

<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: 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: large; font-weight: bold;">2024</p> <hr/> <p style="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>MEBA VACATION PLAN-ATLANTIC, GULF AND PACIFIC COASTS</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>503</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES OF MEBA VACATION PLAN - ATLANTIC, GULF AND PACIFIC C</u></p> <p><u>1007 EASTERN AVENUE</u> <u>BALTIMORE, MD 21202-4345</u></p>	<p>1c Effective date of plan <u>06/16/1954</u></p> <p>2b Employer Identification Number (EIN) <u>13-6271916</u></p> <p>2c Plan Sponsor's telephone number <u>410-547-9111</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.	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	
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	1719
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)	1719
	6a(2)	1782
	6b	
	6c	
	6d	1782
	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	25

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
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 checked="" type="checkbox"/> D (DFE/Participating Plan Information)	
		(6) <input type="checkbox"/> G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 VACATION PLAN-ATLANTIC, GULF AND PACIFIC COASTS	B Three-digit plan number (PN) ▶	503
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF MEBA VACATION PLAN - ATLANTIC, GULF AND PACIFIC C	D Employer Identification Number (EIN) 13-6271916	

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)

MEBA MEDICAL AND BENEFITS PLAN

13-5590515

(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	RELATED EMP. BEN. PLAN	14113175	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)

COMPUTER SERVICES UNLIMITED, INC.

51-0665250

(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?
49 50		71785	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)

BRIDGEWAY BENEFIT TECHNOLOGIES

52-1796473

(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?
49 50		68578	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	608	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)

MORGAN LEWIS & BOCKIUS LLP

23-0891050

(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		50648	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)

SLEVIN & HART, P.C.

52-1708613

(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		49137	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)

CREATIVE FINANCIAL STAFFING

53 STATE ST, SUITE 1301
BOSTON, MA 02109

(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?
49 50		48771	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)

WEAVER AND TIDWELL, L.L.P.

75-0786316

(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		42407	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 BANK

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?
21 65 50 19 62		37079	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NEPC LLC

26-1429809

(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?
17 50 70		27764	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)

SEIX INVESTMENT ADVISORS LLC

95-4191764

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 50		16078	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		9509	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)

AUTOMATIC DATA PROCESSING

22-1467904

(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?
49 50		9027	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)

MIDWEST INSTITUTIONAL TRUST COMPANY

93-1799133

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50 61 62 71 28		5670	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 VACATION PLAN-ATLANTIC, GULF AND PACIFIC COASTS</u>	B Three-digit plan number (PN)	<u>503</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF MEBA VACATION PLAN - ATLANTIC, GULF AND PACIFIC C</u>	D Employer Identification Number (EIN) <u>13-6271916</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MEBA MASTER TRUST FOR ERISA PLANS</u>		
b Name of sponsor of entity listed in (a): <u>BOARD OF TRUSTEES - MEBA PENSION TRUST</u>		
c EIN-PN <u>52-2270585-001</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8517396</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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 VACATION PLAN-ATLANTIC, GULF AND PACIFIC COASTS	B Three-digit plan number (PN) ▶ 503
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF MEBA VACATION PLAN - ATLANTIC, GULF AND PACIFIC C	D Employer Identification Number (EIN) 13-6271916

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	7525706
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	2691872
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	13270358
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	3214255
(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)	8517396
(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)	24875359
(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	94444	25107
f Total assets (add all amounts in lines 1a through 1e).....	1f	55402512	61939964
Liabilities			
g Benefit claims payable.....	1g	54113993	60263948
h Operating payables.....	1h	1564468	2096527
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	55678461	62360475
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	-275949	-420511

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)	83171711	
(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)		83171711
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)	455533	
(C) Corporate debt instruments.....	2b(1)(C)	142192	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	56634	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		654359
(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)	1266960	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1266960
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	78219704	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	77635628	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		584076
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-718974	
(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)		399522
(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)		8211
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		85365865

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	83460518	
(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)		83460518
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)	1370483	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	73009	
(5) Investment advisory and investment management fees	2i(5)	55598	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	2997	
(8) Legal fees	2i(8)	89450	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	26554	
(11) Other expenses	2i(11)	431818	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2049909
j Total expenses. Add all expense amounts in column (b) and enter total	2j		85510427

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-144562
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: WEAVER AND TIDWELL, L.L.P.

(2) EIN: 75-0786316

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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 Vacation Fund - Atlantic, Gulf and Pacific Coasts

Financial Report
December 31, 2024

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All other schedules required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are omitted because of the absence of the conditions under which they would apply.

Independent Auditor's Report

To the Board of Trustees of the
MEBA Vacation Fund - Atlantic, Gulf and Pacific Coasts

Opinion

We have audited the financial statements of MEBA Vacation Fund - Atlantic, Gulf and Pacific Coasts (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, information regarding the net assets available for benefits and benefit obligations of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America (US GAAP).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our 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 US 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 Plan's ability to continue as a going concern for one year after the date that the financial statements are issued or are available to be issued.

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

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 US 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 judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with US GAAS, we:

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

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

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary information listed in the table of contents as of and for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but certain supplementary information are 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS.

In forming our opinion on the supplementary information, we evaluated whether the supplementary information, including their 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 supplementary information 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.

Weaver and Tidwell, L.L.P.

WEAVER AND TIDWELL, L.L.P.

Bethesda, Maryland
October 13, 2025

MEBA Vacation Fund -Atlantic, Gulf and Pacific Coasts
Statements of Net Assets Available for Benefits and Benefit Obligations
December 31, 2024 and 2023

ASSETS	2024	2023
Investments, at fair value		
U.S. government and government agencies	\$ 13,270,358	\$ 10,832,827
Corporate bonds	3,214,255	2,739,878
Registered investment companies	24,875,359	21,860,301
Plan interest in MEBA Master Trust for ERISA Plans	8,517,396	11,352,339
Total investments	49,877,368	46,785,345
Receivables		
Employers' vacation contributions, net of allowance for doubtful accounts of \$4,421 in 2024 and 2023	7,537,818	6,945,082
Employers' converted overtime contributions	1,807,799	580,624
Interest	163,857	105,133
Due from related plans	2,127,862	844,880
Due from brokers for securities sold	-	4,383
Other	400,153	42,621
Total receivables	12,037,489	8,522,723
Property assets - net	581	1,528
Right-of-use asset - operating leases	24,526	92,916
Total assets	61,939,964	55,402,512
LIABILITIES		
Cash overdraft	681,237	613,475
Accounts payable	277,697	168,847
Due to related plans	374,375	266,447
Net advances from Employee Port Relief Wage Payment Program	422,534	422,534
Due to brokers for securities purchased	316,890	-
Operating lease liabilities	23,794	93,165
Total liabilities	2,096,527	1,564,468
Net assets available for benefits	59,843,437	53,838,044
BENEFIT OBLIGATIONS		
Vacation benefit obligations	47,564,796	42,766,674
Converted overtime obligations	8,605,758	7,762,456
Payroll taxes on benefit obligations	4,093,394	3,584,863
Total benefit obligations	60,263,948	54,113,993
(DEFICIT) EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS	\$ (420,511)	\$ (275,949)

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

MEBA Vacation Fund -Atlantic, Gulf and Pacific Coasts

Statements of Changes in Net Assets Available for Benefits and Benefit Obligations

Years Ended December 31, 2024 and 2023

ADDITIONS	2024	2023
Investment income		
Net (depreciation) appreciation in fair value of investments	\$ (126,687)	\$ 1,011,056
Interest and dividend income	1,921,319	1,142,094
	<u>1,794,632</u>	<u>2,153,150</u>
Less investment expenses	55,598	56,398
	<u>1,739,034</u>	<u>2,096,752</u>
Plan's investment income from Master Trust	399,522	379,945
Net investment income	2,138,556	2,476,697
Employers' contributions		
Vacation contributions	67,916,247	63,900,112
Converted overtime contributions	6,476,890	5,807,525
Port relief contributions	1,894,041	1,787,578
Administrative fee	6,884,533	6,581,476
Total employers' contributions	<u>83,171,711</u>	<u>78,076,691</u>
Other income	-	161,634
Total additions	<u>85,310,267</u>	<u>80,715,022</u>
DEDUCTIONS		
Benefit payments		
Payments for vacation benefits	65,311,428	59,339,072
Payments for converted overtime	5,633,589	5,227,506
Payments for port relief	1,894,041	1,787,578
Payments for payroll taxes on benefit obligations	4,471,505	4,049,470
Total benefit payments	<u>77,310,563</u>	<u>70,403,626</u>
Administrative expenses	1,994,311	2,398,272
Total deductions	<u>79,304,874</u>	<u>72,801,898</u>
Net change in net assets available for benefits	6,005,393	7,913,124
NET CHANGE IN BENEFIT OBLIGATIONS		
(Increase) during the year attributable to benefits earned and benefits paid	<u>(6,149,955)</u>	<u>(5,302,218)</u>
Net decrease (increase) in excess (deficiency) of net assets available for benefits over benefit obligations	(144,562)	2,610,906
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS, beginning of year	<u>(275,949)</u>	<u>(2,886,855)</u>
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS, end of year	<u>\$ (420,511)</u>	<u>\$ (275,949)</u>

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

MEBA Vacation Fund - Atlantic, Gulf And Pacific Coasts

Notes to Financial Statements

Note 1. Description of Plan

The following description of the MEBA Vacation Fund - Atlantic, Gulf and Pacific Coasts (Plan) is provided for general information purposes only. Participants should refer to the Plan Regulations for a more complete description of the Plan's provisions.

General

The Plan is a multiemployer benefit plan covering marine personnel, established under the provisions of an Agreement and Declaration of Trust dated June 16, 1954, as subsequently amended and restated, between the National Marine Engineers' Beneficial Association, AFL-CIO, and various employers having collective bargaining agreements with District No. 1 - Pacific Coast District, MEBA (Union). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Contributions are made pursuant to collective bargaining agreements between the Union and the employers.

Benefits

Eligible marine personnel are entitled to receive vacation benefits for work performed based on a scale of vacation allowances in accordance with the collective bargaining agreements or by converting overtime to vacation benefits. Generally, a participant may accrue vacation benefits based on a maximum of 315 days of employment within a period of 720 consecutive days.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared using 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 (US GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

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. The Plan's Investment Advisory Committee determines the Plan's valuation policies and procedures, utilizing information provided by the investment advisers and custodians, and reports to the Plan's Board of Trustees. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net (depreciation) appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

MEBA Vacation Fund - Atlantic, Gulf And Pacific Coasts

Notes to Financial Statements

Cash

The Plan considers all non-interest bearing cash deposits to be cash.

Employers' Contributions and Related Receivables

Contributions receivables are reported at their outstanding balances net of an estimated reserve for doubtful accounts and are primarily composed of balances due from employers. The Plan estimates doubtful accounts based on historical bad debts, factors related to specific employers' or groups of participants' ability to pay, and current economic trends and conditions. Changes in the allowance for doubtful accounts are recorded in administrative expenses in the statements of changes in net assets available for benefits.

Payment of Benefits

Benefits are recorded when paid.

Property Assets

Property assets are stated at cost less accumulated depreciation and amortization. Major additions are capitalized while maintenance and repairs, which do not improve or extend the lives of the respective assets, are expensed currently. Depreciation is computed over the estimated useful lives, ranging from 3 to 20 years of the respective assets using the straight-line method. Amortization of leasehold improvements are computed on the straight-line method over the lesser of the estimated life of the asset or the remaining term of the lease. The Plan has determined that there was no impairment to property assets during 2024 and 2023.

Benefit Obligations

The vacation benefit obligations represent the value of those estimated future benefits that are attributed to participant service rendered through December 31st.

The converted overtime obligations represent the value of future benefits that are attributed to claims submitted by participants through December 31st.

Income Taxes

The Plan files an annual Form 990, *Return of Organization Exempt for Income Tax*, with the Internal Revenue Service (IRS).

Management's Review of Subsequent Events

The Plan has evaluated subsequent events through October 13, 2025, the date the financial statements were available to be issued.

MEBA Vacation Fund - Atlantic, Gulf And Pacific Coasts

Notes to Financial Statements

Note 3. Fair Value Measurements

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

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

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- 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 or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Interest bearing cash: Interest bearing cash, including commercial paper, is stated at cost, which approximates fair value.

U.S. government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

MEBA Vacation Fund - Atlantic, Gulf And Pacific Coasts

Notes to Financial Statements

The following table sets forth, by level, the Plan's assets that were accounted for at fair value on a recurring basis as of December 31, 2024 and 2023. The following table does not include the Plan's interest in the Master Trust that is presented in Note 4:

	2024	2023
Level 1:		
U.S. government and government agencies	\$ 11,191,138	\$ 9,010,798
Mutual funds	24,875,359	21,860,301
Level 2:		
U.S. government and government agencies	2,079,220	1,822,029
Corporate bonds	3,214,255	2,739,878
Investments at fair value, excluding Plan interest in Master Trust	\$ 41,359,972	\$ 35,433,006

Note 4. MEBA Master Trust for ERISA Plans

A portion of the Plan's investments is in the MEBA Master Trust for ERISA Plans (Master Trust) which was established for the investment of assets of the Plan and other related plans. Each participating plan has an undivided interest in the Master Trust. The assets of the Master Trust are held by Manufacturers and Traders Trust Company (Trustee).

At December 31, 2024 and 2023, the Plan's interest in the net assets of the Master Trust was approximately 51.22% and 40.14%, respectively. The net asset value per share of the Master Trust is determined at the end of each month based upon quoted market values of the investments in the Master Trust plus accrued income less liabilities. The per-share net asset value at the end of each month is used to calculate the number of shares for the Plan's additions and withdrawals for the following month. Investment income and expenses are allocated to the individual plans in proportion to the amount of time plan assets were invested in the Master Trust.

The fair value of the Plan's interest in the Master Trust is based on the beginning of year value of the Plan's interest in the Master Trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses.

MEBA Vacation Fund - Atlantic, Gulf And Pacific Coasts

Notes to Financial Statements

The following table presents the net assets of the Master Trust as of December 31, 2024 and 2023:

	2024		2023	
	Master Trust Balances	Plan's Interest in Master Trust Balances	Master Trust Balances	Plan's Interest in Master Trust Balances
Investments, at fair value				
Interest bearing cash	\$ 5,816,045	\$ 2,978,954	\$ 4,462,049	\$ 1,790,952
U.S. government agencies	2,777,574	1,422,662	12,871,751	5,166,392
Corporate bonds	6,287,992	3,220,684	5,007,812	2,010,008
Mutual Funds	1,619,862	829,687	5,800,301	2,328,093
Total investments	16,501,473	8,451,987	28,141,913	11,295,445
Accrued income	127,704	65,409	141,748	56,894
Total net assets	<u>\$ 16,629,177</u>	<u>\$ 8,517,396</u>	<u>\$ 28,283,661</u>	<u>\$ 11,352,339</u>
Shares held by the Plan		<u>395,007</u>		<u>563,501</u>

The following are the changes in net assets for the Master Trust for the years ended December 31, 2024 and 2023:

	December 31,	
	2024	2023
Net appreciation in fair value of investments	\$ 106,243	\$ 196,240
Interest	818,029	751,758
Net investment income	924,272	947,998
Net transfers	(12,578,756)	7,900,355
(Decrease) Increase in net assets	(11,654,484)	8,848,353
Net assets, beginning of year	28,283,661	19,435,308
Net assets, end of year	<u>\$ 16,629,177</u>	<u>\$ 28,283,661</u>
Plan's investment income from Master Trust	<u>\$ 399,522</u>	<u>\$ 379,945</u>

The following table sets forth by level, within the fair value hierarchy (see Note 3), the Master Trust's assets at fair value as of December 31, 2024 and 2023:

	2024	2023
Level 1:		
Mutual funds	\$ 1,619,862	\$ 5,800,301
Level 2:		
Interest bearing cash	5,816,045	4,462,049
U.S. government agencies	2,777,574	12,871,751
Corporate bonds	6,287,992	5,007,812
Investments at fair value	<u>\$ 16,501,473</u>	<u>\$ 28,141,913</u>

MEBA Vacation Fund - Atlantic, Gulf And Pacific Coasts

Notes to Financial Statements

Note 5. Tax Status

The IRS has determined and informed the Plan by a letter dated June 27, 1996, that the Plan and related trust are tax exempt in accordance with applicable sections of the Internal Revenue Code. The Plan has been amended since receiving the exemption letter. However, the plan administrator believes that the Plan is designed and is intended to operate in compliance with the applicable requirements of the Internal Revenue Code.

US GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 6. Plan Termination

In the event the Plan terminates, and all liabilities to participants and beneficiaries have been satisfied, the Trustees shall, in accordance with ERISA and any other applicable law, distribute any surplus monies in the Plan to participants who earned vacation benefits in the 12 months preceding termination, in the proportions in which each such participant's earned vacation benefits during such period bears to the aggregate earned vacation benefits of all such participants during such period.

Any residual assets which cannot practicably be so applied shall be transferred by the Trustees to one or more United States seamen's charities or United States seamen's welfare organizations, provided that such charity or organization shall be exempt from federal income taxation under the Internal Revenue Code or any successor statute of similar import.

Note 7. Related Party and Party-in-Interest Transactions

The Plan operates in the same office as related plans and other entities. Since these plans and other entities coexist in the same premises, utilizing mutual resources and personnel to effectuate cost savings and to minimize duplication of efforts, interfund relationships have been established on a continuing basis.

The amount charged to the Plan for its share of payroll and related expenses and rent expenses incurred on behalf of the Plan was \$1,497,877 and \$1,779,400 for the years ended December 31, 2024 and 2023, respectively. In addition, the Plan was reimbursed for payroll and related expenses from the Union for services provided at the port offices in the amount of \$38,035 and \$25,280 for the years ended December 31, 2024 and 2023, respectively.

MEBA Vacation Fund - Atlantic, Gulf And Pacific Coasts

Notes to Financial Statements

Net amounts due from (to) related plans and entities at December 31, 2024 and 2023 for these services, facilities and expenses are included in the statements of net assets available for benefits and benefit obligations as follows:

	December 31,	
	2024	2023
MEBA Medical and Benefits Plan	\$ 1,676,959	\$ 844,880
MEBA Pension Trust and Subsidiary	(181,196)	(79,519)
MEBA Pension Trust - Money Purchase Benefit Plan	(127,787)	(98,244)
MEBA Training Fund	(63,770)	(57,728)
MEBA 401(k) Plan	(1,622)	(1,442)
Joint Employment Committee	450,903	(29,514)
	\$ 1,753,487	\$ 578,433
Presented in the financial statements as		
Due from related plans	\$ 2,127,862	\$ 844,880
Due (to) related plans	(374,375)	(266,447)
	\$ 1,753,487	\$ 578,433

Note 8. Risks and Uncertainties

Investments

The Plan invests in various investment securities that are exposed to various risks such as interest rates, market and credit risks. Market risks include global events, which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in values of investment securities will occur in the near term and that some changes could materially affect the amounts reported in the statements of net assets available for benefits.

Employers

In 2024 and 2023, contributions from three and two employers, respectively, were each in excess of 10% of the total contributions received by the Plan.

MEBA Vacation Fund - Atlantic, Gulf And Pacific Coasts

Notes to Financial Statements

Note 9. Property Assets

Property assets, at cost, consist of the following:

	December 31,	
	2024	2023
Furniture and fixtures	\$ 123,176	\$ 123,176
Leasehold improvements	25,772	25,772
	148,948	148,948
Less: accumulated depreciation and amortization	(148,367)	(147,420)
Property assets, net	\$ 581	\$ 1,528

Depreciation and amortization expense were \$947 and \$773 for the years ended December 31, 2024 and 2023, respectively.

Note 10. Leases

The Plan leases office space from a related party for several of its port offices under non-cancellable operating leases that expire in 2025. The lease term may include options to extend or to terminate the lease that the Plan is reasonably certain to exercise. Lease expense is generally recognized on a straight-line basis over the lease term. Included in lease costs are nonlease components such as common area maintenance and utilities.

The Plan determines if an arrangement is a lease or contains a lease at inception of a contract. A contract is determined to be a lease or contain a lease if the contract conveys the right to control the use of the identified property, plant, or equipment (an identified asset) in exchange for consideration. The Plan determines these assets are leased because the Plan has the right to obtain substantially all of the economic benefit from and the right to direct the use of the identified asset. The Plan's lease agreements do not contain any material residual value guarantees or material restrictive covenants. At lease inception, the lease liability is measured at the present value of the lease payments over the lease term. The ROU asset equals the lease liability adjusted for any initial direct costs, prepaid or deferred lease and lease incentives. The Plan has elected to use the risk-free rate as a practical expedient for its discount rate in order to determine present value.

In evaluating its contracts, the Plan separately identifies lease and non-lease components, such as common area and other maintenance costs, in calculating the right of use (ROU) assets and lease liabilities for its office space. The Plan has elected the practical expedient to not separate lease and non-lease components and classifies the contract as a lease if consideration in the contract allocated to the lease is greater than the consideration allocated to the non-lease component.

For the years ended December 31, 2024 and 2023, the operating lease cost, which is with a related party, was \$24,615 and \$52,056, respectively, and the average discount rate was 1.37%.

The cash paid for amounts included in the measurement of the operating lease liabilities was \$25,551 and \$56,075, respectively, for the years ended December 31, 2024 and 2023.

MEBA Vacation Fund - Atlantic, Gulf And Pacific Coasts

Notes to Financial Statements

Future minimum lease payments and reconciliation to the statement of net assets available for benefits and benefit obligations at December 31, 2024 are as follows:

Years Ending December 31,	Amount
2025	\$ 23,957
Total future undiscounted lease payments	23,957
Less: present value discount	(163)
Total	\$ 23,794

Note 11. Reconciliation of Financial Statements to Form 5500

Investment expenses amounting to \$55,598 are shown as a reduction of investment income for financial statement purposes and are classified as "investment advisory and management fees" on Form 5500, Schedule H, Part II, Line 2i(3).

Supplementary Information

MEBA Vacation Fund - Atlantic, Gulf and Pacific Coasts

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Plan # 503 / EIN: 13 - 6271916

December 31, 2024

(a)	(b)	(c) Description of investment including collateral, maturity date, rate of interest, par/maturity value or shares				(d)	(e)
Identity of issue, borrower, lessor or similar party	Description	Collateral	Maturity date	Rate of interest	Par/ maturity value or shares	Cost	Current value
U.S. government and government agencies:							
Federal Home Ln Mtg Corp Partn Ctf Group							
QF0250	Government bond	N/A	09/01/52	4.50%	161,057	\$ 159,471	\$ 151,946
QF2469	Government bond	N/A	01/01/52	5.50%	132,513	131,085	131,033
QF4928	Government bond	N/A	02/01/52	6.00%	93,559	95,459	95,234
QJ5568	Government bond	N/A	09/01/54	6.00%	99,662	100,659	100,462
RJ0194	Government bond	N/A	01/01/53	6.00%	73,941	73,153	74,729
SD1618	Government bond	N/A	09/01/52	5.00%	249,825	248,810	241,571
Federal Natl Mtg Assn Gtd Passthru Ctf Pool							
BL7779	Government bond	N/A	08/01/30	1.46%	215,000	185,169	178,564
BS7620	Government bond	N/A	02/01/28	4.04%	317,000	310,889	311,120
BW9911	Government bond	N/A	0/01/2052	5.00%	212,395	206,621	206,782
CB4450	Government bond	N/A	08/01/42	4.00%	56,904	54,378	53,160
CB7240	Government bond	N/A	0/01/2053	6.00%	36,582	35,964	36,969
FS2826	Government bond	N/A	09/01/42	4.00%	91,703	87,262	85,617
FS3658	Government bond	N/A	01/01/53	5.00%	149,278	147,085	144,684
GNMA Gtd Passthru Ctf Pool #783745	Government bond	N/A	03/15/43	3.50%	293,822	269,123	267,349
Us Treasury Note	Note	N/A	05/31/28	3.63%	861,000	833,665	842,299
Us Treasury Note	Note	N/A	12/31/28	3.75%	2,408,000	2,353,010	2,354,518
Us Treasury Note	Note	N/A	03/15/27	4.25%	1,590,000	1,573,836	1,589,841
Us Treasury Note	Note	N/A	06/30/29	4.25%	1,695,000	1,712,017	1,686,017
Us Treasury Note	Note	N/A	11/15/34	4.25%	922,000	908,458	898,046
Us Treasury Note	Note	N/A	07/15/27	4.38%	2,388,000	2,416,838	2,394,518
Us Treasury Note	Note	N/A	10/15/26	4.63%	1,417,000	1,424,775	1,425,899
Total U.S. government and government agencies						13,327,727	13,270,358
Corporate bonds:							
American Ex Cr Account Ser 2023 4 CI A	Bond	N/A	09/16/2030	5.15%	100,000	99,960	101,755
American Express Co	Callable bond	N/A	10/30/2026	Variable	48,000	48,123	48,594
Amgen Inc	Callable bond	N/A	03/02/2033	5.25%	132,000	132,003	131,026
At&T Inc	Callable bond	N/A	02/01/2032	2.25%	130,000	123,280	107,474
Bank New York Mellon Corp	Callable bond	N/A	07/24/2026	Variable	82,000	81,818	81,782
Barclays Dryrk Issn Tr Ser 2023 1 CI A	Bond	N/A	02/15/2029	5.25%	140,000	139,685	140,379
Bk Of America Corp	Callable bond	N/A	06/14/2029	Variable	127,000	127,719	115,261
Bk Of America Corp	Callable bond	N/A	10/20/2032	Variable	58,000	56,545	48,939
Boardwalk Pipelines Lp	Callable bond	N/A	07/15/2027	4.45%	25,000	25,229	24,737
Boardwalk Pipelines Lp	Callable bond	N/A	02/15/2031	3.40%	36,000	35,092	32,162
Borgwarner Inc Gbl Nt	Callable bond	N/A	08/15/2034	5.40%	43,000	42,771	42,322
Bp Cap Mkts Amer Inc	Callable bond	N/A	02/13/2033	4.81%	124,000	123,642	119,868
Consolidated Edison Co N Y Inc Sr 2020 A Deb	Callable bond	N/A	04/01/2030	3.35%	80,000	79,301	74,446
Consumers 2023 Securitiza Ext	Non-callable bond	N/A	09/01/2031	5.21%	25,000	24,989	25,252
Enact Hldgs Inc Sr Nt	Non-callable bond	N/A	05/28/2029	6.25%	34,000	33,984	34,646
Essent Group Ltd Sr Nt	Callable bond	N/A	07/01/2029	6.25%	38,000	37,860	38,793
Ferguson Enterprises Inc	Callable bond	N/A	10/03/2034	5.00%	83,000	82,197	79,320
Fiserv Inc	Callable bond	N/A	03/02/2028	5.45%	37,000	37,049	37,583
Gallagher Arthur J&Co Sr	Callable bond	N/A	02/15/2029	4.85%	31,000	30,976	30,858
General Mtrs Finl Co Inc	Callable bond	N/A	02/08/2031	5.75%	96,000	96,074	97,264
Goldman Sachs Group Inc	Callable bond	N/A	09/10/2027	6.25%	110,000	108,441	104,013
Ingersoll Rand Inc	Callable bond	N/A	08/14/2033	5.70%	39,000	38,960	39,907
Jpmorgan Chase & Co	Callable bond	N/A	06/01/2034	Variable	49,000	46,612	48,966
Jpmorgan Chase & Co	Callable bond	N/A	04/22/2027	1.58%	74,000	73,493	71,057
Kansas Gas Svc Securitiza Ext Sr Sec Amz	Non-callable bond	N/A	08/01/2034	5.49%	68,415	68,401	69,598
Kimberly Clark Corp	Callable bond	N/A	02/16/2033	4.50%	77,000	76,734	74,910
Marathon Pete Corp	Callable bond	N/A	05/01/2025	4.70%	43,000	43,389	42,951
Martin Marietta Matls Inc Sr Nt	Callable bond	N/A	02/01/2034	5.15%	88,000	87,354	86,409
Owens Corning New Sr Gbl	Callable bond	N/A	06/15/2034	5.70%	87,000	86,675	88,380
Pfizer Invt Enterprises	Callable bond	N/A	05/19/2033	4.75%	160,000	159,374	155,469
Pg&E Wildfire Recovery Fdg Llc Ext Sr Sec Amz	Non-callable bond	N/A	06/01/2038	4.26%	25,000	24,999	23,456
Philip Morris Intl Inc	Callable bond	N/A	02/15/2033	5.38%	49,000	48,924	49,095
Philip Morris Intl Inc	Callable bond	N/A	02/13/2029	4.88%	40,000	39,655	39,950
Pioneer Nat Res Co	Callable bond	N/A	08/15/2030	1.90%	92,000	87,607	78,388
Pnc Finl Svcs Group Inc	Callable bond	N/A	05/14/2030	Variable	43,000	43,000	43,606
Pnc Finl Svcs Group Inc	Callable bond	N/A	10/20/2027	Variable	61,000	61,319	62,845
Radian Group Inc Sr	Callable bond	N/A	05/15/2029	6.20%	38,000	38,000	38,997
Sigeco Securitization I Llc Ext Sr Sec Amz	Non-callable bond	N/A	11/15/2038	5.03%	27,643	27,642	27,126
Tapestry Inc Cr Sen	Callable bond	N/A	11/27/2028	5.50%	45,000	44,939	43,770

MEBA Vacation Fund - Atlantic, Gulf and Pacific Coasts
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) – Continued
Plan # 503 / EIN: 13 - 6271916
December 31, 2024

(a)	(b)	(c) Description of investment including collateral, maturity date, rate of interest, par/maturity value or shares				(d)	(e)
Identity of issue, borrower, lessor or similar party	Description	Collateral	Maturity date	Rate of interest	Par/ maturity value or shares	Cost	Current value
Corporate bonds - continued:							
Targa Res Corp	Callable bond	N/A	02/01/2033	4.20%	50,000	48,765	45,401
Toyota Mtr Cr Corp	Callable bond	N/A	01/12/2033	4.70%	44,000	43,252	42,796
Transcontinental Gas Pipe Line	Callable bond	N/A	05/15/2030	3.25%	110,000	113,817	100,210
United Airlines Ptc Ser 2020 1 Cl A	Bond	N/A	04/15/2029	5.88%	25,021	25,021	25,553
United Arlins Ser 2021 1B Cl B	Bond	N/A	07/15/2027	4.88%	3,200	3,200	3,195
United Parcel Svcs Inc	Callable bond	N/A	03/03/2033	4.88%	109,000	109,073	107,708
US Bancorp Fr	Callable bond	N/A	01/23/2030	Variable	31,000	31,011	31,256
US Bancorp Fr	Callable bond	N/A	01/23/2035	Variable	46,000	46,106	46,388
Verizon Master Tr Ser 2023 7 Cl A 1A	Bond	N/A	11/20/2029	6.33%	75,000	74,991	76,519
Wells Fargo & Co Medium Term	Bond	N/A	08/15/2026	Floating	70,000	70,000	69,860
Wells Fargo & Co	Callable bond	N/A	03/24/2028	Variable	66,000	65,480	64,015
Total corporate bonds						3,291,531	3,214,255
Registered investment companies:							
Blackrock Strategic Income Opp Portfolio Cl K	Mutual fund	N/A	N/A	N/A	878,791	8,600,557	8,330,942
BNY Mellon Global Real Return Fund Class Y	Mutual fund	N/A	N/A	N/A	234,943	3,448,521	3,596,970
Goldman Sachs Financial Square Government Fund	Money market mutual fund	N/A	N/A	N/A	430,216	430,216	430,216
Loomis Sayles Fixed Income Fund Class I	Mutual fund	N/A	N/A	N/A	721,818	9,177,591	8,286,472
PIMCO All Asset Fund Class I	Mutual fund	N/A	N/A	N/A	391,013	4,477,569	4,230,759
Total registered investment companies						26,134,454	24,875,359
Master Trust:							
MEBA Master Trust for ERISA Plans	Master trust	N/A	N/A	N/A	395,007	8,412,922	8,517,396
Total investments						<u>\$ 51,166,634</u>	<u>\$ 49,877,368</u>

MEBA Vacation Fund - Atlantic, Gulf and Pacific Coasts

Schedule H, Line 4j - Schedule of Reportable Transactions

Plan # 503 / EIN: 13 - 6271916

December 31, 2024

(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Series of transactions					
Goldman Sachs Financial Square Government Fund	\$ 10,266,818	\$ 9,919,389	\$ 9,919,389	\$ 20,186,207	\$ -
US Treasury Note 0.25% Due 09/30/2025	-	2,781,215	2,694,999	2,781,215	86,216
US Treasury Note 3.75% Due 12/31/2028	2,426,753	72,854	73,743	2,499,607	(889)
US Treasury Note 4.375% Due 07/15/2027	2,416,838	-	-	2,416,838	-

The following items are not applicable:

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

MEBA Vacation Fund - Atlantic, Gulf and Pacific Coasts

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Plan # 503 / EIN: 13 - 6271916

December 31, 2024

(a)	(b)	(c) Description of investment including collateral, maturity date, rate of interest, par/maturity value or shares				(d)	(e)
Identity of issue, borrower, lessor or similar party	Description	Collateral	Maturity date	Rate of interest	Par/ maturity value or shares	Cost	Current value
U.S. government and government agencies:							
Federal Home Ln Mtg Corp Partn Ctf Group							
QF0250	Government bond	N/A	09/01/52	4.50%	161,057	\$ 159,471	\$ 151,946
QF2469	Government bond	N/A	01/01/52	5.50%	132,513	131,085	131,033
QF4928	Government bond	N/A	02/01/52	6.00%	93,559	95,459	95,234
QJ5568	Government bond	N/A	09/01/54	6.00%	99,662	100,659	100,462
RJ0194	Government bond	N/A	01/01/53	6.00%	73,941	73,153	74,729
SD1618	Government bond	N/A	09/01/52	5.00%	249,825	248,810	241,571
Federal Natl Mtg Assn Gtd Passthr Ctf Pool							
BL7779	Government bond	N/A	08/01/30	1.46%	215,000	185,169	178,564
BS7620	Government bond	N/A	02/01/28	4.04%	317,000	310,889	311,120
BW9911	Government bond	N/A	02/01/2052	5.00%	212,395	206,621	206,782
CB4450	Government bond	N/A	08/01/42	4.00%	56,904	54,378	53,160
CB7240	Government bond	N/A	0/01/2053	6.00%	36,582	35,964	36,969
FS2826	Government bond	N/A	09/01/42	4.00%	91,703	87,262	85,617
FS3658	Government bond	N/A	01/01/53	5.00%	149,278	147,085	144,684
GNMA Gtd Passthr Ctf Pool #783745	Government bond	N/A	03/15/43	3.50%	293,822	269,123	267,349
Us Treasury Note	Note	N/A	05/31/28	3.63%	861,000	833,665	842,299
Us Treasury Note	Note	N/A	12/31/28	3.75%	2,408,000	2,353,010	2,354,518
Us Treasury Note	Note	N/A	03/15/27	4.25%	1,590,000	1,573,836	1,589,841
Us Treasury Note	Note	N/A	06/30/29	4.25%	1,695,000	1,712,017	1,686,017
Us Treasury Note	Note	N/A	11/15/34	4.25%	922,000	908,458	898,046
Us Treasury Note	Note	N/A	07/15/27	4.38%	2,388,000	2,416,838	2,394,518
Us Treasury Note	Note	N/A	10/15/26	4.63%	1,417,000	1,424,775	1,425,899
Total U.S. government and government agencies						13,327,727	13,270,358
Corporate bonds:							
American Ex Cr Account Ser 2023 4 Cl A	Bond	N/A	09/16/2030	5.15%	100,000	99,960	101,755
American Express Co	Callable bond	N/A	10/30/2026	Variable	48,000	48,123	48,594
Amgen Inc	Callable bond	N/A	03/02/2033	5.25%	132,000	132,003	131,026
At&T Inc	Callable bond	N/A	02/01/2032	2.25%	130,000	123,280	107,474
Bank New York Mellon Corp	Callable bond	N/A	07/24/2026	Variable	82,000	81,818	81,782
Barclays Dryrk Issn Tr Ser 2023 1 Cl A	Bond	N/A	02/15/2029	5.25%	140,000	139,685	140,379
Bk Of America Corp	Callable bond	N/A	06/14/2029	Variable	127,000	124,719	115,261
Bk Of America Corp	Callable bond	N/A	10/20/2032	Variable	58,000	56,545	48,939
Boardwalk Pipelines Lp	Callable bond	N/A	07/15/2027	4.45%	25,000	25,229	24,737
Boardwalk Pipelines Lp	Callable bond	N/A	02/15/2031	3.40%	36,000	35,092	32,162
Borgwarner Inc Gbl Nt	Callable bond	N/A	08/15/2034	5.40%	43,000	42,771	42,322
Bp Cap Mkts Amer Inc	Callable bond	N/A	02/13/2033	4.81%	124,000	123,642	119,868
Consolidated Edison Co N Y Inc Sr 2020 A Deb	Callable bond	N/A	04/01/2030	3.35%	80,000	79,301	74,446
Consumers 2023 Securitized Ext	Non-callable bond	N/A	09/01/2031	5.21%	25,000	24,989	25,252
Enact Hldgs Inc Sr Nt	Non-callable bond	N/A	05/28/2029	6.25%	34,000	33,984	34,646
Essent Group Ltd Sr Nt	Callable bond	N/A	07/01/2029	6.25%	38,000	37,860	38,793
Ferguson Enterprises Inc	Callable bond	N/A	10/03/2034	5.00%	83,000	82,197	79,320
Fiserv Inc	Callable bond	N/A	03/02/2028	5.45%	37,000	37,049	37,583
Gallagher Arthur J&Co Sr	Callable bond	N/A	02/15/2029	4.85%	31,000	30,976	30,858
General Mtrs Finl Co Inc	Callable bond	N/A	02/08/2031	5.75%	96,000	96,074	97,264
Goldman Sachs Group Inc	Callable bond	N/A	09/10/2027	6.25%	110,000	108,441	104,013
Ingersoll Rand Inc	Callable bond	N/A	08/14/2033	5.70%	39,000	38,960	39,907
Jpmorgan Chase & Co	Callable bond	N/A	06/01/2034	Variable	49,000	46,612	48,966
Jpmorgan Chase & Co	Callable bond	N/A	04/22/2027	1.58%	74,000	73,493	71,057
Kansas Gas Svc Securitized Ext Sr Sec Amz	Non-callable bond	N/A	08/01/2034	5.49%	68,415	68,401	69,598
Kimberly Clark Corp	Callable bond	N/A	02/16/2033	4.50%	77,000	76,734	74,910
Marathon Pete Corp	Callable bond	N/A	05/01/2025	4.70%	43,000	43,389	42,951
Martin Marietta Matis Inc Sr Nt	Callable bond	N/A	02/01/2034	5.15%	88,000	87,354	86,409
Owens Corning New Sr Gbl	Callable bond	N/A	06/15/2034	5.70%	87,000	86,675	88,380
Pfizer Invnt Enterprises	Callable bond	N/A	05/19/2033	4.75%	160,000	159,374	155,469
Pg&E Wildfire Recovery Fdg Llc Ext Sr Sec Amz	Non-callable bond	N/A	06/01/2038	4.26%	25,000	24,999	23,456
Philip Morris Intl Inc	Callable bond	N/A	02/15/2033	5.38%	49,000	48,924	49,095
Philip Morris Intl Inc	Callable bond	N/A	02/13/2029	4.88%	40,000	39,655	39,950
Pioneer Nat Res Co	Callable bond	N/A	08/15/2030	1.90%	92,000	87,607	78,388
Pnc Finl Svcs Group Inc	Callable bond	N/A	05/14/2030	Variable	43,000	43,000	43,606
Pnc Finl Svcs Group Inc	Callable bond	N/A	10/20/2027	Variable	61,000	61,319	62,845
Radian Group Inc Sr	Callable bond	N/A	05/15/2029	6.20%	38,000	38,000	38,997
Sigeco Securitization I Llc Ext Sr Sec Amz	Non-callable bond	N/A	11/15/2038	5.03%	27,643	27,642	27,126
Tapestry Inc Cr Sen	Callable bond	N/A	11/27/2028	5.50%	45,000	44,939	43,770

MEBA Vacation Fund - Atlantic, Gulf and Pacific Coasts
Schedule H, Line 4i - Schedule of Assets (Held at End of Year) – Continued
Plan # 503 / EIN: 13 - 6271916
December 31, 2024

(a)	(b)	(c) Description of investment including collateral, maturity date, rate of interest, par/maturity value or shares					(d)	(e)
Identity of issue, borrower, lessor or similar party	Description	Collateral	Maturity date	Rate of interest	Par/ maturity value or shares	Cost	Current value	
Corporate bonds - continued:								
Targa Res Corp	Callable bond	N/A	02/01/2033	4.20%	50,000	\$ 48,765	\$ 45,401	
Toyota Mtr Cr Corp	Callable bond	N/A	01/12/2033	4.70%	44,000	43,252	42,796	
Transcontinental Gas Pipe Line	Callable bond	N/A	05/15/2030	3.25%	110,000	113,817	100,210	
United Airlines Ptc Ser 2020 1 Cl A	Bond	N/A	04/15/2029	5.88%	25,021	25,021	25,553	
United Arlms Ser 2021 1B Cl B	Bond	N/A	07/15/2027	4.88%	3,200	3,200	3,195	
United Parcel Svcs Inc	Callable bond	N/A	03/03/2033	4.88%	109,000	109,073	107,708	
US Bancorp Fr	Callable bond	N/A	01/23/2030	Variable	31,000	31,011	31,256	
US Bancorp Fr	Callable bond	N/A	01/23/2035	Variable	46,000	46,106	46,388	
Verizon Master Tr Ser 2023 7 Cl A 1A	Bond	N/A	11/20/2029	6.33%	75,000	74,991	76,519	
Wells Fargo & Co Medium Term	Bond	N/A	08/15/2026	Floating	70,000	70,000	69,860	
Wells Fargo & Co	Callable bond	N/A	03/24/2028	Variable	66,000	65,480	64,015	
Total corporate bonds						3,291,531	3,214,255	
Registered investment companies:								
Blackrock Strategic Income Opp Portfolio Cl K	Mutual fund	N/A	N/A	N/A	878,791	8,600,557	8,330,942	
BNY Mellon Global Real Return Fund Class Y	Mutual fund	N/A	N/A	N/A	234,943	3,448,521	3,596,970	
Goldman Sachs Financial Square Government Fund	Money market mutual fund	N/A	N/A	N/A	430,216	430,216	430,216	
Loomis Sayles Fixed Income Fund Class I	Mutual fund	N/A	N/A	N/A	721,818	9,177,591	8,286,472	
PIMCO All Asset Fund Class I	Mutual fund	N/A	N/A	N/A	391,013	4,477,569	4,230,759	
Total registered investment companies						26,134,454	24,875,359	
Master Trust:								
MEBA Master Trust for ERISA Plans	Master trust	N/A	N/A	N/A	395,007	8,412,922	8,517,396	
Total investments						<u>\$ 51,166,634</u>	<u>\$ 49,877,368</u>	

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 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

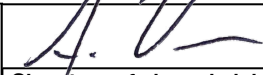

- A** This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final 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 VACATION PLAN-ATLANTIC, GULF AND PACIFIC COASTS	1b Three-digit plan number (PN) ▶ 503
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF MEBA VACATION PLAN - ATLANTIC, 1007 EASTERN AVENUE BALTIMORE MD 21202-4345	1c Effective date of plan 06/16/1954 2b Employer Identification Number (EIN) 13-6271916 2c Plan Sponsor's telephone number 410-547-9111 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		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:	4b EIN
a Sponsor's name	4d PN
c Plan Name	

5 Total number of participants at the beginning of the plan year	5	1,719
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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	6a(1)	1,719
a (2) Total number of active participants at the end of the plan year	6a(2)	1,782
b Retired or separated participants receiving benefits	6b	
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	1,782
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	25
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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)

<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>
--	---

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 Vacation Fund - Atlantic, Gulf and Pacific Coasts

Schedule H, Line 4j - Schedule of Reportable Transactions

Plan # 503 / EIN: 13 - 6271916

December 31, 2024

(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Series of transactions					
BNY Mellon Newton CF SL Dynamic Growth Fund	10,266,818	9,919,389	9,919,389	20,186,207	-
US Treasury Note 0.25% Due 09/30/2025	-	2,781,215	2,694,999	2,781,215	86,216
US Treasury Note 3.75% Due 12/31/2028	2,426,753	-	-	2,426,753	-
US Treasury Note 4.375% Due 07/15/2027	2,416,838	-	-	2,416,838	-

The following items are not applicable:

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