Fair Value Measurements at February 28, 2023:

	<u>(LEVEL 1)</u>	<u>(LEVEL 2)</u>	<u>(LEVEL 3)</u>	<u>TOTAL</u>
Equity Securities	\$ 4,168,555	\$ -	\$ -	\$ 4,168,555
Corporate Bonds	-	1,549,162	-	1,549,162
Government Securities	-	1,172,226	-	1,172,226
Municipal Obligations	-	272,799	-	272,799
Short Term Reserves	104,018	-	-	104,018
Foreign Issues	-	33,665	-	33,665
	<u> </u>	<u> </u>	<u> </u>	
Investments Measured at Fair Value	<u>\$ 4,272,573</u>	<u>\$ 3,027,852</u>	<u>\$ -</u>	7,300,425
Investments Measured at Net Asset Value				<u>24,354,988</u>
				<u>\$ 31,655,413</u>

SOUTHEASTERN IRONWORKERS
ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 3 INVESTMENTS (continued)

The following table summarizes investments for which fair value is measured using the net asset value per share, including their related unfunded commitments and redemption restrictions.

Investments Measured at Net Asset Value – February 29, 2024

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Notice Period</u>
Collective Investment Trusts	\$ 13,523,429	\$ -	Daily	1 to 6 Days
Separate Account	5,467,239	-	Daily	1 Day
Limited Partnership	4,967,257	-	Monthly	30 Days
Real Estate Fund*	<u>1,377,912</u>	-	Quarterly	90 Days
	<u>\$ 25,335,837</u>			

* The Plan's investment in a Real Estate Fund is valued on a quarterly basis. The fair value of \$1,377,912 was determined using a valuation date of December 31, 2023.

Investments Measured at Net Asset Value – February 28, 2023

	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency</u>	<u>Notice Period</u>
Collective Investment Trusts	\$ 14,637,598	\$ -	Daily	1 to 6 Days
Separate Account	6,419,213	-	Daily	1 Day
Limited Partnership	1,697,361	-	Monthly	30 Days
Real Estate Fund*	<u>1,600,816</u>	-	Quarterly	90 Days
	<u>\$ 24,354,988</u>			

* The Plan's investment in a Real Estate Fund is valued on a quarterly basis. The fair value of \$1,600,816 was determined using a valuation date of December 31, 2022.

SOUTHEASTERN IRONWORKERS
ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 3 INVESTMENTS (continued)

The Plan has entered into agreements with investment managers to manage the Plan's investments as follows:

	<u>2024</u>	<u>2023</u>
Segal, Bryant, & Hamill:		
Corporate	\$ 2,450,636	\$ 1,549,162
Government Securities	1,964,129	1,172,226
Municipal Obligations	156,266	272,799
Foreign Issues	52,229	33,665
Short Term Reserves	23,714	14,305
Blackrock Investments LLC:		
Common Investment Trust	3,472,169	5,867,506
Short Term Reserves	8	49
SEI Trust:		
Common Investment Trust	2,739,729	4,032,376
Wedge Capital Management:		
Equity Securities	4,714,681	4,168,555
Short Term Reserves	51,839	89,664
Corbin Capital Partners:		
Corbin ERISA Opportunity Fund L.P.	3,129,952	-
Hardman Johnson International Equity Fund	2,491,907	2,437,702
Barings International Small Cap Equity Fund	2,416,178	2,300,014
Northern Trust:		
NT Collective Russell 1000 Growth Index FD	2,403,446	-
Post Advisory Group:		
Post Traditional Hi Yield Bond Fund L.P.	1,837,305	1,697,361
Intercontinental Real Estate Corporation:		
Real Estate Fund*	<u>1,377,912</u>	<u>1,600,816</u>
	<u>\$ 29,282,100</u>	<u>\$ 25,236,200</u>

* The Plan's investment in a Real Estate Fund is valued on a quarterly basis. The fair value of the investment was determined using a valuation date of December 31, 2023 and 2022 respectively.

SOUTHEASTERN IRONWORKERS
ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 3 INVESTMENTS (continued)

Investment Concentration Risk

Investment Concentration Risk is the risk associated with the amount of investments the Plan has with any one issuer that exceed 5 percent or more of its total investments.

At February 29, 2024, the following investments exceeded 5% of the Plan's total investments:

Blackrock Investments: Global Allocation Fund	9.99%
Winslow Capital Management: Winslow Large Cap Growth Fund	7.88%
Hardman Johnson International Equity Fund	7.17%
Barings International Small Cap Equity Fund	6.95%
Northern Trust: Collective Russell 1000 Growth Index Fund	6.92%

Other Investments:

Insurance Company Separate Account

The Fund participates in pooled separate accounts with Principal Financial Group. The value of the asset is determined by the Fund's number of participation units multiplied by the unit value. The unit value is adjusted periodically, usually each business day, to reflect investment results under the separate account.

	<u>2024</u>	<u>2023</u>
Principal Financial Group:		
U.S. Property Separate Account	<u>\$ 5,467,239</u>	<u>\$ 6,419,213</u>

Net Appreciation (Depreciation) in Fair Value of Investments

During 2024 and 2023 the Plan's investments appreciated (depreciated) in value as follows:

	<u>2024</u>	<u>2023</u>
Equity Securities	\$ 578,169	\$ (300,685)
Limited Partnership	268,468	(8,711)
Corporate Bonds	53,311	(103,514)
Municipal Obligations	14,352	(28,366)
Government Securities	5,182	(96,489)
Foreign Issues	(3,734)	(471)
Common Investment Trusts	(122,298)	(2,567,427)
Real Estate Fund	(222,904)	(68,278)
Insurance Company Separate Account	<u>(853,592)</u>	<u>(66,977)</u>
	<u>\$ (283,046)</u>	<u>\$ (3,240,918)</u>

SOUTHEASTERN IRONWORKERS
ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS

NOTE 3 INVESTMENTS (continued)

Investment Expenses

Investment expenses consisting of investment management and custodial fees are as follows:

	<u>2024</u>	<u>2023</u>
Blackrock	\$ 28,592	\$ 36,612
Wedge Capital Management	23,008	19,935
Hardman Johnson Advisors	18,165	15,650
Intercontinental Real Estate Corporation	14,793	14,512
U.S. Bank	8,780	9,661
Post Advisory Group	8,751	8,360
Segal, Bryant, & Hamill	<u>8,445</u>	<u>7,649</u>
	<u>\$ 110,534</u>	<u>\$ 112,379</u>

On October 2, 2024, the Plan incurred a cyber-theft totaling \$2,572,708. The Plan has filed claims with the Plan's insurance carriers as well as the Plan's current administrative manager's cyber liability insurer. On January 13, 2025, the Plan received a recoupment of \$618,122 as a result of the cyber theft. The Plan continues to pursue its options for a full recovery.

NOTE 4 RELATED PARTY AND PARTIES-IN-INTEREST TRANSACTIONS

The Plan pays investment and operating expenses directly to service providers. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

NOTE 5 RISK 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.

NOTE 6 SUBSEQUENT EVENTS

In preparing these financial statements, the impact of events and transactions for potential recognition or disclosure through November 21, 2025 were evaluated. See Note 3 for events requiring subsequent disclosure.

SUPPLEMENTAL INFORMATION

SOUTHEASTERN IRONWORKERS
ANNUITY PLAN
ASSETS HELD AT END OF YEAR
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<u>Issuer Borrower</u>	<u>Number of Shares or Units</u>	<u>Cost</u>	<u>Current Value</u>
<u>Common Collective Fund</u>			
Blackrock Investments LLC: Global Allocation Fund	178,638	\$ 2,019,948	\$ 3,472,169
Winslow Capital Management: Winslow Large Cap Growth Fund	22,068	460,217	2,739,729
Hardman Johnson International Equity Fund	65,508	2,710,424	2,491,907
Barings International Small Cap Equity Fund	241,707	2,750,000	2,416,178
Northern Trust: NT Collective Russell 1000 Growth Index Fund	2,223	2,250,000	2,403,446
		<u>\$ 10,190,589</u>	<u>\$ 13,523,429</u>

<u>Issuer Borrower</u>	<u>Number of Shares or Units</u>	<u>Cost</u>	<u>Current Value</u>
Limited Partnership:			
Corbin ERISA Opportunity Fund L.P.		\$ 3,000,000	\$ 3,129,952
Post Advisory Group: Post Intermediate Hi Yield Fund L.P.		1,456,912	1,837,305
		<u>\$ 4,456,912</u>	<u>\$ 4,967,257</u>

SOUTHEASTERN IRONWORKERS
ANNUITY PLAN
ASSETS HELD AT END OF YEAR
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<u>Issuer</u> <u>Borrower</u>	<u>Number of</u> <u>Shares or Units</u>	<u>Cost</u>	<u>Current</u> <u>Value</u>
<u>Equity Securities</u>			
3M Co	134	\$ 14,629	\$ 12,344
Abbvie Inc	234	29,081	41,196
Abercrombie Fitch Co Cl A	366	35,509	46,760
Acuity Inc	53	5,948	13,316
Agco Corp	117	9,470	12,835
Allison Transmi...Holdings	189	7,765	14,237
Ally Financial Inc	1058	30,640	39,135
Amcor Plc Ord	897	10,046	8,127
Amdocs Ltd	933	79,022	85,090
Ameriprise Finl Inc	92	18,409	37,477
Apple Inc Com	448	52,797	80,976
Applied Materials Inc	477	63,968	96,173
Arista Networks Inc	299	36,856	82,984
Atkore Inc Com	90	11,151	15,246
Autoliv Inc	119	8,881	13,808
Autonation Inc	106	14,771	15,879
Autozone Inc	16	30,164	48,096
Baker Hughes Company	610	15,912	18,050
Bank Ozk	887	37,192	38,851
Berry Global Group Inc	138	7,317	8,033
Biogen Inc	183	48,246	39,709
Boise Cascade Co	95	9,824	12,911
Booz Allen Hamilton Holding	591	63,786	87,297
Borgwarner Inc Com	425	14,795	13,230
Bp Plc Spon A D R	518	17,501	18,125
Builders Firstsource Inc	45	4,060	8,783
Cadence Design Sys Inc	275	28,640	83,705
Cardinal Health Inc	387	32,662	43,336
Carlisle Cos Inc	38	5,751	13,300
Caseys Gen Stores Inc	162	36,719	49,327
Cencora Inc	171	19,777	40,288
Centene Corp	541	42,223	42,431
Citigroup Inc	684	33,092	37,955
Commercial Metals Co Com	152	6,441	8,208
Cummins Inc Com	53	6,220	14,236
D R Horton Inc	316	35,578	47,223
Davita Inc	328	31,774	41,646
Deckers Outdoor Corp	53	24,130	47,466
Dicks Sporting Goods Inc	262	37,552	46,607
Dillard's Inc Cl A	111	32,138	46,035
Discover Finl Svcs	329	27,212	39,710
Dover Corp	86	7,070	14,223
Dropbox Inc Class A	2665	73,735	63,827

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Issuer Borrower	Number of Shares or Units	Cost	Current Value
<u>Equity Securities</u>			
Duke Energy Holding Corp	130	12,166	11,938
Eastman Chem Co	93	6,913	8,160
Elevance Health Inc	82	34,701	41,103
Emcor Group Inc	53	3,041	16,617
Emerson Electric Co	125	7,723	13,356
Eqst Corp	564	18,540	20,953
Evergy Inc	250	15,781	12,385
Expand Energy Corporation	239	20,494	19,784
Fidelity National Financial Inc	689	28,251	34,850
First Energy Corp	343	13,664	12,557
Fleetcor Technologies Inc	293	67,078	81,826
Fortinet Inc	1180	65,895	81,550
Franklin Res Inc	1340	36,996	36,783
Gartner Inc	184	48,530	85,663
General Mls Inc Com	631	36,597	40,498
Gentex Corp Com	383	8,199	13,991
Genuine Parts Company	90	11,453	13,433
Goldman Sachs Group Inc	97	34,916	37,738
Halliburton Co	533	20,830	18,692
Hartford Insuranc...Inc Com	414	27,948	39,678
Hca Healthcare Inc Com	133	37,237	41,456
Hologic Inc	557	41,168	41,107
Ingredion Inc	72	6,574	8,469
International Paper Co	236	8,900	8,345
Intuit Com	133	59,457	88,164
Jacobs Solutions Inc	93	6,849	13,638
K B Home	460	28,596	30,558
Kla Corp Com New	133	55,741	90,746
Knight Swift Transn Hl...Inc Cl A	226	12,667	12,733
Laboratory Corp Of Ameri...Holdings	183	35,796	39,497
Lam Research Corp	96	66,020	90,072
Lear Corp	97	11,351	13,323
Lennar Corp Cl A	299	32,403	47,394
Lyondellbasell Industries N V Shs A	83	6,598	8,323
Marathon Oil Corporation	799	14,898	19,376
Marriott Intl Inc	184	32,280	45,976
Masco Corp Com	190	7,360	14,584
Mckesson Corp Com	79	19,019	41,191
Metlife Inc	525	29,906	36,614
Microsoft Corp Com	201	81,272	83,142
Molina Healthcare Inc	101	32,238	39,785
Molson Coors Beverage Company	654	40,504	40,823
Mueller Inds Inc	266	10,386	13,667
Murphy Usa Inc W I	112	30,193	46,705

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<u>Issuer</u> <u>Borrower</u>	<u>Number of</u> <u>Shares or Units</u>	<u>Cost</u>	<u>Current</u> <u>Value</u>
<u>Equity Securities</u>			
Netapp Inc Com	961	85,689	85,644
New Fortress Inc	377	12,108	13,252
Nrg Energy Inc Com New	230	10,444	12,724
Nucor Corp	45	4,341	8,654
O G E Energy Corp	379	13,361	12,473
O Reilly Automotive Inc	43	38,033	46,759
Oshkosh Corporation	116	11,602	12,860
Ovintiv Inc	434	21,195	21,444
Owens Corning Inc	56	4,771	8,388
Packaging Corp America	46	4,917	8,335
Parker Hannifin Corp	25	3,023	13,386
Paychex Inc	710	81,989	87,060
Philip Morris Intl	438	39,980	39,402
Pinnacle West Cap Corp	175	12,820	11,958
Post Holdings Inc	367	32,235	38,227
Ppl Corporation	481	13,825	12,684
Prudential Financial Inc	337	36,512	36,730
Pulte Group Inc Com	420	29,668	45,520
Pvh Corporation	362	42,979	49,475
Ralph Lauren Corp Cl A	239	43,568	44,435
Range Resources Corp	623	16,500	19,699
Regions Finl Corp	2072	36,179	38,601
Reliance Inc	28	3,533	8,994
Royal Caribbean Group Com	360	31,431	44,406
Ryder System Inc	120	10,924	13,692
Schein Henry Inc	535	37,723	40,911
Shell Plc Spon A D R	292	15,548	18,346
Sm Energy Co	500	18,372	21,885
Snap On Inc	50	10,168	13,783
Sonoco Prods Co	135	7,592	7,652
State Str Corp	528	38,422	38,929
Steel Dynamics Inc	64	3,731	8,564
Super Micro Computer Inc	95	19,310	82,281
Synchrony Financial	912	28,876	37,666
Synovus Financial Corp	1023	36,852	38,813
T Mobile Us Inc	77	6,796	12,574
Tenet Healthcare Corp	449	41,055	41,757
The Cigna Group	125	31,120	42,018
Timken Co	157	12,625	13,186
Toll Bros Inc	452	33,119	51,817
Totalenergies Se A D R	282	14,769	18,068
Transdigm Group Inc	72	71,547	84,797
Trinet Group Inc	111	11,942	14,209

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<u>Issuer Borrower</u>	<u>Number of Shares or Units</u>	<u>Cost</u>	<u>Current Value</u>
<u>Equity Securities</u>			
Ufp Industries Inc Com	69	5,811	7,909
Ugi Corp	538	15,016	13,170
United Rentals Inc Com	20	3,876	13,865
Unum Group	785	31,045	38,818
Verizon Communic...Inc Com	294	13,007	11,766
Vistra Energy Corp	288	5,623	15,708
Vontier Corporation Com	372	11,527	15,996
Wells Fargo Co New Com	789	30,187	43,861
Western Un Co Com	3233	39,611	43,355
Westlake Corporation	56	4,167	7,768
Zions Bancorpo...N A Com	887	34,606	34,974
		<u>\$ 3,661,254</u>	<u>\$ 4,714,681</u>

<u>Issuer Borrower</u>	<u>Face Value</u>	<u>Cost</u>	<u>Current Value</u>
<u>Corporate Bonds</u>			
At T Inc Glbl Nt 2.300% 6/01/27	\$ 45,000	\$ 42,678	\$ 41,205
Abbott Laborato...11/30/26	45,000	48,594	43,812
Abbvie Inc 4.950% 3/15/31	10,000	9,983	10,002
Adobe Inc 2.150% 2/01/27	20,000	19,773	18,616
Air Products And 4.800% 3/03/33	20,000	20,349	19,719
Air Products And 4.850% 2/08/34	20,000	19,945	19,609
Allstate Corp 0.750% 12/15/25	25,000	23,880	23,067
Amazon Com Inc 3.150% 8/22/27	40,000	40,962	37,975
American Express Co 3.375% 5/03/24	25,000	25,008	24,894
American Water 3.400% 3/01/25	15,000	16,460	14,703
Amphenol Corp 4.750% 3/30/26	40,000	39,971	39,724
Analog Devices Inc 2.950% 4/01/25	35,000	36,903	34,180

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ANNUITY PLAN
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Issuer Borrower	Face Value	Cost	Current Value
<u>Corporate Bonds</u>			
Anheuser Busch Inbev 4.750% 1/23/29	30,000	33,131	29,750
Apple Inc 2.050% 9/11/26	45,000	44,318	42,092
Arizona Public Serv 3.350% 6/15/24	30,000	30,943	29,787
Automatic Data 1.700% 5/15/28	35,000	33,643	31,208
Avery Dennison Corp 4.87...12/06/28	40,000	43,841	39,611
Bank Of America 4.980% 11/15/28	10,000	9,999	10,027
Bank Of America Mtn 3.824% 1/20/28	20,000	21,122	19,211
Bristol Myers Squibb 5....% 2/01/31	35,000	36,124	36,489
Brown Forman Corp 4.750% 4/15/33	25,000	25,088	24,660
Cboe Global Mkts Inc 1.625% 12/15/30	30,000	27,789	24,340
Cnh Industrial 5.500% 1/12/29	20,000	20,070	20,273
Capital One Multi 2.800% 3/15/27	20,000	19,998	19,505
Caterpillar Finl Mtn 4.350% 5/15/26	40,000	39,870	39,533
Cincinnati Gas Elec 6.900% 6/01/25	15,000	18,848	15,266
Cintas Corporat...4/01/27	45,000	46,887	43,632
Citigroup Inc 3.200% 10/21/26	25,000	23,797	23,740
Comcast Corp 4.250% 10/15/30	40,000	39,139	38,268
Connecticut Lt Pwr 0.750% 12/01/25	20,000	19,112	18,528
Conoco Inc 6.950% 4/15/29	35,000	38,455	38,357
Contl Airlines 2012 4.000% 4/29/26	27,654	29,300	27,245
Cummins Inc 0.750% 9/01/25	15,000	14,555	14,070
Daimler Trucks 5.900% 3/15/27	20,000	20,000	20,164
Daimler Trucks 5.070% 9/16/24	475	474	475
Delta Air Lines 2019 3.204% 10/25/25	20,000	20,281	19,914
Dicks Sporting Goods 3.1...% 1/15/32	15,000	14,277	12,570
Duke Energy 4.850% 1/15/34	20,000	19,715	19,402
Eaton Corp Ohio Sr 4.150% 3/15/33	30,000	28,717	28,234
Emerson Elec Co Sr 1.800% 10/15/27	25,000	24,742	22,519
Lauder Estee Cons 4.650% 5/15/33	15,000	14,835	14,549
Evergy Inc 2.450% 9/15/24	45,000	46,291	44,158
Exxon Mobil 2.440% 8/16/29	45,000	43,456	40,194
Florida Pwr Lt Co 5.050% 4/01/28	35,000	35,008	35,262
General Mtrs Finl Co 1.250% 1/08/26	40,000	38,865	37,066
Georgia Pacific Corp 7.37...12/01/25	35,000	39,621	36,043
Georgia Pwr Co 4.650% 5/16/28	35,000	35,000	34,494
Ww Grainger Inc 1.850% 2/15/25	45,000	45,427	43,500
Hca Inc 5.875% 2/15/26	35,000	35,179	35,145
Hershey Company 3.200% 8/21/25	35,000	36,899	34,167
Home Depot Inc 4.950% 9/30/26	20,000	20,101	20,011

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Issuer Borrower	Face Value	Cost	Current Value
<u>Corporate Bonds</u>			
Hormel Foods Corp 0.650% 6/03/24	10,000	10,007	9,880
Illinois Tool Work 2.650% 11/15/26	45,000	43,793	42,772
Intel Corp 3.750% 8/05/27	35,000	34,613	33,743
Jacobs Solutions Inc 6.350% 8/18/28	15,000	15,253	15,482
John Deere Ownr Tr 3.73001% 6/15/25	46,905	46,793	46,829
Kla Tencor Corp 4.650% 11/01/24	20,000	20,775	19,855
Kenvue Inc 5.350% 3/22/26	35,000	35,219	35,228
Kimberly Clark Corp 3.95...11/01/28	45,000	48,238	43,582
Eli Lilly Co Sr Nt 4.500% 2/09/27	40,000	39,979	39,844
Lockheed Martin Corp 4.500% 2/15/29	35,000	35,009	34,392
Lowes Cos Inc 3.125% 9/15/24	40,000	40,997	39,472
Martin Marietta 4.250% 7/02/24	25,000	26,424	24,879
National Rural Util 2.400% 3/15/30	30,000	29,113	25,877
Norfolk Southn Corp 4.450% 3/01/33	15,000	14,843	14,296
O Reilly Automoti...% 6/01/29	40,000	38,202	37,971
Oracle Corp 6.150% 11/09/29	20,000	20,794	20,909
Paccar Financial Mtn 5.200% 11/09/26	20,000	20,168	20,171
Pacific Gas Elec Co 5.900% 6/15/32	15,000	15,307	15,083
Pepsico Inc 2.750% 3/19/30	45,000	43,780	40,186
Pg E Energy 1.460% 7/15/33	42,748	42,748	37,563
Phillips 66 3.900% 3/15/28	15,000	16,055	14,450
Progressive Corp 4.000% 3/01/29	20,000	21,678	19,243
Public Service 2.900% 5/15/25	15,000	15,506	14,541
Public Service Mtn 3.050% 11/15/24	20,000	20,848	19,661
Quanta Svcs Inc 0.950% 10/01/24	15,000	14,020	14,576
Republic Services 3.950% 5/15/28	30,000	28,859	28,891
T Mobile Usa Inc 3.500% 4/15/25	25,000	26,095	24,440
Texas Instrs Inc 4.600% 2/08/27	25,000	24,964	24,916
Transcont Gas Pipe 4.000% 3/15/28	15,000	16,127	14,403
Union Pacific Rr Co 3.227% 5/14/26	69,040	70,214	66,332
United Parcel Svcs 4.875% 3/03/33	35,000	35,671	34,704
Verizon Master Tr 0.990% 4/20/28	50,000	49,993	48,603
Visa Inc 3.150% 12/14/25	35,000	35,726	33,933
Waste Manageme...5/15/24	25,000	26,585	24,881
Wells Fargo Company...% 4/22/26	15,000	13,869	14,310
Wisconsin Electric 3.100% 6/01/25	45,000	45,388	43,776
		\$ 2,563,070	\$ 2,450,636

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Issuer Borrower	Face Value	Cost	Current Value
<u>Government Securities</u>			
F H L M C Gd G18527 3.000% 10/01/29	\$ 12,699	\$ 12,168	\$ 12,160
F H L M C #Sb0661 2.500% 4/01/37	23,834	22,080	21,679
F H L M C #Sb8191 4.500% 10/01/37	35,233	35,205	34,465
F H L M C #Sb8184 4.000% 10/01/37	19,958	19,944	19,223
F H L M C #Sb8186 4.500% 9/01/37	69,486	69,012	68,056
F H L M C #Sb8216 4.500% 3/01/38	4,212	4,138	4,120
F H L M C #Sb8217 5.000% 3/01/38	24,821	24,813	24,608
F H L M C #Sb8220 5.500% 2/01/38	28,335	28,060	28,410
F H L M C M T N 6.250% 7/15/32	60,000	69,884	68,002
F N M A Deb 6.625 11/15/2030	60,000	71,885	67,717
F N M A 0.875% 8/05/30	90,000	81,236	72,511
F N M A 0.375% 8/25/25	50,000	48,489	46,848
F H L M C Mltcl Mtg 3.303% 7/25/24	8,413	8,202	8,340
F H L M C Mltcl Mtg 2.673% 3/25/26	55,000	56,124	52,671
F H L M C Mltcl Mt 3.064% 8/25/24	33,822	33,528	33,421
F H L M C Mltcl Mtg 2.920% 6/25/32	20,000	17,995	17,487
F N M A #Ax8309 3.000% 11/01/29	8,252	8,570	7,888
F N M A #890790 3.000% 8/01/32	12,725	13,171	12,015
F N M A #Ma4667 3.500% 7/01/37	12,095	12,177	11,441
F N M A #Ma4713 4.000% 7/01/37	19,613	19,778	18,895
F N M A #Ma4797 4.000% 11/01/37	45,913	45,117	44,214
F N M A #Ma4825 5.000% 10/01/37	11,470	11,544	11,371
F N M A #Ma4991 5.500% 4/01/38	12,870	12,922	12,904
F N M A #Ma5014 5.000% 5/01/38	46,561	46,180	46,161
F N M A #Ma5145 6.000% 9/01/38	26,169	26,308	26,498
U S Treasury Nt 1.500% 8/15/26	60,000	57,714	55,835
U S Treasury Nt 2.750% 2/15/28	130,000	136,467	122,565
U S Treasury Nt 3.125% 11/15/28	50,000	49,322	47,535
U S Treasury Nt 2.375% 5/15/29	125,000	124,154	114,019
U S Treasury Nt 2.375% 8/15/24	40,000	40,186	39,474
U S Treasury Nt 2.250% 11/15/25	25,000	26,671	23,990
U S Treasury Nt 2.000% 11/15/26	85,000	81,758	79,724
U S Treasury Nt 1.625% 9/30/26	15,000	15,481	13,975
U S Treasury Nt 1.500% 2/15/30	80,000	75,108	68,438
U S Treasury Nt 0.625% 8/15/30	115,000	102,065	91,550
U S Treasury Nt 1.125% 2/15/31	105,000	98,418	85,620
U S Treasury Nt 1.250% 8/15/31	105,000	93,074	84,992
U S Treasury Nt 2.750% 8/15/32	105,000	94,934	93,741
U S Treasury Nt 4.125% 11/15/32	100,000	102,291	98,941
U S Treasury Nt 3.375% 5/15/33	115,000	110,969	107,282
United States Treas 4.3...11/30/30	65,000	66,857	65,345
		<u>\$ 2,073,999</u>	<u>\$ 1,964,129</u>

SOUTHEASTERN IRONWORKERS
ANNUITY PLAN
ASSETS HELD AT END OF YEAR
FEBRUARY 29, 2024

<u>Issuer</u> <u>Borrower</u>	<u>Number of</u> <u>Shares or Units</u>	<u>Cost</u>	<u>Current</u> <u>Value</u>
Real Estate Fund			
Intercontinental Real Estate Corporation U.S. Real Estate Investment Fund, LLC	1,103	\$ 1,344,806	\$ 1,377,912

<u>Issuer</u> <u>Borrower</u>	<u>Face Value</u>	<u>Cost</u>	<u>Current</u> <u>Value</u>
<u>Municipal Obligations</u>			
Dallas Fort Worth Tx 2.256% 11/01/26	\$ 45,000	\$ 45,000	\$ 42,154
Metro Wstwtr Co 2.363% 4/01/27	50,000	50,000	46,820
New York St Urban 3.270% 3/15/28	55,000	53,830	52,431
University Calif Ca 0.833% 5/15/24	15,000	15,000	14,861
		<u>\$ 163,830</u>	<u>\$ 156,266</u>

<u>Issuer</u> <u>Borrower</u>	<u>Cost</u>	<u>Current</u> <u>Value</u>
Money Market and Short Term Reserves	\$ 75,561	\$ 75,561

SOUTHEASTERN IRONWORKERS
ANNUITY PLAN
ASSETS HELD AT END OF YEAR
FEBRUARY 29, 2024

<u>Issuer</u> <u>Borrower</u>	<u>Face Value</u>	<u>Cost</u>	<u>Current</u> <u>Value</u>
<u>Foreign Issues</u>			
Canadian Natl Rail 6.900% 7/15/28	\$ 35,000	\$ 42,809	\$ 37,749
Nvent Finance Sarl 4.550% 4/15/28	15,000	16,098	14,480
		<u>\$ 58,907</u>	<u>\$ 52,229</u>

<u>Insurance Company Separate Account</u>	<u>Number of</u> <u>Shares or Units</u>	<u>Cost</u>	<u>Value</u>
Principal Financial Group: U.S. Property Separate Account	85,529	<u>\$ 2,013,841</u>	<u>\$ 5,467,239</u>

SOUTHEASTERN IRONWORKERS
ANNUITY PLAN
OPERATING EXPENSES
YEARS ENDED FEBRUARY 29, 2024 AND FEBRUARY 28, 2023

	<u>2024</u>	<u>2023</u>
Administration Fees and Costs	\$ 38,591	\$ 38,941
Investment Monitoring	32,299	32,617
Legal Fees	21,523	10,512
Audit Fees	12,854	12,133
Bank Charges	9,965	8,780
Insurance	7,860	7,735
Consulting Fees	4,515	2,944
Meeting and Conferences	556	4,063
Office Expenses and Other Costs	401	1,313
	<u>\$ 128,564</u>	<u>\$ 119,038</u>

SOUTHEASTERN IRONWORKERS
ANNUITY PLAN
ASSETS HELD AT END OF YEAR
FEBRUARY 29, 2024

<u>Issuer Borrower</u>	<u>Number of Shares or Units</u>	<u>Cost</u>	<u>Current Value</u>
<u>Common Collective Fund</u>			
Blackrock Investments LLC: Global Allocation Fund	178,638	\$ 2,019,948	\$ 3,472,169
Winslow Capital Management: Winslow Large Cap Growth Fund	22,068	460,217	2,739,729
Hardman Johnson International Equity Fund	65,508	2,710,424	2,491,907
Barings International Small Cap Equity Fund	241,707	2,750,000	2,416,178
Northern Trust: NT Collective Russell 1000 Growth Index Fund	2,223	2,250,000	2,403,446
		<u>\$ 10,190,589</u>	<u>\$ 13,523,429</u>

<u>Issuer Borrower</u>	<u>Number of Shares or Units</u>	<u>Cost</u>	<u>Current Value</u>
Limited Partnership:			
Corbin ERISA Opportunity Fund L.P.		\$ 3,000,000	\$ 3,129,952
Post Advisory Group: Post Intermediate Hi Yield Fund L.P.		1,456,912	1,837,305
		<u>\$ 4,456,912</u>	<u>\$ 4,967,257</u>

SOUTHEASTERN IRONWORKERS
ANNUITY PLAN
ASSETS HELD AT END OF YEAR
FEBRUARY 29, 2024

Issuer Borrower	Number of Shares or Units	Cost	Current Value
<u>Equity Securities</u>			
3M Co	134	\$ 14,629	\$ 12,344
Abbvie Inc	234	29,081	41,196
Abercrombie Fitch Co Cl A	366	35,509	46,760
Acuity Inc	53	5,948	13,316
Agco Corp	117	9,470	12,835
Allison Transmi...Holdings	189	7,765	14,237
Ally Financial Inc	1058	30,640	39,135
Amcor Plc Ord	897	10,046	8,127
Amdocs Ltd	933	79,022	85,090
Ameriprise Finl Inc	92	18,409	37,477
Apple Inc Com	448	52,797	80,976
Applied Materials Inc	477	63,968	96,173
Arista Networks Inc	299	36,856	82,984
Atkore Inc Com	90	11,151	15,246
Autoliv Inc	119	8,881	13,808
Autonation Inc	106	14,771	15,879
Autozone Inc	16	30,164	48,096
Baker Hughes Company	610	15,912	18,050
Bank Ozk	887	37,192	38,851
Berry Global Group Inc	138	7,317	8,033
Biogen Inc	183	48,246	39,709
Boise Cascade Co	95	9,824	12,911
Booz Allen Hamilton Holding	591	63,786	87,297
Borgwarner Inc Com	425	14,795	13,230
Bp Plc Spon A D R	518	17,501	18,125
Builders Firstsource Inc	45	4,060	8,783
Cadence Design Sys Inc	275	28,640	83,705
Cardinal Health Inc	387	32,662	43,336
Carlisle Cos Inc	38	5,751	13,300
Caseys Gen Stores Inc	162	36,719	49,327
Cencora Inc	171	19,777	40,288
Centene Corp	541	42,223	42,431
Citigroup Inc	684	33,092	37,955
Commercial Metals Co Com	152	6,441	8,208
Cummins Inc Com	53	6,220	14,236
D R Horton Inc	316	35,578	47,223
Davita Inc	328	31,774	41,646
Deckers Outdoor Corp	53	24,130	47,466
Dicks Sporting Goods Inc	262	37,552	46,607
Dillard's Inc Cl A	111	32,138	46,035
Discover Finl Svcs	329	27,212	39,710
Dover Corp	86	7,070	14,223
Dropbox Inc Class A	2665	73,735	63,827

FORM 5500
SCHEDULE H, PART IV

SOUTHEASTERN IRONWORKERS
ANNUITY PLAN
ASSETS HELD AT END OF YEAR
FEBRUARY 29, 2024

<u>Issuer Borrower</u>	<u>Number of Shares or Units</u>	<u>Cost</u>	<u>Current Value</u>
<u>Equity Securities</u>			
Duke Energy Holding Corp	130	12,166	11,938
Eastman Chem Co	93	6,913	8,160
Elevance Health Inc	82	34,701	41,103
Emcor Group Inc	53	3,041	16,617
Emerson Electric Co	125	7,723	13,356
Eqst Corp	564	18,540	20,953
Evergy Inc	250	15,781	12,385
Expand Energy Corporation	239	20,494	19,784
Fidelity National Financial Inc	689	28,251	34,850
First Energy Corp	343	13,664	12,557
Fleetcor Technologies Inc	293	67,078	81,826
Fortinet Inc	1180	65,895	81,550
Franklin Res Inc	1340	36,996	36,783
Gartner Inc	184	48,530	85,663
General Mls Inc Com	631	36,597	40,498
Gentex Corp Com	383	8,199	13,991
Genuine Parts Company	90	11,453	13,433
Goldman Sachs Group Inc	97	34,916	37,738
Halliburton Co	533	20,830	18,692
Hartford Insuranc...Inc Com	414	27,948	39,678
Hca Healthcare Inc Com	133	37,237	41,456
Hologic Inc	557	41,168	41,107
Ingredion Inc	72	6,574	8,469
International Paper Co	236	8,900	8,345
Intuit Com	133	59,457	88,164
Jacobs Solutions Inc	93	6,849	13,638
K B Home	460	28,596	30,558
Kla Corp Com New	133	55,741	90,746
Knight Swift Transn Hl...Inc Cl A	226	12,667	12,733
Laboratory Corp Of Ameri...Holdings	183	35,796	39,497
Lam Research Corp	96	66,020	90,072
Lear Corp	97	11,351	13,323
Lennar Corp Cl A	299	32,403	47,394
Lyondellbasell Industries N V Shs A	83	6,598	8,323
Marathon Oil Corporation	799	14,898	19,376
Marriott Intl Inc	184	32,280	45,976
Masco Corp Com	190	7,360	14,584
Mckesson Corp Com	79	19,019	41,191
Metlife Inc	525	29,906	36,614
Microsoft Corp Com	201	81,272	83,142
Molina Healthcare Inc	101	32,238	39,785
Molson Coors Beverage Company	654	40,504	40,823
Mueller Inds Inc	266	10,386	13,667
Murphy Usa Inc W I	112	30,193	46,705

FORM 5500
SCHEDULE H, PART IV

SOUTHEASTERN IRONWORKERS
ANNUITY PLAN
ASSETS HELD AT END OF YEAR
FEBRUARY 29, 2024

Issuer Borrower	Number of Shares or Units	Cost	Current Value
<u>Equity Securities</u>			
Netapp Inc Com	961	85,689	85,644
New Fortress Inc	377	12,108	13,252
Nrg Energy Inc Com New	230	10,444	12,724
Nucor Corp	45	4,341	8,654
O G E Energy Corp	379	13,361	12,473
O Reilly Automotive Inc	43	38,033	46,759
Oshkosh Corporation	116	11,602	12,860
Ovintiv Inc	434	21,195	21,444
Owens Corning Inc	56	4,771	8,388
Packaging Corp America	46	4,917	8,335
Parker Hannifin Corp	25	3,023	13,386
Paychex Inc	710	81,989	87,060
Philip Morris Intl	438	39,980	39,402
Pinnacle West Cap Corp	175	12,820	11,958
Post Holdings Inc	367	32,235	38,227
Ppl Corporation	481	13,825	12,684
Prudential Financial Inc	337	36,512	36,730
Pulte Group Inc Com	420	29,668	45,520
Pvh Corporation	362	42,979	49,475
Ralph Lauren Corp Cl A	239	43,568	44,435
Range Resources Corp	623	16,500	19,699
Regions Finl Corp	2072	36,179	38,601
Reliance Inc	28	3,533	8,994
Royal Caribbean Group Com	360	31,431	44,406
Ryder System Inc	120	10,924	13,692
Schein Henry Inc	535	37,723	40,911
Shell Plc Spon A D R	292	15,548	18,346
Sm Energy Co	500	18,372	21,885
Snap On Inc	50	10,168	13,783
Sonoco Prods Co	135	7,592	7,652
State Str Corp	528	38,422	38,929
Steel Dynamics Inc	64	3,731	8,564
Super Micro Computer Inc	95	19,310	82,281
Synchrony Financial	912	28,876	37,666
Synovus Financial Corp	1023	36,852	38,813
T Mobile Us Inc	77	6,796	12,574
Tenet Healthcare Corp	449	41,055	41,757
The Cigna Group	125	31,120	42,018
Timken Co	157	12,625	13,186
Toll Bros Inc	452	33,119	51,817
Totalenergies Se A D R	282	14,769	18,068
Transdigm Group Inc	72	71,547	84,797
Trinet Group Inc	111	11,942	14,209

FORM 5500
SCHEDULE H, PART IV

SOUTHEASTERN IRONWORKERS
ANNUITY PLAN
ASSETS HELD AT END OF YEAR
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Issuer Borrower	Number of Shares or Units	Cost	Current Value
<u>Equity Securities</u>			
Ufp Industries Inc Com	69	5,811	7,909
Ugi Corp	538	15,016	13,170
United Rentals Inc Com	20	3,876	13,865
Unum Group	785	31,045	38,818
Verizon Communic...Inc Com	294	13,007	11,766
Vistra Energy Corp	288	5,623	15,708
Vontier Corporation Com	372	11,527	15,996
Wells Fargo Co New Com	789	30,187	43,861
Western Un Co Com	3233	39,611	43,355
Westlake Corporation	56	4,167	7,768
Zions Bancorpo...N A Com	887	34,606	34,974
		<u>\$ 3,661,254</u>	<u>\$ 4,714,681</u>

Issuer Borrower	Face Value	Cost	Current Value
<u>Corporate Bonds</u>			
At T Inc Gbl Nt 2.300% 6/01/27	\$ 45,000	\$ 42,678	\$ 41,205
Abbott Laborato... 11/30/26	45,000	48,594	43,812
Abbvie Inc 4.950% 3/15/31	10,000	9,983	10,002
Adobe Inc 2.150% 2/01/27	20,000	19,773	18,616
Air Products And 4.800% 3/03/33	20,000	20,349	19,719
Air Products And 4.850% 2/08/34	20,000	19,945	19,609
Allstate Corp 0.750% 12/15/25	25,000	23,880	23,067
Amazon Com Inc 3.150% 8/22/27	40,000	40,962	37,975
American Express Co 3.375% 5/03/24	25,000	25,008	24,894
American Water 3.400% 3/01/25	15,000	16,460	14,703
Amphenol Corp 4.750% 3/30/26	40,000	39,971	39,724
Analog Devices Inc 2.950% 4/01/25	35,000	36,903	34,180

FORM 5500
SCHEDULE H, PART IV

SOUTHEASTERN IRONWORKERS
ANNUITY PLAN
ASSETS HELD AT END OF YEAR
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Issuer Borrower	Face Value	Cost	Current Value
<u>Corporate Bonds</u>			
Anheuser Busch Inbev 4.750% 1/23/29	30,000	33,131	29,750
Apple Inc 2.050% 9/11/26	45,000	44,318	42,092
Arizona Public Serv 3.350% 6/15/24	30,000	30,943	29,787
Automatic Data 1.700% 5/15/28	35,000	33,643	31,208
Avery Dennison Corp 4.87...12/06/28	40,000	43,841	39,611
Bank Of America 4.980% 11/15/28	10,000	9,999	10,027
Bank Of America Mtn 3.824% 1/20/28	20,000	21,122	19,211
Bristol Myers Squibb 5...% 2/01/31	35,000	36,124	36,489
Brown Forman Corp 4.750% 4/15/33	25,000	25,088	24,660
Cboe Global Mkts Inc 1.625% 12/15/30	30,000	27,789	24,340
Cnh Industrial 5.500% 1/12/29	20,000	20,070	20,273
Capital One Multi 2.800% 3/15/27	20,000	19,998	19,505
Caterpillar Finl Mtn 4.350% 5/15/26	40,000	39,870	39,533
Cincinnati Gas Elec 6.900% 6/01/25	15,000	18,848	15,266
Cintas Corporat...4/01/27	45,000	46,887	43,632
Citigroup Inc 3.200% 10/21/26	25,000	23,797	23,740
Comcast Corp 4.250% 10/15/30	40,000	39,139	38,268
Connecticut Lt Pwr 0.750% 12/01/25	20,000	19,112	18,528
Conoco Inc 6.950% 4/15/29	35,000	38,455	38,357
Contl Airlines 2012 4.000% 4/29/26	27,654	29,300	27,245
Cummins Inc 0.750% 9/01/25	15,000	14,555	14,070
Daimler Trucks 5.900% 3/15/27	20,000	20,000	20,164
Daimler Trucks 5.070% 9/16/24	475	474	475
Delta Air Lines 2019 3.204% 10/25/25	20,000	20,281	19,914
Dicks Sporting Goods 3.1...% 1/15/32	15,000	14,277	12,570
Duke Energy 4.850% 1/15/34	20,000	19,715	19,402
Eaton Corp Ohio Sr 4.150% 3/15/33	30,000	28,717	28,234
Emerson Elec Co Sr 1.800% 10/15/27	25,000	24,742	22,519
Lauder Estee Cons 4.650% 5/15/33	15,000	14,835	14,549
Evergy Inc 2.450% 9/15/24	45,000	46,291	44,158
Exxon Mobil 2.440% 8/16/29	45,000	43,456	40,194
Florida Pwr Lt Co 5.050% 4/01/28	35,000	35,008	35,262
General Mtrs Finl Co 1.250% 1/08/26	40,000	38,865	37,066
Georgia Pacific Corp 7.37...12/01/25	35,000	39,621	36,043
Georgia Pwr Co 4.650% 5/16/28	35,000	35,000	34,494
Ww Grainger Inc 1.850% 2/15/25	45,000	45,427	43,500
Hca Inc 5.875% 2/15/26	35,000	35,179	35,145
Hershey Company 3.200% 8/21/25	35,000	36,899	34,167
Home Depot Inc 4.950% 9/30/26	20,000	20,101	20,011

FORM 5500
SCHEDULE H, PART IV

SOUTHEASTERN IRONWORKERS
ANNUITY PLAN
ASSETS HELD AT END OF YEAR
FEBRUARY 29, 2024

Issuer Borrower	Face Value	Cost	Current Value
<u>Corporate Bonds</u>			
Hormel Foods Corp 0.650% 6/03/24	10,000	10,007	9,880
Illinois Tool Work 2.650% 11/15/26	45,000	43,793	42,772
Intel Corp 3.750% 8/05/27	35,000	34,613	33,743
Jacobs Solutions Inc 6.350% 8/18/28	15,000	15,253	15,482
John Deere Ownr Tr 3.73001% 6/15/25	46,905	46,793	46,829
Kla Tencor Corp 4.650% 11/01/24	20,000	20,775	19,855
Kenvue Inc 5.350% 3/22/26	35,000	35,219	35,228
Kimberly Clark Corp 3.95... 11/01/28	45,000	48,238	43,582
Eli Lilly Co Sr Nt 4.500% 2/09/27	40,000	39,979	39,844
Lockheed Martin Corp 4.500% 2/15/29	35,000	35,009	34,392
Lowes Cos Inc 3.125% 9/15/24	40,000	40,997	39,472
Martin Marietta 4.250% 7/02/24	25,000	26,424	24,879
National Rural Util 2.400% 3/15/30	30,000	29,113	25,877
Norfolk Southn Corp 4.450% 3/01/33	15,000	14,843	14,296
O Reilly Automoti...% 6/01/29	40,000	38,202	37,971
Oracle Corp 6.150% 11/09/29	20,000	20,794	20,909
Paccar Financial Mtn 5.200% 11/09/26	20,000	20,168	20,171
Pacific Gas Elec Co 5.900% 6/15/32	15,000	15,307	15,083
Pepsico Inc 2.750% 3/19/30	45,000	43,780	40,186
Pg E Energy 1.460% 7/15/33	42,748	42,748	37,563
Phillips 66 3.900% 3/15/28	15,000	16,055	14,450
Progressive Corp 4.000% 3/01/29	20,000	21,678	19,243
Public Service 2.900% 5/15/25	15,000	15,506	14,541
Public Service Mtn 3.050% 11/15/24	20,000	20,848	19,661
Quanta Svcs Inc 0.950% 10/01/24	15,000	14,020	14,576
Republic Services 3.950% 5/15/28	30,000	28,859	28,891
T Mobile Usa Inc 3.500% 4/15/25	25,000	26,095	24,440
Texas Instrs Inc 4.600% 2/08/27	25,000	24,964	24,916
Transcont Gas Pipe 4.000% 3/15/28	15,000	16,127	14,403
Union Pacific Rr Co 3.227% 5/14/26	69,040	70,214	66,332
United Parcel Svcs 4.875% 3/03/33	35,000	35,671	34,704
Verizon Master Tr 0.990% 4/20/28	50,000	49,993	48,603
Visa Inc 3.150% 12/14/25	35,000	35,726	33,933
Waste Manageme...5/15/24	25,000	26,585	24,881
Wells Fargo Company...% 4/22/26	15,000	13,869	14,310
Wisconsin Electric 3.100% 6/01/25	45,000	45,388	43,776
		\$ 2,563,070	\$ 2,450,636

FORM 5500
SCHEDULE H, PART IV

SOUTHEASTERN IRONWORKERS
ANNUITY PLAN
ASSETS HELD AT END OF YEAR
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Issuer Borrower	Face Value	Cost	Current Value
<u>Government Securities</u>			
F H L M C Gd G18527 3.000% 10/01/29	\$ 12,699	\$ 12,168	\$ 12,160
F H L M C #Sb0661 2.500% 4/01/37	23,834	22,080	21,679
F H L M C #Sb8191 4.500% 10/01/37	35,233	35,205	34,465
F H L M C #Sb8184 4.000% 10/01/37	19,958	19,944	19,223
F H L M C #Sb8186 4.500% 9/01/37	69,486	69,012	68,056
F H L M C #Sb8216 4.500% 3/01/38	4,212	4,138	4,120
F H L M C #Sb8217 5.000% 3/01/38	24,821	24,813	24,608
F H L M C #Sb8220 5.500% 2/01/38	28,335	28,060	28,410
F H L M C M T N 6.250% 7/15/32	60,000	69,884	68,002
F N M A Deb 6.625 11/15/2030	60,000	71,885	67,717
F N M A 0.875% 8/05/30	90,000	81,236	72,511
F N M A 0.375% 8/25/25	50,000	48,489	46,848
F H L M C Mltcl Mtg 3.303% 7/25/24	8,413	8,202	8,340
F H L M C Mltcl Mtg 2.673% 3/25/26	55,000	56,124	52,671
F H L M C Mltcl Mt 3.064% 8/25/24	33,822	33,528	33,421
F H L M C Mltcl Mtg 2.920% 6/25/32	20,000	17,995	17,487
F N M A #Ax8309 3.000% 11/01/29	8,252	8,570	7,888
F N M A #890790 3.000% 8/01/32	12,725	13,171	12,015
F N M A #Ma4667 3.500% 7/01/37	12,095	12,177	11,441
F N M A #Ma4713 4.000% 7/01/37	19,613	19,778	18,895
F N M A #Ma4797 4.000% 11/01/37	45,913	45,117	44,214
F N M A #Ma4825 5.000% 10/01/37	11,470	11,544	11,371
F N M A #Ma4991 5.500% 4/01/38	12,870	12,922	12,904
F N M A #Ma5014 5.000% 5/01/38	46,561	46,180	46,161
F N M A #Ma5145 6.000% 9/01/38	26,169	26,308	26,498
U S Treasury Nt 1.500% 8/15/26	60,000	57,714	55,835
U S Treasury Nt 2.750% 2/15/28	130,000	136,467	122,565
U S Treasury Nt 3.125% 11/15/28	50,000	49,322	47,535
U S Treasury Nt 2.375% 5/15/29	125,000	124,154	114,019
U S Treasury Nt 2.375% 8/15/24	40,000	40,186	39,474
U S Treasury Nt 2.250% 11/15/25	25,000	26,671	23,990
U S Treasury Nt 2.000% 11/15/26	85,000	81,758	79,724
U S Treasury Nt 1.625% 9/30/26	15,000	15,481	13,975
U S Treasury Nt 1.500% 2/15/30	80,000	75,108	68,438
U S Treasury Nt 0.625% 8/15/30	115,000	102,065	91,550
U S Treasury Nt 1.125% 2/15/31	105,000	98,418	85,620
U S Treasury Nt 1.250% 8/15/31	105,000	93,074	84,992
U S Treasury Nt 2.750% 8/15/32	105,000	94,934	93,741
U S Treasury Nt 4.125% 11/15/32	100,000	102,291	98,941
U S Treasury Nt 3.375% 5/15/33	115,000	110,969	107,282
United States Treas 4.3...11/30/30	65,000	66,857	65,345
		<u>\$ 2,073,999</u>	<u>\$ 1,964,129</u>

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ASSETS HELD AT END OF YEAR
FEBRUARY 29, 2024

<u>Issuer</u> <u>Borrower</u>	<u>Number of</u> <u>Shares or Units</u>	<u>Cost</u>	<u>Current</u> <u>Value</u>
Real Estate Fund			
Intercontinental Real Estate Corporation U.S. Real Estate Investment Fund, LLC	1,103	\$ 1,344,806	\$ 1,377,912

<u>Issuer</u> <u>Borrower</u>	<u>Face Value</u>	<u>Cost</u>	<u>Current</u> <u>Value</u>
<u>Municipal Obligations</u>			
Dallas Fort Worth Tx 2.256% 11/01/26	\$ 45,000	\$ 45,000	\$ 42,154
Metro Wstwtr Co 2.363% 4/01/27	50,000	50,000	46,820
New York St Urban 3.270% 3/15/28	55,000	53,830	52,431
University Calif Ca 0.833% 5/15/24	15,000	15,000	14,861
		<u>\$ 163,830</u>	<u>\$ 156,266</u>

<u>Issuer</u> <u>Borrower</u>	<u>Cost</u>	<u>Current</u> <u>Value</u>
Money Market and Short Term Reserves	\$ 75,561	\$ 75,561

SOUTHEASTERN IRONWORKERS
ANNUITY PLAN
ASSETS HELD AT END OF YEAR
FEBRUARY 29, 2024

<u>Issuer</u> <u>Borrower</u>	<u>Face Value</u>	<u>Cost</u>	<u>Current Value</u>
<u>Foreign Issues</u>			
Canadian Natl Rail 6.900% 7/15/28	\$ 35,000	\$ 42,809	\$ 37,749
Nvent Finance Sarl 4.550% 4/15/28	15,000	16,098	14,480
		<u>\$ 58,907</u>	<u>\$ 52,229</u>

<u>Insurance Company Separate Account</u>	<u>Number of</u> <u>Shares or Units</u>	<u>Cost</u>	<u>Value</u>
Principal Financial Group: U.S. Property Separate Account	85,529	<u>\$ 2,013,841</u>	<u>\$ 5,467,239</u>

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. 1510-0110
1510-0069

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning **03/01/2023** and ending **02/29/2024**



- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here▶
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here▶

Part II Basic Plan Information - enter all requested information

1a Name of plan SOUTHEASTERN IRONWORKERS ANNUITY PLAN		1b Three-digit plan number (FN) ▶ 001
		1c Effective date of plan 01/01/1996
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (If foreign, see instructions) BOARD OF TRUSTEES OF SOUTHEASTERN IRONWORKERS ANNUITY PLAN C/O AFL-AGC BUILDING TRADES P.O. BOX 1492 MOBILE AL 36633		2b Employer Identification Number (EIN) 58-6319526
		2c Plan Sponsor's telephone number 251-438-4765
		2d Business code (see instructions) 525100

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		8-21-25	TIM MILLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		8/21/25	LEE BAILEY
	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