

<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>▶ 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: 2em; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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>STEAMSHIP TRADE ASSOCIATION OF BALTIMORE, INC. INTERNATIONAL LONGSHOREMEN'S ASSOCIATION LOCALS 953, 333, 1429 VACATION & HOLIDAY FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>501</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>JOINT BOARD OF TRUSTEES OF THE STA-ILA LOCALS 953, 333, 1429</u></p> <p><u>6610 TRIBUTARY STREET, SUITE 202</u> <u>BALTIMORE, MD 21224-6514</u></p>	<p>1c Effective date of plan <u>06/01/2010</u></p> <p>2b Employer Identification Number (EIN) <u>27-3004934</u></p> <p>2c Plan Sponsor's telephone number <u>410-633-9330</u></p> <p>2d Business code (see instructions) <u>483000</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.	06/17/2025	RICHARD P. KRUEGER JR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	06/17/2025	DOUGLAS WOLFE
	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	1930
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)	1930
	6a(2)	1865
	6b	
	6c	
	6d	1865
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	16

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4Q

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan <small>STEAMSHIP TRADE ASSOCIATION OF BALTIMORE, INC. INTERNATIONAL LONGSHOREMEN'S ASSOCIATION LOCALS 953, 333, 1429 VACATION & HOLIDAY FUND</small>	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 <small>JOINT BOARD OF TRUSTEES OF THE STA-ILA LOCALS 953, 333, 1429</small>	D Employer Identification Number (EIN) <small>27-3004934</small>	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

STA-ILA CONTAINER ROYALTY PLAN

52-0953443

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 99	AFFILIATED PLAN	43300	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)

ABATO, RUBENSTEIN, & ABATO, P.A.

52-0904713

(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	NONE	30562	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)

WITHUMSMITH+BROWN, PC

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	30074	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)

STA OF BALTIMORE INFO SERVICES

52-1331539

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	AFFILIATE OF EMPLOYER ORG	26315	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)

M&T TRUST COMPANY

16-0538020

(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?
20 28	NONE	21082	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)

EBERTS & HARRISON, INC.

52-0816262

(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?
23 50	NONE	11475	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)

CHUCK'S PRINTING & BLUELINE SERVICE

52-1233071

(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?
36 50	NONE	5549	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"/>

(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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024			
A Name of plan STEAMSHIP TRADE ASSOCIATION OF BALTIMORE, INC. INTERNATIONAL LONGSHOREMEN'S ASSOCIATION LOCALS 953, 333, 1429 VACATION & HOLIDAY FUND	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ►</td> <td style="width:20%; text-align: center;">501</td> </tr> </table>	B Three-digit plan number (PN) ►	501
B Three-digit plan number (PN) ►	501		
C Plan sponsor's name as shown on line 2a of Form 5500 JOINT BOARD OF TRUSTEES OF THE STA-ILA LOCALS 953, 333, 1429	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">D Employer Identification Number (EIN) 27-3004934</td> </tr> </table>	D Employer Identification Number (EIN) 27-3004934	
D Employer Identification Number (EIN) 27-3004934			

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	1075678	856465
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2409166	4171574
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	28644	29762
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	3513488	5057801
Liabilities			
g Benefit claims payable.....	1g	1731664	1486875
h Operating payables.....	1h	42290	67218
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1047750	1047750
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2821704	2601843
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	691784	2455958

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)	21910283	
(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)		21910283
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1426	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		21911709

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	19976161	
(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)		19976161
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)		
(3) Recordkeeping fees	2i(3)	11787	
(4) IQPA audit fees	2i(4)	18287	
(5) Investment advisory and investment management fees	2i(5)	308	
(6) Bank or trust company trustee/custodial fees	2i(6)	20774	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	31200	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	89018	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		171374
j Total expenses. Add all expense amounts in column (b) and enter total	2j		20147535

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1764174
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: WITHUMSMITH+BROWN, PC

(2) EIN: 22-2027092

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		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.			

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 _____.

**Steamship Trade Association of Baltimore, Inc. International Longshoremen's
Association Locals 953, 333, 1429 Vacation & Holiday Fund
EIN 27-3004934
Plan No. 501
Plan Year Ended December 31, 2024**

**Form 5500, Schedule H, Part III
Financial Statements used to formulate IQPA's opinion**

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

**STEAMSHIP TRADE ASSOCIATION OF BALTIMORE, INCORPORATED –
INTERNATIONAL LONGSHOREMEN'S ASSOCIATION
LOCALS 953, 333, 1429 VACATION AND HOLIDAY FUND
Financial Statements
December 31, 2024 and 2023
With Independent Auditor's Report**

**Steamship Trade Association of Baltimore, Incorporated –
International Longshoremen’s Association
Locals 953, 333, 1429 Vacation and Holiday Fund
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December 31, 2024 and 2023**

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INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
Steamship Trade Association of Baltimore, Incorporated –
International Longshoremen's Association
Locals 953, 333, 1429 Vacation and Holiday Fund:

Opinion

We have audited the financial statements of Steamship Trade Association of Baltimore, Incorporated - International Longshoremen's Association Locals 953, 333, 1429 Vacation and Holiday Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits and benefit obligations as of December 31, 2024 and 2023, the related statement of changes in net assets available for benefits and benefit obligations for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of Steamship Trade Association of Baltimore, Incorporated - International Longshoremen's Association Locals 953, 333, 1429 Vacation and Holiday Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and benefit obligations for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Steamship Trade Association of Baltimore, Incorporated - International Longshoremen's Association Locals 953, 333, 1429 Vacation and Holiday Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Steamship Trade Association of Baltimore, Incorporated - International Longshoremen's Association Locals 953, 333, 1429 Vacation and Holiday Fund's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Steamship Trade Association of Baltimore, Incorporated - International Longshoremen's Association Locals 953, 333, 1429 Vacation and Holiday Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Steamship Trade Association of Baltimore, Incorporated - International Longshoremen's Association Locals 953, 333, 1429 Vacation and Holiday Fund's ability to continue as a going concern for a reasonable period of time.

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

Report on Supplementary Information

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Supplemental Schedule of Administrative Expenses

The supplemental schedule of administrative expenses for the year ended December 31, 2024 is being presented for the purposes of additional analysis and is not a required part of the financial statements and has been subjected to audit procedures performed in conjunction with the audit of the Steamship Trade Association of Baltimore, Incorporated - International Longshoremen's Association Locals 953, 333, 1429 Vacation and Holiday Fund's financial statements. This supplementary information is the responsibility of the Steamship Trade Association of Baltimore, Incorporated - International Longshoremen's Association Locals 953, 333, 1429 Vacation and Holiday Fund's management. Our audit procedures included determining whether this supplementary information reconciles to the financial statements or the underlying accounting and other records, as applicable, and performing procedures to test the completeness and accuracy of the information presented within the schedule of administrative expenses. In our opinion, the schedule of administrative expenses is fairly stated, in all material respects, in relation to the financial statements as a whole.

Withum Smith + Brown, PC

June 17, 2025

**Steamship Trade Association of Baltimore, Incorporated –
International Longshoremen’s Association
Locals 953, 333, 1429 Vacation and Holiday Fund
Statements of Net Assets Available for Benefits and Benefit Obligations
December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
Assets		
Cash	\$ 856,465	\$ 1,075,678
Investments, at fair value	29,762	28,644
Receivables		
Employer contributions	2,774,574	1,012,166
CR-5 funding contributions	<u>1,397,000</u>	<u>1,397,000</u>
Total assets	<u>5,057,801</u>	<u>3,513,488</u>
Liabilities		
Accounts payable	30,078	18,302
Due to related parties	37,140	23,988
Deferred revenue	<u>1,047,750</u>	<u>1,047,750</u>
Total liabilities	<u>1,114,968</u>	<u>1,090,040</u>
Net assets available for benefits	<u>3,942,833</u>	<u>2,423,448</u>
Benefit obligations		
Vacation benefits and related employer payroll taxes payable	614,445	707,794
Holiday benefits and related employer payroll taxes payable	<u>872,430</u>	<u>1,023,870</u>
Total benefit obligations	<u>1,486,875</u>	<u>1,731,664</u>
Excess of net assets available for benefits over benefit obligations	<u>\$ 2,455,958</u>	<u>\$ 691,784</u>

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

**Steamship Trade Association of Baltimore, Incorporated –
International Longshoremen’s Association
Locals 953, 333, 1429 Vacation and Holiday Fund
Statement of Changes in Net Assets Available for Benefits and Benefit Obligations
Year Ended December 31, 2024**

Additions

Employer contributions	\$ 9,456,114
CR-5 funding contributions	9,390,504
SUB contributions	<u>3,063,665</u>
	<u>21,910,283</u>
Investment income	
Interest income	1,426
Less: Investment fees and charges	<u>(308)</u>
	<u>1,118</u>
Total additions	<u>21,911,401</u>

Deductions

Vacation benefits and related employer payroll taxes	9,746,346
Holiday benefits and related employer payroll taxes	7,410,939
Supplemental unemployment benefits and related employer payroll taxes	<u>3,063,665</u>
	20,220,950
Administrative expenses	<u>171,066</u>
Total deductions	<u>20,392,016</u>

Net change in net assets available for benefits 1,519,385

Change in benefit obligation

Vacation and Holiday benefits and related employer payroll taxes payable	
Beginning of year	1,731,664
End of year	<u>(1,486,875)</u>

Net change in benefit obligations 244,789

Net change in excess of net assets available
for benefits over benefit obligations 1,764,174

Excess of net assets available for benefits over benefit obligations

Beginning of year	<u>691,784</u>
End of year	<u>\$ 2,455,958</u>

The Notes to Financial Statements are an integral part of this statement.

**Steamship Trade Association of Baltimore, Incorporated –
International Longshoremen’s Association
Locals 953, 333, 1429 Vacation and Holiday Fund
Notes to Financial Statements
December 31, 2024 and 2023**

1. DESCRIPTION OF THE FUND

The following description of the Steamship Trade Association of Baltimore, Incorporated - International Longshoremen’s Association Locals 953, 333, 1429 Vacation and Holiday Fund (the “Fund”) provides only general information. Participants should refer to the Summary Plan Description and/or the Agreement and Declaration of Trust for a more complete description of the Fund’s provisions.

General

The Fund is a multiemployer defined benefit welfare benefit plan that was established in 2010 pursuant to collective bargaining to provide vacation and holiday benefits to eligible participants. The Fund is jointly administered by the Board of Trustees, which consists of equal representation from members of the Steamship Trade Association of Baltimore, Inc. (“STA”) and the International Longshoremen’s Association (“ILA”).

The Fund is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

Eligibility

Eligibility for vacation and/or holiday benefits is based upon hours of service during the contract year (i.e., the twelve-month period from October 1st through September 30th). Eligibility is determined each contract year.

Eligibility for unemployment supplemental benefits (“SUB”) was based on hours of service during the period October 1, 2023 and March 31, 2024. Further, to receive a SUB payment an ILA member must have stopped work because of the closure of the main shipping channel into the Port of Baltimore resulting from the Key Bridge collapse (see Note 11). Eligibility was determined on a weekly basis.

Funding

The participating employers’ obligation to provide contributions to the Fund arises pursuant to the terms and conditions of the collective-bargaining agreements (including the Memorandum of Agreement between the ILA and the STA), plan document, and related practices. Participating employer contributions are paid on a monthly basis.

In accordance with the Master Contract and Memorandum of Agreement between the ILA and STA, the Fund also receives additional automatic and discretionary funds from the Container Royalty Fund No. 5.

The Fund also received special assessments from the United States Maritime Alliance, LTD (“USMX”) and STA during the year ended December 31, 2024 to fund the supplemental unemployment benefits and related employer payroll taxes paid to eligible ILA members during the period in which the Port of Baltimore was closed as a result of the Key Bridge collapse (see Note 11).

Participant contributions are not permitted under the Fund.

Holiday Benefits

Participants are eligible to receive holiday benefits for the holidays that occur during the contract year, which end within the current calendar year, if they receive credit for at least 800 hours of service during the contract year. Holiday benefits are calculated by multiplying the total holiday hours earned, which is determined by multiplying the number of holidays by eight hours, by the participant’s straight time rate of pay established by the collective bargaining agreement.

**Steamship Trade Association of Baltimore, Incorporated –
International Longshoremen’s Association
Locals 953, 333, 1429 Vacation and Holiday Fund
Notes to Financial Statements
December 31, 2024 and 2023**

Holiday benefits are paid in December of each year.

Vacation Benefits

The following table depicts the participant eligibility requirements and related benefit hours earned for vacation during the contract year.

<u>Hours of Service During Contract Year Ending within Current Plan Year</u>	<u>Required Qualifying Years*</u>	<u>Vacation Benefit Hours</u>
675 or more, but less than 1,100	Zero	40
1,100 or more, but less than 1,300	Zero	80
At least 1,300	Two of the immediately preceding three contract years	120
At least 1,300	Five of the immediately preceding six contract years	160
At least 1,500	Ten of the immediately preceding twelve contract years	240

*A qualifying year is a contract year during which a participant is credited with at least 675 qualifying hours. A qualifying hour is any hour that is either (a) an hour of service or (b) credited to a participant under one or more of the Special Crediting Rules, as described in the Summary Plan Description.

Vacation benefits are calculated by multiplying the total vacation hours earned by the participant’s straight time rate of pay established by the collective bargaining agreement.

Vacation benefits are paid quarterly in the month following the calendar quarter end.

Supplemental Unemployment Benefits (SUB)

A participant was eligible to receive up to eight weekly SUB payments during the closure of the main shipping line into the Port of Baltimore (see Note 11) if they:

- Worked at least 100 hours for an STA-Employer at the Port of Baltimore between October 1, 2023 and March 31, 2024,
- Were not working at the time of application for benefit and was either applied or been approved for unemployment benefits in their home state, and
- Submitted a formal application for SUB payment.

**Steamship Trade Association of Baltimore, Incorporated –
International Longshoremen’s Association
Locals 953, 333, 1429 Vacation and Holiday Fund
Notes to Financial Statements
December 31, 2024 and 2023**

The amount of a participant’s weekly SUB payment was based on the participant’s straight time rate of pay as follows:

<u>Hourly Rate</u>	<u>Gross SUB Benefit</u>
\$ 39.00	\$ 600.00
\$ 31.90	\$ 450.00
\$ 24.75	\$ 300.00
\$ 20.00	\$ 225.00

Fund Termination

Although the Board of Trustees have expressed no intention to terminate the Fund, if the Fund were to terminate, the Trustees would use any remaining surplus amount in the Fund to continue to provide supplemental benefits to eligible Fund participants and to defray the cost of administering the Fund.

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

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

Credit Risk

The Fund, at times throughout the year, has funds on deposit with financial institutions in excess of federally insured amounts. Any loss incurred or a lack of access to such funds could have a significant adverse impact on the Company’s financial condition, results of operations, and cash flows.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis.

Fair Value of Financial Instruments

The Plan Administrator believes the carrying value of financial instruments, as stated in the financial statements, approximates their fair value.

Employer Contributions and Contributions Receivable

Employer contributions include monthly assessments for ILA work hours as well as monthly assessments on all new imported and/or exported automobiles. Employer contributions are recorded in the period in which the hours giving rise to the contributions are worked.

**Steamship Trade Association of Baltimore, Incorporated –
International Longshoremen’s Association
Locals 953, 333, 1429 Vacation and Holiday Fund
Notes to Financial Statements
December 31, 2024 and 2023**

CR-5 Funding Contributions, Contributions Receivable, and Deferred Revenue

CR-5 funding automatic and discretionary contributions are provided to the Fund on a contract year basis. Amounts awarded but not yet received by the Fund for a contract year that falls within, or is prior to, the calendar year end of the Fund being reported upon, are recorded as a receivable. These contributions are considered earned with the passage of time on a straight line basis. Unearned amounts are deferred.

SUB Contributions

Special assessments were contributed to the Fund during the year ended December 31, 2024 by the USMX and STA to fund the supplemental unemployment benefits and related employer payroll taxes. These contributions were recorded in the period in which the related benefits and taxes were paid.

Allowance for Doubtful Accounts

The carrying amount of employer and CR-5 funding contributions receivables are reduced by an allowance for credit losses that reflects management’s best estimate of the amounts that will not be collected. Factors which influence management’s judgement in determining the appropriate allowance for credit losses include past collection experience, industry standards, current economic conditions, and expected future economic conditions. As of December 31, 2024 and December 31, 2023, the allowance was \$0.

Payment of Benefits and Benefits Payable

Benefits are recorded as a deduction from net assets available for benefits when paid. Amounts due for benefits earned as of December 31st, but not paid, are recorded as a payable in the statement of net assets available for benefits and benefit obligations. The change in the obligation is recorded in the statement of changes in net assets available for benefits and benefit obligations.

Administrative Expenses

All expenses of maintaining the Fund are paid by the Fund.

Subsequent Events

In preparing these financial statements, management of the Fund has evaluated events and transactions for potential recognition or disclosure through June 17, 2025, the date the financial statements were available to be issued.

3. TAX STATUS

The Trust established under the Fund to hold the Fund’s assets received an exemption letter from the Internal Revenue Service (“IRS”) dated August 6, 2015, stating that the Trust is tax-exempt under the provisions of Section 501(c)9 of the Internal Revenue Code. However, as a result of the Fund’s funding policy, from time to time the Trust may be subject to income taxes. No federal or state income taxes have been recorded during the year ended December 31, 2024 for unrelated business taxable income. The Trust has not been amended since receiving the exemption letter.

Accounting principles generally accepted in the United States of America require Fund management to evaluate tax positions taken by the Fund and recognize a tax liability (or asset) if the Fund has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Fund is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**Steamship Trade Association of Baltimore, Incorporated –
International Longshoremen’s Association
Locals 953, 333, 1429 Vacation and Holiday Fund
Notes to Financial Statements
December 31, 2024 and 2023**

4. CASH AND INVESTMENTS

The cash and investments of the Fund are held by a bank-administered trust fund. The following table presents the Fund’s cash and investments as of December 31:

	<u>2024</u>	<u>2023</u>
M&T Bank - Business Checking Accounts	\$ 856,465	\$ 1,075,678
Wilmington U.S. Treasury Money Market Fund	<u>29,762</u>	<u>28,644</u>
	<u>\$ 886,227</u>	<u>\$ 1,104,322</u>

5. FAIR VALUE MEASUREMENTS

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

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

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

The following is a description of the valuation methodology used for assets measured at fair. There have been no changes in the methodology used at December 31, 2024 and 2023.

Money market funds: Shares of a money market portfolio are considered cash equivalents and are valued at their carrying amount due to their short-term nature.

**Steamship Trade Association of Baltimore, Incorporated –
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Notes to Financial Statements
December 31, 2024 and 2023**

The following tables present by level, within the fair value hierarchy, the Fund’s assets measured at fair value as of December 31, 2024 and 2023:

	2024			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds	\$ 29,762	\$ -	\$ -	\$ 29,762
Total assets at fair value	<u>\$ 29,762</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 29,762</u>

	2023			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds	\$ 28,644	\$ -	\$ -	\$ 28,644
Total assets at fair value	<u>\$ 28,644</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 28,644</u>

6. CR-5 FUNDING CONTRIBUTIONS

Pursuant to a memorandum of agreement between the STA and the ILA, the United States Maritime Alliance, LTD (“USMX”) provides an automatic distribution, i.e., CR-5 funding, in the amount of \$1,397,000. This distribution was provided for each of the contract years ended September 2011 through 2024 and has been extended through the contract year ended September 2030 pursuant to the most recent collectively bargained agreements.

The Fund also has the ability to request CR-5 discretionary funding distributions for financial assistance from the USMX. Quarterly, as obligations of the Fund become due, additional amounts needed to fund benefit payments are requested by the Fund. Once approved by the USMX, amounts are distributed to the Fund.

The following table depicts the accounting for these distributions as of and for the year ended December 31, 2024:

<u>Contract Year Ended</u>	<u>Automatic Distribution</u>	<u>Discretionary Distributions</u>	<u>Receivable</u>	<u>Deferred Revenue</u>	<u>Revenue</u>
September 2024	\$ 1,397,000	\$ 2,122,112	\$ -	\$ -	\$ 3,169,943
September 2025	1,397,000	5,871,311	<u>1,397,000</u>	<u>1,047,750</u>	<u>6,220,561</u>
			<u>\$ 1,397,000</u>	<u>\$ 1,047,750</u>	<u>\$ 9,390,504</u>

The following table depicts the accounting for these distributions as of December 31, 2023:

<u>Contract Year Ended</u>	<u>Automatic Distribution</u>	<u>Discretionary Distribution</u>	<u>Receivable</u>	<u>Deferred Revenue</u>
September 2024	\$ 1,397,000	\$ -	<u>\$ 1,397,000</u>	<u>\$ 1,047,750</u>

**Steamship Trade Association of Baltimore, Incorporated –
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December 31, 2024 and 2023**

7. CONCENTRATION OF PARTICIPATING EMPLOYERS

There are approximately 15 participating employers of which three employers comprise approximately 77% and 82% of the total Fund activity as of December 31, 2024 and 2023, respectively. This activity includes, but is not limited to, employer contributions receivable as of December 31, 2024 and 2023 and employer contributions for the year ended December 31, 2024.

Participating Employers	Percentage of Employer Contributions 2024	Percentage of Employer Contributions 2023
Ports America Chesapeake, LLC	46.56%	49.21%
MTC Holdings	15.40%	17.45%
Ceres Terminals, Inc.	15.17%	14.90%

8. RELATED PARTY TRANSACTIONS

The STA of Baltimore - ILA Container Royalty Plan (“Container Royalty Plan”) and the STA of Baltimore Information Services, Inc. (“STA Info Services”) incur and pay certain administrative expenditures that also provide a benefit to the Fund.

The following table depicts the related party transactions as of December 31, 2024 and 2023 and for the year ended December 31, 2024:

Related Party	2024		2023
	Due to Related Party	Expense	Due to Related Party
Container Royalty Plan	\$ 10,825	\$ 43,300	\$ 10,825
STA Info Services	26,315	26,315	13,163
	\$ 37,140	\$ 69,615	\$ 23,988

9. TRANSACTIONS WITH PARTIES-IN-INTEREST

The Fund paid administrative fees to service providers during the fiscal year that are considered party-in-interest transactions. These transactions are exempt from the prohibited transaction rules of ERISA.

10. RISKS AND UNCERTAINTIES

The Fund invests in a U.S. Treasury Money Market Fund. This investment is exposed to various risk such as inflation and credit risk. Management of the Fund believes these risks are not significant.

**Steamship Trade Association of Baltimore, Incorporated –
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Notes to Financial Statements
December 31, 2024 and 2023**

11. SIGNIFICANT EVENT

On March 25, 2024, a container ship lost power and collided with the Francis Scott Key Bridge, causing it to collapse. Due to this collapse the main shipping channel into the Port of Baltimore was closed until June 11, 2024. The impact of the collapse and resulting closure of the main shipping channel had a significant impact on the Port of Baltimore’s operations and resulted in a significant reduction in operations and work hours. For the year ended December 31, 2024, impact to the Fund included the following:

1. A reduction in employer contributions which was directly attributable to the reduction in work hours resulting from the closure of the main shipping channel into the Port of Baltimore.
2. A reduction in vacation and holiday benefits which was directly attributable to the reduction in work hours resulting from the closure of the main shipping channel into the Port of Baltimore.
3. It was determined that supplemental unemployment benefits were to be paid to ILA members impacted by the closure of the main shipping channel into the Port of Baltimore and that such unemployment benefits would be provided through the Fund. ILA members who met the eligibility requirements for a particular week were eligible for a weekly SUB payment. Weekly SUB payments were made for eight of the weeks in which the main shipping channel into the Port of Baltimore was closed. This resulted in a significant increase in benefit distributions paid during 2024. SUB payments distributed to eligible ILA members by the Fund during 2024, as well as the related employer payroll taxes, are reported within the statement of changes in net assets available for benefits and benefit obligations as supplemental unemployment benefits and related employer payroll taxes.
4. It was determined that the supplemental unemployment benefits would be funded by contributions from the USMX and that the related employer payroll taxes would be funded by the STA. This resulted in a significant increase in contributions received during 2024. Contributions received during the year from the USMX and STA are reported within the statement of changes in net assets available for benefits and benefit obligations as SUB contributions.

12. SUBSEQUENT EVENT

A new collective bargaining agreement (“master contract”) covering the period October 1, 2024 through September 30, 2030 was finalized in February 2025 between the ILA and USMX. The new master contract included the following changes effective October 1, 2024:

1. Wage Increases – Effective October 1, 2024, employees who were employed as of September 30, 2024 and who are receiving a straight-time basic wage rate of \$39.00 per hour as of September 30, 2024 shall receive an increase of \$6.00 per hour in their straight-time basic wage rate. All employees who were receiving a straight-time basic wage rate on September 30, 2024 that is less than the highest straight time basic wage rate in effect on October 1, 2024 shall receive an increase in their straight-time basic wage rate in accordance with the following Formula:
 - a. On their first Industry Employment Anniversary Date, twenty-five percent (25%) of the difference between the highest straight-time basic wage rate and the lowest straight-time basic wage rate;
 - b. On their second Industry Employment Anniversary Date, fifty percent (50%) of the difference between the highest straight-time basic wage rate and the lowest straight-time basic wage rate;
 - c. On their third Industry Employment Anniversary Date, seventy-five percent (75%) of the difference between the highest straight-time basic wage rate and the lowest straight-time basic wage rate;

**Steamship Trade Association of Baltimore, Incorporated –
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Notes to Financial Statements
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- d. On their fourth Industry Employment Anniversary Date, one hundred percent (100%) of the difference between the highest straight-time basic wage rate and the lowest straight-time basic wage rate.
- 2. Local Assessments were increased as follows:
 - a. All man hours: \$3.24
 - b. Conversion of MPP \$1.00 to V/H
 - c. Breakbulk/bulk additional manhour assessment: \$1.00; and \$2.00, effective October 1, 2027.
 - d. Auto assessment per unit: \$2.00 and \$3.00 effective October 1, 2027
 - e. Cruise assessment per passenger: \$1.00 and \$2.00 effective October 1, 2027
- 3. Holiday Qualification Hours for benefits: 1,000 hours*
- 4. Vacation Qualification Hours for benefits starting in Contract Year Beginning October 1, 2024*
 - a. 1 week: 800 hours
 - b. 2 weeks: 1,100 hours
 - c. 3 weeks: 1,300 hours and 3 years of service (2 qualifying years)
 - d. 4 weeks: 1,300 hours and 6 years of service (5 qualifying years)
 - e. 6 weeks: 1,500 hours and 12 years of service (10 qualifying years)

* Employees who have qualified for a vacation or holiday benefit in one of the last three Contract Years (CYE 22, 23, 24) will continue to qualify based on 675 hours for vacation and 800 hours for holiday, with 675 hours earning a qualifying service year. All other employees will be required to work 800 hours to earn a qualifying service year. Qualifying service years prior to October 1, 2024 will continue to count towards vacation eligibility.

Because of the nature and complexity of these changes, the Plan Administrator is not able to evaluate the economic impact on the Fund.

13. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the accompanying 2024 and 2023 financial statements to the Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 3,942,833	\$ 2,423,448
Benefit obligations currently payable	<u>(1,486,875)</u>	<u>(1,731,664)</u>
Net assets available for benefits per the Form 5500	<u>\$ 2,455,958</u>	<u>\$ 691,784.00</u>

**Steamship Trade Association of Baltimore, Incorporated –
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Locals 953, 333, 1429 Vacation and Holiday Fund
Notes to Financial Statements
December 31, 2024 and 2023**

The following is a reconciliation of benefits paid to or for participants per the financial statements to the Form 5500 for the year ended December 31, 2024:

Benefits paid to or for participants per the financial statements	\$ 20,220,950
Benefit obligations currently payable at end of year	1,486,875
Benefit obligations currently payable at beginning of year	<u>(1,731,664)</u>
Benefits paid to or for participants per the Form 5500	<u>\$ 19,976,161</u>

SUPPLEMENTARY INFORMATION

**Steamship Trade Association of Baltimore, Incorporated –
International Longshoremen’s Association
Locals 953, 333, 1429 Vacation and Holiday Fund
Schedule of Administrative Expenses
Year Ended December 31, 2024**

Legal and accounting	\$	61,274
Reimbursements to Container Royalty Plan		43,300
Reimbursements to STA Info Services		26,315
Bank service charges		20,774
Insurance		12,566
Printing		5,549
Consulting fees		1,075
Office supplies		<u>213</u>
Total administrative expenses	\$	<u>171,066</u>

See Independent Auditor’s Report.

**Steamship Trade Association of Baltimore, Incorporated –
International Longshoremen’s Association
Locals 953, 333, 1429 Vacation and Holiday Fund
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
EIN #27-3004934, Plan #501
December 31, 2024**

<u>(a)</u>	<u>(b) Identity of Issue, Borrower, Lessor or Similar Party</u>	<u>(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
	<u>Cash and Cash Equivalents</u>			
*	M&T Trust Company Account 9851424094	Business Checking Account	\$ 856,465	\$ 856,465
*	M&T Trust Company Account 1044311	Wilmington U.S. Treasury Money Market Fund	<u>29,762</u>	<u>29,762</u>
			<u>\$ 886,227</u>	<u>\$ 886,227</u>
*	Known party-in-interest to the Fund.			

See Independent Auditor’s Report.

**Steamship Trade Association of Baltimore, Inc. International Longshoremen's
Association Locals 953, 333, 1429 Vacation & Holiday Fund**

EIN 27-3004934

Plan No. 501

Plan Year Ended December 31, 2024

**Form 5500, Schedule H, Part IV, Line 4i
Schedule of Assets (Held at Year End)**

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

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2024 or fiscal plan year beginning		01/01/2024	and ending
			12/31/2024
A	This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ B This return/report is: <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months) C If the plan is a collectively-bargained plan, check here: <input checked="" type="checkbox"/> D Check box if filing under: <input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description) E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here: <input type="checkbox"/>	

Part II	Basic Plan Information—enter all requested information		
1a	Name of plan STEAMSHIP TRADE ASSOCIATION OF BALTIMORE, INC. INTERNATIONAL LONGSHOREMEN'S ASSOCIATION LOCALS 953, 333, 1429 VACATION & HOLIDAY FUND	1b	Three-digit plan number (PN) ▶ 501
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) JOINT BOARD OF TRUSTEES OF THE STA-ILA LOCALS 953, 333, 1429 6610 TRIBUTARY STREET, SUITE 202 BALTIMORE MD 21224-6514	1c	Effective date of plan 06/01/2010
		2b	Employer Identification Number (EIN) 27-3004934
		2c	Plan Sponsor's telephone number (410) 633-9330
		2d	Business code (see instructions) 483000

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

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

SIGN HERE		6/17/25	RICHARD P. KRUEGER JR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		6/17/25	DOUGLAS WOLFE
	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 1,930																				
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td style="text-align: right;">1,930</td></tr> <tr><td>6a(2)</td><td style="text-align: right;">1,865</td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td style="text-align: right;">1,865</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)	1,930	6a(2)	1,865	6b		6c		6d	1,865	6e		6f		6g(1)		6g(2)		6h	
6a(1)	1,930																				
6a(2)	1,865																				
6b																					
6c																					
6d	1,865																				
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7 16																				

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
 4Q

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____
