

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>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) M

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>MEBA MASTER TRUST FOR ERISA PLANS</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 - MEBA PENSION TRUST</u></p> <p><u>1007 EASTERN AVENUE</u> <u>BALTIMORE, MD 21202-4345</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>52-2270585</u></p> <p>2c Plan Sponsor's telephone number <u>410-547-9111</u></p> <p>2d Business code (see instructions)</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.	10/14/2025	ADAM VOKAC
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	EDWARD HANLEY
	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 <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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
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.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 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

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:

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 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 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 checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 MEBA MASTER TRUST FOR ERISA PLANS	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES - MEBA PENSION TRUST	D Employer Identification Number (EIN) 52-2270585	

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

M&T BANK

16-0538020

(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)

(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"/>

(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 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> 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 <u>MEBA MASTER TRUST FOR ERISA PLANS</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 - MEBA PENSION TRUST</u>	D Employer Identification Number (EIN) <u>52-2270585</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)
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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:

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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> 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 MEBA MASTER TRUST FOR ERISA PLANS	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES - MEBA PENSION TRUST	D Employer Identification Number (EIN) 52-2270585

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)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	141748
		127704
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4462049
(2) U.S. Government securities	1c(2)	12871751
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	5007812
(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)	5800301
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	1619862

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	28283661	16629177
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	28283661	16629177

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)		
(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)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	313168	
(B) U.S. Government securities.....	2b(1)(B)	181195	
(C) Corporate debt instruments.....	2b(1)(C)	264512	
(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)		758875
(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)	59154	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		59154
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	596251734	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	596281383	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-29649
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	135892	
(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		924272

Expenses

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

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		924272
l Transfers of assets:			
(1) To this plan.....	2l(1)		122550168
(2) From this plan	2l(2)		135128924

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.)			
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?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
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?			
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?			
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?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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 _____.

MEBA MASTER TRUST FOR ERISA PLANS
Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)
Plan #001 / EIN: 52-2270585
December 31, 2024

(c) Description of Investment Including Collateral, Maturity Date, Rate of Interest, Par/Maturity Value or Shares								
(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	Description	Collateral	Maturity Date	Rate of Interest	Par/Maturity Value or Shares	(d) Cost	(e) Current Value
Mutual Funds:								
	Blackrock Liquidity Fedfund Inst	MMF	N/A	N/A	N/A	1,619,862	1,619,862	1,619,862
	Total Money Market Funds						1,619,862	1,619,862
Cash Equivalents:								
	Chevron Corp	Commercial Paper	N/A	1/6/2025	N/A	1,200,000	1,196,267	1,196,267
	Cisco Sys Inc	Commercial Paper	N/A	3/26/2025	N/A	800,000	776,250	776,250
	Deere John Finl Inc	Commercial Paper	N/A	2/20/2025	N/A	1,000,000	991,100	991,100
	Honeywell Intl Inc	Commercial Paper	N/A	2/25/2025	N/A	900,000	884,613	884,613
	Metlife Short Term	Commercial Paper	N/A	1/13/2025	N/A	1,200,000	1,195,371	1,195,371
	Pacific Life Short Term	Commercial Paper	N/A	3/17/2025	N/A	800,000	772,444	772,444
	Total Cash Equivalents						5,816,045	5,816,045
U.S. Government Agencies:								
	Fhfb	U.S. Government Agency Debt	N/A	11/17/2026	4.625%	600,000	606,162	603,846
	Fnma	U.S. Government Agency Debt	N/A	9/24/2026	1.875%	1,250,000	1,178,638	1,201,338
	Fnma	U.S. Government Agency Debt	N/A	4/24/2026	2.125%	1,000,000	954,450	972,390
	Total U.S. Government Agencies						2,739,250	2,777,574
Corporate & Foreign Bonds:								
	Bristol-Myers	Bond	N/A	6/15/2026	3.200%	500,000	482,015	491,130
	Caterpillar Finl Mtn	Bond	N/A	11/15/2027	4.600%	880,000	879,243	880,475
	Citibank	Bond	N/A	8/6/2026	4.929%	500,000	500,000	501,990
	Eli Lilly & Co	Bond	N/A	8/14/2027	4.150%	800,000	802,008	795,672
	Ford Credit Aut Abs	Bond	N/A	7/15/2026	5.240%	451,539	451,503	452,288
	Home Depot Inc	Bond	N/A	9/30/2026	4.950%	750,000	749,273	756,240
	Mercedes-Benz Abs	Bond	N/A	2/16/2027	5.440%	298,738	298,709	300,163
	Nissan Auto Lea Abs	Bond	N/A	10/15/2026	5.110%	806,650	806,620	808,707
	Paccar Financial Crp	Bond	N/A	8/6/2027	4.450%	300,000	299,601	299,722
	State Street Bank	Bond	N/A	11/25/2026	4.594%	500,000	500,000	501,145
	Toyota Lease Own Abs	Bond	N/A	7/20/2026	5.330%	499,640	499,598	500,460
	Total Corporate & Foreign Bonds						6,268,570	6,287,992
	Total investments						\$ 16,443,727	\$ 16,501,473

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210 - 0110
1210 - 0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

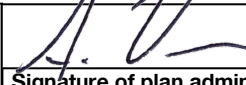

- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: a single-employer plan a DFE (specify) M
 the first return/report the final 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 MEBA MASTER TRUST FOR ERISA PLANS	1b Three-digit plan number (PN) ▶ 001 1c Effective date of plan
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 - MEBA PENSION TRUST 1007 EASTERN AVENUE BALTIMORE MD 21202-4345	2b Employer Identification Number (EIN) 52-2270585 2c Plan Sponsor's telephone number 410-547-9111 2d Business code (see instructions)

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		10/14/25	ADAM VOKAC
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/14/25	EDWARD HANLEY
	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 (2024)
v. 240311

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
---	----------

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) (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)
	6a(2)
	6b
	6c
	6d
	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
--	----------

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:

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 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 type="checkbox"/> Trust (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)

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

MEBA MASTER TRUST FOR ERISA PLANS
Schedule H, Line 4j – Schedule of Reportable Transactions
Plan #001 / EIN: 52-2270585
For the Year Ended December 31, 2024

(b)	(c)	(d)	(g)	(h)	(i)
Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Single Transaction:					
Fh1b 4.750% 3/08/24	-	2,799,608	2,799,944	2,799,608	(336)
Fh1b Z-Cpn 12/11/24	4,994,371	-	-	4,994,371	-
Fh1b Z-Cpn 12/16/24	-	7,228,270	7,228,270	7,228,270	-
Fh1b Z-Cpn 12/16/24	7,228,270	-	-	7,228,270	-
Fh1b Z-Cpn 12/18/24	-	4,199,472	4,199,472	4,199,472	-
Fh1b Z-Cpn 12/18/24	4,199,472	-	-	4,199,472	-
Fh1b Z-Cpn 4/17/24	-	1,599,766	1,599,766	1,599,766	-
Fh1b Z-Cpn 4/17/24	1,599,766	-	-	1,599,766	-
Fh1b Z-Cpn 6/17/24	1,799,211	-	-	1,799,211	-
Fh1b Z-Cpn 6/20/24	-	2,799,183	2,799,183	2,799,183	-
Fh1b Z-Cpn 6/20/24	2,799,183	-	-	2,799,183	-
Fh1b Z-Cpn 6/25/24	-	2,269,668	2,269,668	2,269,668	-
Fh1b Z-Cpn 6/25/24	2,269,668	-	-	2,269,668	-
Fh1b Z-Cpn 6/27/24	-	1,679,754	1,679,754	1,679,754	-
Fh1b Z-Cpn 6/27/24	1,679,754	-	-	1,679,754	-
Fh1b Z-Cpn 6/28/24	-	2,424,646	2,424,646	2,424,646	-
Fh1b Z-Cpn 6/28/24	2,424,646	-	-	2,424,646	-
Fh1b Z-Cpn 7/10/24	-	1,926,717	1,926,717	1,926,717	-
Fh1b Z-Cpn 7/10/24	1,926,717	-	-	1,926,717	-
Fh1b Z-Cpn 8/12/24	-	3,477,469	3,477,469	3,477,469	-
Fh1b Z-Cpn 8/12/24	3,477,469	-	-	3,477,469	-
Fh1b Z-Cpn 8/15/24	-	2,189,681	2,189,681	2,189,681	-
Fh1b Z-Cpn 8/15/24	2,189,681	-	-	2,189,681	-
Fh1b Z-Cpn 8/16/24	-	1,974,712	1,974,712	1,974,712	-
Fh1b Z-Cpn 8/16/24	1,974,712	-	-	1,974,712	-
Fh1b Z-Cpn 8/22/24	-	1,799,739	1,799,739	1,799,739	-
Fh1b Z-Cpn 8/22/24	1,799,739	-	-	1,799,739	-
Fh1b Z-Cpn 8/27/24	-	1,499,782	1,499,782	1,499,782	-
Fh1b Z-Cpn 8/27/24	1,499,782	-	-	1,499,782	-
Fh1b Z-Cpn 8/28/24	-	4,626,327	4,626,327	4,626,327	-
Fh1b Z-Cpn 8/28/24	4,626,327	-	-	4,626,327	-
Fh1b Z-Cpn 8/29/24	-	3,465,496	3,465,496	3,465,496	-
Fh1b Z-Cpn 8/29/24	3,465,496	-	-	3,465,496	-
Fh1b Z-Cpn 8/30/24	-	3,468,497	3,468,497	3,468,497	-
Fh1b Z-Cpn 8/30/24	3,468,497	-	-	3,468,497	-
Fh1b Z-Cpn 9/09/24	-	2,244,027	2,244,027	2,244,027	-
Fh1b Z-Cpn 9/09/24	2,244,027	-	-	2,244,027	-
Fh1b Z-Cpn 9/11/24	-	3,240,534	3,240,534	3,240,534	-
Fh1b Z-Cpn 9/11/24	3,240,534	-	-	3,240,534	-
Fh1b Z-Cpn 9/13/24	-	1,999,714	1,999,714	1,999,714	-
Fh1b Z-Cpn 9/16/24	-	2,167,066	2,167,066	2,167,066	-
Fh1b Z-Cpn 9/16/24	2,167,066	-	-	2,167,066	-

Single Transaction (continued):

Fhlb Z-Cpn 9/19/24	-	1,670,761	1,670,761	1,670,761	-
Fhlb Z-Cpn 9/19/24	1,670,761	-	-	1,670,761	-
Fhlb Z-Cpn 9/13/24	1,999,714	-	-	1,999,714	-
Fhlb Z-Cpn 12/11/24	-	4,994,371	4,994,371	4,994,371	-
Fhlb Z-Cpn 6/14/24	-	1,799,211	1,799,211	1,799,211	-
Illinois Tool Wks Dcp 1/16/24	-	1,499,117	1,499,117	1,499,117	-
Illinois Tool Wks Dcp 1/16/24	1,499,117	-	-	1,499,117	-
U.S. Treasury Bill 9/12/24	-	4,772,313	4,772,313	4,772,313	-
U.S. Treasury Bill 9/12/24	4,772,313	-	-	4,772,313	-
U.S. Treasury Bills 11/26/24	-	4,199,471	4,199,471	4,199,471	-
U.S. Treasury Bills 11/26/24	4,199,471	-	-	4,199,471	-
U.S. Treasury Bills 11/29/24	-	2,049,487	2,049,487	2,049,487	-
U.S. Treasury Bills 11/29/24	2,049,487	-	-	2,049,487	-
U.S. Treasury Bills 12/17/24	-	7,074,110	7,074,110	7,074,110	-
U.S. Treasury Bills 12/17/24	7,074,110	-	-	7,074,110	-
U.S. Treasury Bills 12/19/24	-	5,374,329	5,374,329	5,374,329	-
U.S. Treasury Bills 12/19/24	5,374,329	-	-	5,374,329	-
U.S. Treasury Bills 12/24/24	-	5,949,294	5,949,294	5,949,294	-
U.S. Treasury Bills 12/24/24	5,949,294	-	-	5,949,294	-
U.S. Treasury Bills 9/10/24	-	2,269,672	2,269,672	2,269,672	-
U.S. Treasury Bills 9/10/24	2,269,672	-	-	2,269,672	-
U.S. Treasury Bills 9/17/24	-	1,700,754	1,700,754	1,700,754	-
U.S. Treasury Bills 9/17/24	1,700,754	-	-	1,700,754	-

Series of Transactions:

Blackrock Liquidity Fedfund Inst	290,466,876	294,647,315	294,647,315	585,114,191	-
Air Prods & Chemicals Dcp 1/05/24	999,703	999,703	999,703	1,999,407	-
Apple Inc Dcp 6/24/24	848,255	848,255	848,255	1,696,509	-
Apple Inc Dcp 7/19/24	998,829	998,829	998,829	1,997,658	-
Apple Inc Dcp 10/24/24	994,073	994,307	994,307	1,988,380	-
Apple Inc Dcp 11/19/24	995,333	995,333	995,333	1,990,667	-
Apple Inc Dcp 12/23/24	847,950	847,950	847,950	1,695,900	-
Archer Daniels Dcp 9/20/24	999,575	999,575	999,575	1,999,150	-
Archer Daniels Dcp 12/18/24	848,483	848,483	848,483	1,696,966	-
Archer Daniels Midland Dcp 1/08/24	999,557	999,557	999,557	1,999,113	-
Archer Daniels Midland Dcp 1/12/24	1,249,633	1,249,633	1,249,633	2,499,267	-
Archer Daniels Midland Dcp 1/18/24	1,028,091	1,028,091	1,028,091	2,056,182	-
Archer Daniels Midlnd Dcp 12/17/24	991,513	991,513	991,513	1,983,025	-
Army & Air Force Dcp 3/19/24	999,853	999,853	999,853	1,999,706	-
Automatic Data Dcp 6/12/24	999,852	999,852	999,852	1,999,704	-
Automatic Data Dcp 8/13/24	799,882	799,882	799,882	1,599,764	-
Automatic Data Dcp 11/21/24	999,746	999,746	999,746	1,999,491	-
Automatic Data Proc Dcp 8/20/24	979,855	979,855	979,855	1,959,710	-
Automatic Data Process Dcp 8/14/24	799,882	799,882	799,882	1,599,764	-
Automatic Data Process Dcp 9/11/24	949,860	949,860	949,860	1,899,719	-
Automatic Data Process Dcp 10/24/24	999,866	999,866	999,866	1,999,732	-
Bmw Us Cap Llc Dcp 2/13/24	1,044,870	1,044,870	1,044,870	2,089,740	-
Bristol-Myers Dcp 4/05/24	998,522	998,522	998,522	1,997,044	-
Cargill Gbl Funding Dcp 4/11/24	999,853	999,853	999,853	1,999,706	-
Cargill Gbl Funding Dcp 4/12/24	999,853	999,853	999,853	1,999,705	-
Cargill Gbl Funding Dcp 5/21/24	1,499,779	749,889	749,889	2,249,668	-
Cargill Gbl Funding Dcp 6/11/24	799,882	799,882	799,882	1,599,764	-
Cargill Gbl Funding Dcp 6/12/24	999,853	999,853	999,853	1,999,706	-
Cargill Gbl Funding Dcp 6/13/24	999,853	999,853	999,853	1,999,706	-
Cargill Gbl Funding Dcp 6/25/24	999,853	999,853	999,853	1,999,706	-

Series of Transactions (continued):

Cargill Gbl Funding Dcp 6/26/24	899,868	899,868	899,868	1,799,735	-
Cargill Gbl Funding Dcp 6/27/24	899,867	899,867	899,867	1,799,735	-
Cargill Gbl Funding Dcp 7/16/24	999,853	999,853	999,853	1,999,705	-
Cargill Inc Dcp 1/18/24	476,579	1,226,468	1,226,468	1,703,047	-
Cargill Inc Dcp 2/15/24	1,099,675	1,099,675	1,099,675	2,199,350	-
Cargill Inc Dcp 5/13/24	949,580	949,580	949,580	1,899,161	-
Cargill Inc Dcp 6/14/24	999,853	999,853	999,853	1,999,706	-
Cargill Inc Dcp 6/18/24	999,853	999,853	999,853	1,999,706	-
Cargill Inc Dcp 6/20/24	999,706	999,706	999,706	1,999,411	-
Cargill Inc Dcp 6/21/24	999,853	999,853	999,853	1,999,706	-
Cargill Inc Dcp 6/28/24	899,868	899,868	899,868	1,799,735	-
Cargill Inc Dcp 8/23/24	899,868	899,868	899,868	1,799,735	-
Cargill Inc Dcp 8/30/24	799,882	799,882	799,882	1,599,764	-
Cargill Inc Dcp 9/12/24	1,099,838	1,099,838	1,099,838	2,199,676	-
Cargill Inc Dcp 9/19/24	998,985	998,985	998,985	1,997,970	-
Cargill Inc Dcp 10/16/24	999,867	999,867	999,867	1,999,733	-
Cargill Inc Dcp 11/27/24	724,541	724,541	724,541	1,449,082	-
Cargill Inc Dcp 12/13/24	1,199,848	1,199,848	1,199,848	2,399,697	-
Cargill Inc Dcp 12/18/24	999,873	999,873	999,873	1,999,747	-
Cargill Inc. Dcp 6/24/24	999,558	999,558	999,558	1,999,117	-
Chariot Fdg Llc Dcp 5/06/24	1,233,929	1,233,929	1,233,929	2,467,858	-
Chariot Fdg Llc Dcp 5/13/24	949,580	949,580	949,580	1,899,159	-
Chariot Fdg Llc Dcp 6/13/24	999,853	999,853	999,853	1,999,705	-
Chariot Fdg Llc Dcp 6/17/24	999,558	999,558	999,558	1,999,115	-
Chariot Fdg Llc Dcp 6/18/24	999,853	999,853	999,853	1,999,705	-
Chariot Fdg Llc Dcp 8/13/24	799,882	799,882	799,882	1,599,764	-
Chariot Fdg Llc Dcp 8/14/24	799,882	799,882	799,882	1,599,764	-
Chariot Fdg Llc Dcp 8/27/24	948,456	948,456	948,456	1,896,911	-
Chariot Fdg Llc Dcp 10/15/24	896,848	896,848	896,848	1,793,695	-
Chevron Corp Dcp 6/26/24	847,990	847,990	847,990	1,695,980	-
Chevron Corp Dcp 8/19/24	949,580	949,580	949,580	1,899,159	-
Chevron Corp Dcp 12/17/24	986,880	987,102	987,102	1,973,982	-
Ciesco Llc Dcp 1/17/24	1,249,816	1,249,816	1,249,816	2,499,631	-
Ciesco Llc Dcp 3/13/24	999,853	999,853	999,853	1,999,705	-
Ciesco Llc Dcp 3/18/24	999,558	999,558	999,558	1,999,115	-
Ciesco Llc Dcp 4/11/24	999,853	999,853	999,853	1,999,705	-
Ciesco Llc Dcp 6/21/24	999,852	999,852	999,852	1,999,704	-
Ciesco Llc Dcp 6/27/24	899,867	899,867	899,867	1,799,734	-
Ciesco Llc Dcp 7/16/24	749,889	749,889	749,889	1,499,778	-
Ciesco Llc Dcp 8/14/24	799,882	799,882	799,882	1,599,763	-
Coca Cola Co Dcp 7/17/24	995,714	995,714	995,714	1,991,429	-
Coca Cola Co Dcp 9/16/24	795,878	795,878	795,878	1,591,756	-
Colgate Palmolive Co Dcp 4/11/24	999,853	999,853	999,853	1,999,706	-
Colgate Palmolive Co Dcp 4/29/24	998,233	998,233	998,233	1,996,467	-
Colgate Palmolive Co Dcp 6/14/24	999,853	999,853	999,853	1,999,706	-
Colgate Palmolive Co Dcp 6/17/24	999,559	999,559	999,559	1,999,118	-
Colgate Palmolive Co Dcp 12/13/24	1,199,848	1,199,848	1,199,848	2,399,697	-
Deere John Cap Corp Dcp 4/10/24	1,283,893	1,283,893	1,283,893	2,567,786	-
Deere John Cap Corp Dcp 6/14/24	945,086	945,086	945,086	1,890,173	-
Deere John Finl Inc Dcp 10/21/24	944,471	944,566	944,566	1,889,038	-
Emerson Elec Co Dcp 2/23/24	1,241,872	1,241,872	1,241,872	2,483,744	-
Emerson Elec Co Dcp 4/02/24	1,240,228	1,240,228	1,240,228	2,480,456	-
Emerson Elec Co Dcp 4/16/24	999,853	999,853	999,853	1,999,706	-
Emerson Elec Co Dcp 7/24/24	844,452	844,452	844,452	1,688,905	-

Series of Transactions (continued):

Emerson Elec Co Dcp 8/13/24	995,024	995,053	995,053	1,990,077	-
Emerson Electric Dcp 4/18/24	870,086	870,086	870,086	1,740,173	-
Exxon Mobil Corp Dcp 6/18/24	998,973	998,973	998,973	1,997,947	-
Exxon Mobil Corp Dcp 9/18/24	1,098,873	1,098,873	1,098,873	2,197,746	-
Fairway Fin Co Llc Dcp 2/13/24	1,249,816	1,249,816	1,249,816	2,499,632	-
Fairway Fin Co Llc Dcp 3/14/24	999,705	999,705	999,705	1,999,410	-
Fairway Fin Co Llc Dcp 3/20/24	1,249,816	1,249,816	1,249,816	2,499,631	-
Fairway Fin Co Llc Dcp 4/16/24	999,852	999,852	999,852	1,999,704	-
Fairway Fin Co Llc Dcp 6/12/24	914,865	914,865	914,865	1,829,730	-
Florida Pwr & Lt Co Dcp 3/18/24	999,558	999,558	999,558	1,999,115	-
Florida Pwr & Lt Co Dcp 5/21/24	948,881	948,881	948,881	1,897,762	-
Florida Pwr Dcp 3/19/24	999,853	999,853	999,853	1,999,705	-
General Dynamics Corp Dcp 12/10/24	997,195	997,195	997,195	1,994,390	-
Honeywell Intl Inc Dcp 9/25/24	791,032	791,032	791,032	1,582,064	-
Illinois Tool Wks Dcp 1/16/24	1,499,117	1,499,117	1,499,117	2,998,233	-
Illinois Tool Wks Dcp 3/04/24	1,246,128	1,246,128	1,246,128	2,492,256	-
Illinois Tool Wks Dcp 6/13/24	999,853	999,853	999,853	1,999,706	-
Illinois Tool Wks Dcp 10/16/24	999,867	999,867	999,867	1,999,733	-
Johnson & Johnson Dcp 5/09/24	1,228,083	1,228,083	1,228,083	2,456,167	-
Johnson & Johnson Dcp 7/01/24	943,147	943,147	943,147	1,886,294	-
Lilly Eli & Co Dcp 6/26/24	747,008	747,008	747,008	1,494,015	-
Merck & Co Inc Dcp 12/19/24	999,748	999,748	999,748	1,999,496	-
Metlife Short Term Fdg Dcp 5/16/24	995,706	995,706	995,706	1,991,413	-
Metlife Short Term Fdg Dcp 6/03/24	946,637	946,637	946,637	1,893,274	-
Metlife Short Term Fdg Dcp 6/17/24	999,558	999,558	999,558	1,999,117	-
Old Line Fdg Llc Dcp 3/01/24	1,296,746	1,296,746	1,296,746	2,593,493	-
Old Line Fdg Llc Dcp 4/19/24	999,704	999,704	999,704	1,999,409	-
Paccar Finl Corp Dcp 4/17/24	999,118	999,118	999,118	1,998,237	-
Pacific Life Dcp 8/09/24	842,435	842,435	842,435	1,684,870	-
Pacific Life Short Term Dcp 5/16/24	986,308	986,308	986,308	1,972,617	-
Pacific Life Short Term Dcp 7/12/24	991,117	991,117	991,117	1,982,233	-
Pepsico Inc Dcp 4/07/25	979,217	979,217	979,217	1,958,433	-
Pfizer Inc Dcp 11/06/24	998,008	998,008	998,008	1,996,017	-
Southern Calif Dcp 12/03/24	799,179	799,179	799,179	1,598,357	-
Southern Calif Gas Co Dcp 4/02/24	749,889	749,889	749,889	1,499,778	-
Southern Calif Gas Co Dcp 4/10/24	749,778	749,778	749,778	1,499,556	-
Southern Calif Gas Co Dcp 5/16/24	949,155	949,155	949,155	1,898,309	-
Southern Calif Gas Co Dcp 10/16/24	999,866	999,866	999,866	1,999,732	-
Southern Calif Gas Co Dcp 11/25/24	999,106	999,106	999,106	1,998,211	-
Southern Calif Gas Dcp 1/19/24	998,371	998,371	998,371	1,996,743	-
Southern Calif Gas Dcp 3/21/24	998,670	998,670	998,670	1,997,340	-
Southern Calif Gas Dcp 12/19/24	999,743	999,743	999,743	1,999,487	-
Thunder Bay Fdg Llc Dcp 4/17/24	799,882	799,882	799,882	1,599,764	-
U.S. Treasury Bill 9/12/24	4,772,313	4,772,313	4,772,313	9,544,626	-
U.S. Treasury Bills 8/20/24	998,833	998,833	998,833	1,997,665	-
U.S. Treasury Bills 8/22/24	1,992,404	1,992,404	1,992,404	3,984,808	-
U.S. Treasury Bills 8/27/24	997,814	997,814	997,814	1,995,628	-
U.S. Treasury Bills 9/03/24	839,514	839,514	839,514	1,679,028	-
U.S. Treasury Bills 9/10/24	2,269,672	2,269,672	2,269,672	4,539,345	-
U.S. Treasury Bills 9/17/24	1,700,754	1,700,754	1,700,754	3,401,508	-
U.S. Treasury Bills 9/19/24	998,729	998,729	998,729	1,997,457	-
U.S. Treasury Bills 9/26/24	997,747	997,747	997,747	1,995,495	-
U.S. Treasury Bills 11/05/24	992,574	992,893	992,893	1,985,467	-
U.S. Treasury Bills 11/26/24	4,199,471	4,199,471	4,199,471	8,398,943	-

Series of Transactions (continued):

U.S. Treasury Bills 11/29/24	2,049,487	2,049,487	2,049,487	4,098,974	-
U.S. Treasury Bills 12/17/24	7,074,110	7,074,110	7,074,110	14,148,220	-
U.S. Treasury Bills 12/19/24	5,374,329	5,374,329	5,374,329	10,748,657	-
U.S. Treasury Bills 12/24/24	5,949,294	5,949,294	5,949,294	11,898,588	-
Unilever Cap Corp Dcp 7/09/24	991,561	991,561	991,561	1,983,122	-
Unilever Cap Dcp 6/26/24	899,868	899,868	899,868	1,799,736	-
Unitedhealth Group Inc Dcp 7/31/24	997,033	997,033	997,033	1,994,067	-
Walmart Inc Dcp 6/24/24	999,560	999,560	999,560	1,999,120	-
Walmart Inc Dcp 7/23/24	998,138	998,138	998,138	1,996,275	-
Walmart Inc Dcp 9/30/24	898,688	898,688	898,688	1,797,377	-
Walmart Inc Dcp 10/28/24	999,200	999,200	999,200	1,998,400	-
Walmart Inc Dcp 11/25/24	999,493	999,493	999,493	1,998,987	-
Walmart Inc Dcp 12/11/24	849,353	849,353	849,353	1,698,705	-
Ffcb Z-Cpn 1/25/24	-	1,643,466	1,643,466	1,643,466	-
Fh1b Z-Cpn 1/16/24	999,417	999,417	999,417	1,998,833	-
Fh1b Z-Cpn 4/17/24	1,599,766	1,599,766	1,599,766	3,199,532	-
Fh1b Z-Cpn 5/22/24	974,857	974,857	974,857	1,949,713	-
Fh1b Z-Cpn 6/14/24	1,299,810	1,299,810	1,299,810	2,599,621	-
Fh1b Z-Cpn 6/18/24	999,854	999,854	999,854	1,999,708	-
Fh1b Z-Cpn 6/20/24	2,799,183	2,799,183	2,799,183	5,598,367	-
Fh1b Z-Cpn 6/21/24	749,891	749,891	749,891	1,499,781	-
Fh1b Z-Cpn 6/25/24	2,269,668	2,269,668	2,269,668	4,539,337	-
Fh1b Z-Cpn 6/27/24	1,679,754	1,679,754	1,679,754	3,359,508	-
Fh1b Z-Cpn 6/28/24	2,424,646	2,424,646	2,424,646	4,849,291	-
Fh1b Z-Cpn 7/10/24	1,926,717	1,926,717	1,926,717	3,853,435	-
Fh1b Z-Cpn 7/11/24	1,349,803	1,349,803	1,349,803	2,699,606	-
Fh1b Z-Cpn 7/12/24	999,854	999,854	999,854	1,999,709	-
Fh1b Z-Cpn 8/05/24	999,560	999,560	999,560	1,999,120	-
Fh1b Z-Cpn 8/12/24	3,477,469	3,477,469	3,477,469	6,954,938	-
Fh1b Z-Cpn 8/15/24	2,189,681	2,189,681	2,189,681	4,379,362	-
Fh1b Z-Cpn 8/16/24	1,974,712	1,974,712	1,974,712	3,949,424	-
Fh1b Z-Cpn 8/22/24	1,799,739	1,799,739	1,799,739	3,599,477	-
Fh1b Z-Cpn 8/27/24	1,499,782	1,499,782	1,499,782	2,999,563	-
Fh1b Z-Cpn 8/28/24	4,626,327	4,626,327	4,626,327	9,252,653	-
Fh1b Z-Cpn 8/29/24	3,465,496	3,465,496	3,465,496	6,930,993	-
Fh1b Z-Cpn 8/30/24	3,468,497	3,468,497	3,468,497	6,936,994	-
Fh1b Z-Cpn 9/09/24	2,244,027	2,244,027	2,244,027	4,488,054	-
Fh1b Z-Cpn 9/11/24	3,240,534	3,240,534	3,240,534	6,481,067	-
Fh1b Z-Cpn 9/16/24	2,167,066	2,167,066	2,167,066	4,334,132	-
Fh1b Z-Cpn 9/18/24	829,881	829,881	829,881	1,659,762	-
Fh1b Z-Cpn 9/19/24	1,670,761	1,670,761	1,670,761	3,341,522	-
Fh1b Z-Cpn 12/16/24	7,228,270	7,228,270	7,228,270	14,456,541	-
Fh1b Z-Cpn 12/18/24	4,199,472	4,199,472	4,199,472	8,398,943	-
Fh1b 4.750% 3/08/24	-	2,999,608	2,999,608	2,999,608	-
Toyota Lease Own Abs 5.330% 7/20/26	1,249,894	750,360	750,360	2,000,254	-

The following items are not applicable:

- (a) Identity of party involved
- (e) Lease rental
- (f) Expense incurred with transaction