

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2022</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2022 or fiscal plan year beginning 08/01/2022 and ending 07/31/2023

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must attach a list of 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 MFW SUPPLEMENTARY PENSION PLAN</p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF MFW SUPPLEMENTAL PENSION TRUST</p> <p><u>1600 HARBOR BAY PARKWAY, SUITE 200</u> <u>ALAMEDA, CA 94502</u></p>	<p>1c Effective date of plan <u>12/31/1968</u></p> <p>2b Employer Identification Number (EIN) <u>94-6201677</u></p> <p>2c Plan Sponsor's telephone number <u>415-546-7800</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.	05/13/2024	ANTHONY POPLAWSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	05/13/2024	DANNY DEFANTI
	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	5 110
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 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) 2 6a(2) 2 6b 51 6c 4 6d 57 6e 36 6f 93 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 3
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 MB (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>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 08/01/2022 and ending 07/31/2023

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>MFWO SUPPLEMENTARY PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BOARD OF TRUSTEES OF MFWO SUPPLEMENTAL PENSION TRUST</u>	D Employer Identification Number (EIN) <u>94-6201677</u>

E Type of plan: (1) Multiemployer Defined Benefit (2) Money Purchase (see instructions)

1a Enter the valuation date: Month 08 Day 01 Year 2022

b Assets

(1) Current value of assets	1b(1)	<u>1355079</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>1355079</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>2664065</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	<u>2664707</u>
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	<u>3312653</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>101625</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>361149</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>461149</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		<u>04/25/2024</u>
	Signature of actuary	Date
	<u>GREGORY J. PASTINO</u>	<u>23-03916</u>
	Type or print name of actuary	Most recent enrollment number
	<u>FOSTER & FOSTER, INC,</u>	<u>630-620-0200</u>
	Firm name	Telephone number (including area code)
	<u>184 SHUMAN BOULEVARD, SUITE 305, NAPERVILLE, IL 60563</u>	
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	1355079
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment.....	102	3077082
(2) For terminated vested participants	3	113433
(3) For active participants:		
(a) Non-vested benefits		435
(b) Vested benefits.....		121703
(c) Total active	2	122138
(4) Total.....	107	3312653
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage.....	2c	40.91 %

3 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/31/2023	257089				
08/15/2023	23764				
Totals ▶			3(b)	280853	3(c)
					0

(d) Total withdrawal liability amounts included in line 3(b) total **3(d)** 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	50.9 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	E
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

- a** Attained age normal
- b** Entry age normal
- c** Accrued benefit (unit credit)
- d** Aggregate
- e** Frozen initial liability
- f** Individual level premium
- g** Individual aggregate
- h** Shortfall
- i** Other (specify):

j If box h is checked, enter period of use of shortfall method.....	5j	
k Has a change been made in funding method for this plan year?.....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No
m If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....			6a	2.30 %
b Rates specified in insurance or annuity contracts	Pre-retirement		Post-retirement	
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
c Mortality table code for valuation purposes:				
(1) Males.....	6c(1)	A		A
(2) Females.....	6c(2)	A		A
d Valuation liability interest rate.....	6d	3.00 %		3.00 %
e Salary scale.....	6e	%	<input checked="" type="checkbox"/> N/A	
f Withdrawal liability interest rate:				
(1) Type of interest rate.....	6f(1)	<input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A		
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)			3.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g			-1.1 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h			-1.1 %
i Expense load included in normal cost reported in line 9b	6i		<input type="checkbox"/> N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)			%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)			100000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)		<input type="checkbox"/>	

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	77593	6310

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date	9b	101418

c Amortization charges as of valuation date:

- (1) All bases except funding waivers and certain bases for which the amortization period has been extended
- (2) Funding waivers.....
- (3) Certain bases for which the amortization period has been extended

	Outstanding balance	
9c(1)	2182285	304867
9c(2)		0
9c(3)		0

d Interest as applicable on lines 9a, 9b, and 9c.....

9d	12189
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e Total charges. Add lines 9a through 9d.....

9e	418474
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Credits to funding standard account:

f Prior year credit balance, if any.....

9f	119921
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g Employer contributions. Total from column (b) of line 3.....

9g	280853
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h Amortization credits as of valuation date.....

	Outstanding balance	
9h	753378	142520

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....

9i	11730
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j Full funding limitation (FFL) and credits:

- (1) ERISA FFL (accrued liability FFL).....
- (2) "RPA '94" override (90% current liability FFL)
- (3) FFL credit.....

9j(1)	1576234	
9j(2)	1785569	
9j(3)		0

k (1) Waived funding deficiency.....

9k(1)	
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(2) Other credits.....

9k(2)	
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l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)

9l	555024
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m Credit balance: If line 9l is greater than line 9e, enter the difference

9m	136550
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference

9n	
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o Current year's accumulated reconciliation account:

- (1) Due to waived funding deficiency accumulated prior to the 2022 plan year
- (2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:
 - (a) Reconciliation outstanding balance as of valuation date.....
 - (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))
- (3) Total as of valuation date

9o(1)	0
9o(2)(a)	0
9o(2)(b)	0
9o(3)	0

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....

10	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions

Yes No

**SCHEDULE C
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 08/01/2022 and ending 07/31/2023

A Name of plan <u>MFOW SUPPLEMENTARY PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF MFOW SUPPLEMENTAL PENSION TRUST</u>	D Employer Identification Number (EIN) <u>94-6201677</u>	

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)

FOSTER AND FOSTER

59-1921114

(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?
11 50	NONE	26500	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)

ZENITH AMERICAN SOLUTIONS

52-1590516

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	25983	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WITHUMSMITH+BROWN, PC

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	19498	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)

WRIGHT INVESTORS' SERVICE, INC.

06-1444342

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	NONE	15500	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)

MFOW WELFARE FUND

94-1254186

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	COMMON TRUSTEE	9468	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)

TRUCKER HUSS

94-3219093

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	7785	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"/>

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 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.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning **08/01/2022** and ending **07/31/2023**

A Name of plan MFW SUPPLEMENTARY PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF MFW SUPPLEMENTAL PENSION TRUST	D Employer Identification Number (EIN) 94-6201677	

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	28018	28375
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	24534	23764
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	8280	9571
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	402838	101248
(2) U.S. Government securities.....	1c(2)	530698	772679
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests.....	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	363968	274371
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	1358336	1210008

Liabilities

g Benefit claims payable.....	1g		
h Operating payables.....	1h	3257	11200
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	3257	11200

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	1355079	1198808
---	----	---------	---------

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)	280853	
(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)		280853
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	5247	
(B) U.S. Government securities.....	2b(1)(B)	6943	
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		12190
(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)	10658	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		10658
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	1686908	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1683819	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-1621	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		305169
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	346356	
(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)		346356
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	54682	
(2) Contract administrator fees.....	2i(2)	25804	
(3) Investment advisory and management fees	2i(3)	15500	
(4) Other	2i(4)	19098	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		115084
j Total expenses. Add all expense amounts in column (b) and enter total	2j		461440
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-156271
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: WITHUMSMITH+BROWN, PC

(2) EIN: 22-2027092

d The opinion of an independent qualified public accountant is **not attached** because:

- (1) This form is filed for a CCT, PSA, 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.

During the plan year:

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.)

	Yes	No	Amount
4a		X	

		Yes	No	Amount
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.).....	4b		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.)	4c		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.).....	4d		X	
e Was this plan covered by a fidelity bond?.....	4e	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?	4f		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?.....	4g		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?.....	4h		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.).....	4i	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.).....	4j	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?.....	4k		X	
l Has the plan failed to provide any benefit when due under the plan?.....	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	4m			
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.....	4n			

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 501308.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 08/01/2022 and ending 07/31/2023

A Name of plan <u>MFW SUPPLEMENTARY PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF MFW SUPPLEMENTAL PENSION TRUST</u>	D Employer Identification Number (EIN) <u>94-6201677</u>	

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1	0
---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 94-6061923

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	0
---	---

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a	
b Enter the amount contributed by the employer to the plan for this plan year.....	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... Yes No

11 a Does the ESOP hold any preferred stock?..... Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer MATSON NAVIGATION COMPANY, INC.
b EIN 81-3947813 c Dollar amount contributed by employer 98639
d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 06 Day 30 Year 2026
e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
(1) Contribution rate (in dollars and cents) 4.50
(2) Base unit measure: Hourly Weekly Unit of production Other (specify): MAN DAY

a Name of contributing employer APL MARINE SERVICE, LTD.
b EIN 20-1760878 c Dollar amount contributed by employer 94491
d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 09 Day 30 Year 2024
e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
(1) Contribution rate (in dollars and cents) 4.50
(2) Base unit measure: Hourly Weekly Unit of production Other (specify): MAN DAY

a Name of contributing employer PATRIOT CONTRACT SERVICES LLC
b EIN 91-1862242 c Dollar amount contributed by employer 87723
d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 10 Day 05 Year 2028
e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
(1) Contribution rate (in dollars and cents) 4.50
(2) Base unit measure: Hourly Weekly Unit of production Other (specify): MAN DAY

a Name of contributing employer
b EIN c Dollar amount contributed by employer
d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year
e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
(1) Contribution rate (in dollars and cents)
(2) Base unit measure: Hourly Weekly Unit of production Other (specify):

a Name of contributing employer
b EIN c Dollar amount contributed by employer
d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year
e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
(1) Contribution rate (in dollars and cents)
(2) Base unit measure: Hourly Weekly Unit of production Other (specify):

a Name of contributing employer
b EIN c Dollar amount contributed by employer
d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year
e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)
(1) Contribution rate (in dollars and cents)
(2) Base unit measure: Hourly Weekly Unit of production Other (specify):

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	4
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	4
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	5

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

a The corresponding number for the plan year immediately preceding the current plan year.....	15a	0.85
b The corresponding number for the second preceding plan year.....	15b	0.78

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

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

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more

c What duration measure was used to calculate line 19(b)?
 Effective duration Macaulay duration Modified duration Other (specify): _____

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

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

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

MFOW SUPPLEMENTARY PENSION PLAN
Financial Statements
July 31, 2023 and 2022
With Independent Auditor's Reports

MFOW Supplementary Pension Plan
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July 31, 2023 and 2022

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Trustees of
MFW Supplementary Pension Plan:

Opinion

We have audited the financial statements of MFW Supplementary Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statement of net assets available for benefits as of July 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the years then ended; and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of MFW Supplementary Pension Plan as of July 31, 2023 and 2022, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of MFOW Supplementary Pension 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 MFOW Supplementary Pension 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.

Withum Smith & Brown, PC

May 13, 2024

**MFOW Supplementary Pension Plan
Statements of Net Assets Available for Benefits
July 31, 2023 and 2022**

	<u>2023</u>	<u>2022</u>
Assets		
Investments at fair value		
U.S. Government and Government Agency obligations	\$ 772,679	\$ 530,698
Mutual funds	274,371	363,968
Money market funds	<u>101,248</u>	<u>402,838</u>
Total investments	<u>1,148,298</u>	<u>1,297,504</u>
Receivables		
Employer contributions	23,764	24,534
Accrued interest	2,330	1,366
Other receivables	<u>1,017</u>	<u>1,017</u>
Total receivables	<u>27,111</u>	<u>26,917</u>
Prepaid expenses and other assets	<u>6,224</u>	<u>5,897</u>
Cash	<u>28,375</u>	<u>28,018</u>
Total assets	<u>1,210,008</u>	<u>1,358,336</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable and accrued expenses	<u>11,200</u>	<u>3,257</u>
Net assets available for benefits	<u>\$ 1,198,808</u>	<u>\$ 1,355,079</u>

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

**MFOW Supplementary Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended July 31, 2023 and 2022**

	<u>2023</u>	<u>2022</u>
Additions		
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	\$ 1,468	\$ (191,287)
Interest and dividends	<u>22,848</u>	<u>191,221</u>
	24,316	(66)
Less: Investment expense	<u>(15,500)</u>	<u>(15,621)</u>
Investment income (loss) - net	8,816	(15,687)
Employer contributions	<u>280,853</u>	<u>290,664</u>
Total additions	<u>289,669</u>	<u>274,977</u>
Deductions		
Pension benefits paid	346,356	385,839
Administrative expenses	<u>99,584</u>	<u>100,425</u>
Total deductions	<u>445,940</u>	<u>486,264</u>
Net change in net assets available for benefits	(156,271)	(211,287)
Net assets available for benefits		
Beginning of year	<u>1,355,079</u>	<u>1,566,366</u>
End of year	<u>\$ 1,198,808</u>	<u>\$ 1,355,079</u>

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

MFOW Supplementary Pension Plan

Notes to Financial Statements

July 31, 2023 and 2022

1. DESCRIPTION OF THE PLAN

The MFOW Supplementary Pension Plan (the “Plan”) was established in 1968 and last restated in 2014, as a result of collective bargaining agreements between the Marine Firemen’s Union (the “Union”) and various employers.

The Plan is a defined benefit plan covering the members of the Union whose employment is subject to the terms and conditions of various collective bargaining agreements that call for contributions to the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended. Benefits are funded by companies in the maritime industry, predominately in the Pacific Coast region, which employ persons represented by the Union. As the Plan was fully funded, the participating employers did not contribute to the Plan from September 1, 1990 through June 30, 2019. Effective October 1, 2019, all participating employers contribute to the Plan at the rate of \$4.50 per employer man-day.

Participation in the Plan is closed to employees first employed on or after September 2, 1985.

Under current provisions of the Plan, a participant is eligible for a basic pension upon attaining age 55 with 10 years of qualifying time. A participant also must have accumulated at least 20 years of qualifying time in a qualification period of 30 years or at least 25 years of qualifying time in a qualification period of 35 years. Participants must retire under the SIU Pacific District Pension Plan with a basic or long-term pension.

Participants should refer to the Summary Plan Description for more information.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting

The accompanying financial statements are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment Valuation, Transactions and Income Recognition

General

Investments are carried at fair value, which is determined, presented and disclosed in accordance with Financial Accounting Standards Board Accounting Standards Codification (“FASB ASC 820”), *Fair Value Measurements and Disclosures*. Under FASB ASC 820, fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (i.e., the “exit price”) in an orderly transaction between market participants at the measurement date.

FASB ASC 820 establishes a fair value hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that the most observable inputs be used when available. Observable inputs are those that market participants would use in pricing the asset or liability based on market data obtained from sources independent of the Plan. Unobservable inputs reflect the Plan’s assumptions about inputs that market participants would use in pricing the investments developed based on the best information available in the circumstances. The fair value hierarchy is categorized into three levels, based on the inputs, as follows:

Level 1 - Valuations based on quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access.

MFOW Supplementary Pension Plan

Notes to Financial Statements

July 31, 2023 and 2022

Level 2 - Valuations based on quoted prices in markets that are not active, quoted prices for similar investments in active markets or model-based valuations for which all significant assumptions are observable and can be corroborated by observable market data.

Level 3 - Valuations based on unobservable inputs that are supported by little or no market activity and are significant to the overall fair value measurement. Values are determined using proprietary pricing models, discounted cash flow models that include the investment entities' own judgments and estimations, or some other pricing method using unobservable inputs.

Inputs and Valuation Methods - In determining fair value, FASB ASC 820 allows various valuation approaches. The specific methods used for each of the Plan's investment classes are presented below.

Mutual Funds: The fair value of mutual funds is based on quoted prices in active markets (Level 1).

U.S. Government and Government Agency obligations (U.S. Treasury notes): The fair value of U.S. Treasury obligations is generally based on quoted prices in active markets (Level 1).

U.S. Government and Government Agency obligations (Residential mortgage-backed securities): Valuation is determined based on a model that uses inputs such as interest-rate yield curves, cross-currency-basis index spreads or country credit-spreads (Level 2).

Money Market Funds: The fair value of the money market funds is based on amortized cost, which approximates fair value (Level 2).

Valuation Methods, Consistency - The valuation techniques used in the accompanying financial statements have been consistently applied.

Transactions and Income Recognition - Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year. Certain investment-related expenses are included in net appreciation in fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service that employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

Recognition of Benefits

Benefits are recognized when paid.

Expenses

Expenses incurred in connection with the administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. Certain investment-related expenses are included in net appreciation (depreciation) in fair value of investments. Payments to or for participants represent amounts paid to or for participants for benefits. Benefits administrative fees and administrative expenses represent costs not directly related to health benefits but are associated with the general operation of the Plan.

MFW Supplementary Pension Plan
Notes to Financial Statements
July 31, 2023 and 2022

Use of Estimates

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

Risks and Uncertainties

The Plan invests in U.S. Government and Government Agency obligations, short-term investments and mutual funds. Such investments are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investments and the level of uncertainty with respect to changes in the value of investments, it is at least reasonably possible that changes in risks in the near term would materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

3. PRIORITIES UPON TERMINATION

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan assets to be used for, or diverted to, purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

In addition, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits, and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of Plan amendments in effect for less than five years. Some benefits may be fully or partially provided, while other benefits may not be provided at all.

4. TAX STATUS

The Plan obtained its latest determination letter, dated September 17, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt under the provisions of Section 501(a). The Plan's administrators have analyzed the tax positions taken by the Plan and have concluded that, as of July 31, 2023 and 2022, there are no uncertain positions taken, or expected to be taken, that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by the taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

5. FUNDING POLICY

Required employer contributions ceased, effective September 1, 1990, because the net Plan assets exceeded the actuarial present value of accumulated Plan benefits. The need for additional annual contributions is evaluated each year. For the years ended July 31, 2023 and 2022, employer contributions totaling \$280,853 and \$290,664, respectively, were made to the Plan. The Plan's actuary has advised that the minimum funding requirements of ERISA are currently being met as of August 1, 2022 and 2021; however, for the plan year beginning August 1, 2020, the Plan was certified to be in endangered status.

MFOW Supplementary Pension Plan
Notes to Financial Statements
July 31, 2023 and 2022

The Board of Trustees approved a Funding Improvement Plan for a period of 10 plan years beginning August 1, 2021, and ending July 31, 2031, to improve the funding status. The objective of the Funding Improvement Plan is for the Plan to cease to be in endangered status by the end of the funding improvement period (10 years from the start of the Funding Improvement Plan).

Commencing between July 1, 2019 and January 27, 2020, all employers had agreed to contribute \$4.50 per man-day to the Plan. The Plan's actuary projects that no increase in this contribution rate will be necessary to meet the conditions of this Funding Improvement Plan. Each year the Plan's actuary will review and certify the status of the Plan under the PPA funding rules and whether the Plan is making the scheduled progress toward the requirements of the Funding Improvement Plan. If the Trustees determine necessary, they will revise the Funding Improvement Plan and the benefit and contribution schedules recommended under it.

6. INVESTMENTS AT FAIR VALUE HIERARCHY

Assets measured at fair value on a recurring basis, based on their fair value hierarchy at July 31, 2023 and 2022, are as follows:

<u>Description</u>	<u>2023</u>	<u>Fair Value Measurements at Reporting Date Using</u>		
		<u>Quoted Prices</u>	<u>Significant</u>	<u>Significant</u>
		<u>in Active Markets</u>	<u>Other Observable</u>	<u>Unobservable</u>
		<u>for Identical Assets</u>	<u>Inputs</u>	<u>Inputs</u>
		<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
U.S. Government and Government Agency obligations	\$ 772,679	\$ 772,679	\$ -	\$ -
Mutual funds	274,371	274,371	-	-
Money market funds	<u>101,248</u>	<u>-</u>	<u>101,248</u>	<u>-</u>
Total assets in the fair value hierarchy	<u>\$ 1,148,298</u>	<u>\$ 1,047,050</u>	<u>\$ 101,248</u>	<u>\$ -</u>

<u>Description</u>	<u>2022</u>	<u>Fair Value Measurements at Reporting Date Using</u>		
		<u>Quoted Prices</u>	<u>Significant</u>	<u>Significant</u>
		<u>in Active Markets</u>	<u>Other Observable</u>	<u>Unobservable</u>
		<u>for Identical Assets</u>	<u>Inputs</u>	<u>Inputs</u>
		<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
U.S. Government and Government Agency obligations	\$ 530,698	\$ 530,698	\$ -	\$ -
Mutual funds	363,968	363,968	-	-
Money market funds	<u>402,838</u>	<u>-</u>	<u>402,838</u>	<u>-</u>
Total assets in the fair value hierarchy	<u>\$ 1,297,504</u>	<u>\$ 894,666</u>	<u>\$ 402,838</u>	<u>\$ -</u>

7. RELATED PARTIES

MFOW Welfare Fund provides certain administrative services to the Plan. Administrative charges to the Plan from the MFOW Welfare Fund totaled \$9,625 for each of the years ended July 31, 2023 and 2022. Administrative charges to the Plan from SIU Pacific District Supplemental Benefits Fund totaled \$2,400 for each of the years ended July 31, 2023 and 2022, respectively.

MFW Supplementary Pension Plan
Notes to Financial Statements
July 31, 2023 and 2022

In addition, SIU Pacific District Pension Plan (the "SIU Plan") receives the net amount of benefit expenses, on a monthly basis from the Plan, to include on the SIU Plan benefit checks to Plan participants. For the years ended July 31, 2023 and 2022, the net amount of benefit expenses transferred to the SIU Plan totaled \$346,356 and \$387,511, respectively.

The Trustees of the Plan also serve as Trustees of the above-referenced entities.

8. ACTUARIAL INFORMATION

The actuarial valuation of the Plan was made by Foster & Foster, as of August 1, 2022. Information in the report included the following:

Actuarial present value of accumulated Plan benefits

Vested benefits

Participants currently receiving payments	\$ 2,486,151
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Other vested benefits	<u>176,933</u>
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Total vested benefits	2,663,084
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Non-vested benefits	<u>1,623</u>
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Total actuarial present value of accumulated Plan benefits	<u>\$ 2,664,707</u>
---	---------------------

As reported by the actuary, the changes in the present value of accumulated Plan benefits for the year ended August 1, 2022, were as follows:

Actuarial present value of accumulated Plan

benefits at beginning of year	<u>\$ 2,947,497</u>
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Increase (decrease) during the year attributable to

Benefits accumulated, net experience gain or loss, changes in data	104,721
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Benefits paid	<u>(387,511)</u>
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Net increase	<u>(282,790)</u>
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Actuarial present value of accumulated Plan benefits at end of year	<u>\$ 2,664,707</u>
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The computations of the actuarial present value of accumulated Plan benefits were made as of August 1, 2022. Had the valuations been made as of July 31, 2022, there would be no material differences. No amendments were adopted on August 1, 2022.

**MFW Supplementary Pension Plan
Notes to Financial Statements
July 31, 2023 and 2022**

The actuarial valuation was made on the entry age normal cost method. Some of the more significant actuarial assumptions used in the July 31, 2022, valuation were:

Life expectancy of participants:

Healthy:	RP-2000 Life Table with blue collar adjustment, increased 15% for males and decreased 5% for females.
Disabled:	UP-84 Mortality Table with ages set forward four years.

Retirement age assumptions:

<u>Age</u>	<u>Rate</u>
55	7%
56–59	0%
60–61	7%
62	10%
63–64	15%
65	40%
66–67	15%
68–69	10%
70	100%

Net investment return: 3%, net of investment expense.

Administrative expenses: \$98,753 annually.

The above actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. Pension benefits in excess of the present assets of the Plan are dependent upon contributions received under collective bargaining agreements with employers and income from investments.

Because information on the accumulated Plan benefits at July 31, 2023, and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of July 31, 2023, and the changes in its financial status for the year then ended, but only present the net assets available for benefits and the changes therein as of and for the year ended July 31, 2023. The complete financial status is presented as of July 31, 2022.

9. MAJOR EMPLOYERS

The Plan has three employers whose contributions account for 100% of employer contributions for the years ended July 31, 2023 and 2022. In the event these employers suspend contributions, the Plan would retain the risk of current fixed administrative expenses until the appropriate adjustments were made.

10. SUBSEQUENT EVENTS

In preparing these financial statements, management of the Plan has evaluated events and transactions that occurred after July 31, 2023 for potential recognition or disclosure in the financial statements. These events and transactions were evaluated through May 13, 2024, the date that the financial statements were available to be issued, and no items have come to the attention of management that require recognition or disclosure.

SUPPLEMENTARY INFORMATION

REPORT ON SUPPLEMENTARY INFORMATION

INDEPENDENT AUDITOR'S REPORT

To the Participants and Trustees of
MFOW Supplementary Pension Plan:

We have audited the financial statements of MFOW Supplementary Pension Plan, as of and for the years ended July 31, 2023 and 2022, and have issued our report thereon dated May 13, 2024, which contained an unmodified opinion on those financial statements.

Our audit was performed for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental schedules, Schedule H, Line 4i - Schedule of Assets H (Held at End of Year) as of July 31, 2023, and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended July 31, 2023, are presented for the purpose of additional analysis and are not a required part of the basic financial statements. The supplementary schedules, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions, are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"). Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

WithumSmith+Brown, PC

May 13, 2024

**MFOW Supplementary Pension Plan
Schedules of Administrative Expenses
Years Ended July 31, 2023 and 2022**

	<u>2023</u>	<u>2022</u>
Actuarial	\$ 26,500	\$ 28,725
Contract administrator	25,804	28,860
Accounting	19,498	17,001
Pension benefit payment administrative services	12,025	12,025
Other	1,117	2,275
Legal	8,684	5,412
Insurance premiums	<u>5,956</u>	<u>6,127</u>
	<u>\$ 99,584</u>	<u>\$ 100,425</u>

See Independent Auditor's Report.

MFW Supplementary Pension Plan

EIN: 94-6201677

Plan number: 001

00011704
15- -12-D -77C-219-04
1200 -77-02868-04

Plan Year Ended July 31, 2023



MFW SUPP CONSOLIDATED ACCOUNT
ACCOUNT 6746112999

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

Page 9 of 94
Period from August 1, 2022 to July 31, 2023

ASSET DETAIL

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
Cash And Equivalents						
Money Markets						
First Am Inst Prime Ob Fd Cl Z 31846V625 Asset Minor Code 43 ACCOUNT 6746112901	42,067.373	42,067.37 1.0000	42,068.58	- 1.21 25.44	200.16	5.28
Total Money Markets	42,067.373	42,067.37	42,068.58	- 1.21 25.44	200.16	5.28
US Treas & Agency Short Term Obligat						
U S Treasury Bill 9/14/23 912796CQ0 Asset Minor Code 4 ACCOUNT 6746112901	20,000.000	19,871.20 .9936	19,722.11	149.09 149.09	.00	5.29
U S Treasury Bill 8/10/23 912796XY0 Asset Minor Code 4 ACCOUNT 6746112901	20,000.000	19,973.60 .9987	19,815.20	158.40 158.40	.00	5.26
U S Treasury Bill 3/21/24 912797LL9 Asset Minor Code 4 ACCOUNT 6746112901	20,000.000	19,336.20 .9668	19,223.04	113.16 113.16	.00	5.29
Total US Treas & Agency Short Term O	60,000.000	59,181.00	58,760.35	420.65 420.65	.00	5.28
Total Cash And Equivalents	102,067.373	101,248.37	100,828.93	419.44 446.09	200.16	5.28

US Government Issues

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
U S Treasury Nt 0.875% 11/15/30 Standard & Poors Rating: N/A Moody's Rating: Aaa 91282CAV3 Asset Minor Code 21 ACCOUNT 6746112901	15,000.000	12,083.85 80.5590	11,987.70	96.15 96.15	27.82	1.09
U S Treasury Nt 0.625% 11/30/27 Standard & Poors Rating: N/A Moody's Rating: Aaa 91282CAY7 Asset Minor Code 21 ACCOUNT 6746112901	45,000.000	38,575.35 85.7230	37,541.60	1,033.75 1,033.75	47.64	0.73
U S Treasury Nt 0.125% 12/15/23 Standard & Poors Rating: N/A Moody's Rating: Aaa 91282CBA8 Asset Minor Code 21 ACCOUNT 6746112901	20,000.000	19,620.40 98.1020	19,480.47	139.93 139.93	3.21	0.13
U S Treasury Nt 0.125% 1/15/24 Standard & Poors Rating: N/A Moody's Rating: Aaa 91282CBE0 Asset Minor Code 21 ACCOUNT 6746112901	20,000.000	19,538.20 97.6910	19,390.63	147.57 147.57	1.15	0.13
U S Treasury Nt 1.125% 2/15/31 Standard & Poors Rating: N/A Moody's Rating: Aaa 91282CBL4 Asset Minor Code 21 ACCOUNT 6746112901	10,000.000	8,178.50 81.7850	8,123.05	55.45 55.45	51.90	1.38
U S Treasury Nt 0.375% 4/15/24 Standard & Poors Rating: N/A Moody's Rating: Aaa 91282CBV2 Asset Minor Code 21 ACCOUNT 6746112901	20,000.000	19,310.20 96.5510	19,203.91	106.29 106.29	22.13	0.39



ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
U S Treasury Nt 0.250% 5/15/24 Standard & Poors Rating: N/A Moody's Rating: Aaa 91282CCC3 Asset Minor Code 21 ACCOUNT 6746112901	20,000.000	19,206.20 96.0310	19,108.59	97.61 97.61	10.60	0.26
U S Treasury Nt 1.250% 5/31/28 Standard & Poors Rating: N/A Moody's Rating: Aaa 91282CCE9 Asset Minor Code 21 ACCOUNT 6746112901	15,000.000	13,074.60 87.1640	12,948.63	125.97 125.97	31.76	1.43
U S Treasury Nt 1.250% 8/15/31 Standard & Poors Rating: N/A Moody's Rating: Aaa 91282CCS8 Asset Minor Code 21 ACCOUNT 6746112901	10,000.000	8,145.30 81.4530	8,081.64	63.66 63.66	57.67	1.53
U S Treasury Nt 1.125% 8/31/28 Standard & Poors Rating: N/A Moody's Rating: Aaa 91282CCV1 Asset Minor Code 21 ACCOUNT 6746112901	45,000.000	38,758.05 86.1290	37,708.59	1,049.46 1,049.46	215.37	1.31
U S Treasury Nt 1.250% 11/30/26 Standard & Poors Rating: N/A Moody's Rating: Aaa 91282CDK4 Asset Minor Code 21 ACCOUNT 6746112901	65,000.000	58,670.30 90.2620	57,494.53	1,175.77 1,175.77	139.10	1.38
U S Treasury Nt 2.750% 5/31/29 Standard & Poors Rating: N/A Moody's Rating: Aaa 91282CES6 Asset Minor Code 21 ACCOUNT 6746112901	15,000.000	13,916.55 92.7770	13,925.39	- 8.84 - 8.84	69.88	2.96

ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
U S Treasury Nt 3.125% 8/31/27 Standard & Poors Rating: N/A Moody's Rating: Aaa 91282CFH9 Asset Minor Code 21 ACCOUNT 6746112901	20,000.000	19,124.20 95.6210	19,014.84	109.36 109.36	261.55	3.27
U S Treasury Nt 3.125% 8/31/29 Standard & Poors Rating: N/A Moody's Rating: Aaa 91282CFJ5 Asset Minor Code 21 ACCOUNT 6746112901	10,000.000	9,459.00 94.5900	9,354.30	104.70 104.70	130.77	3.30
U S Treasury Nt 1.875% 10/31/22 Standard & Poors Rating: N/A Moody's Rating: WR 912828M49 Asset Minor Code 21 ACCOUNT 6746112901	.000	.00 100.0000	.00	.00 - 2,355.63	.00	0.00
U S Treasury Nt 2.250% 11/15/25 Standard & Poors Rating: N/A Moody's Rating: Aaa 912828M56 Asset Minor Code 21 ACCOUNT 6746112901	80,000.000	75,662.40 94.5780	75,018.75	643.65 643.65	381.52	2.38
U S Treasury Nt 2.125% 11/30/23 Standard & Poors Rating: N/A Moody's Rating: Aaa 912828U57 Asset Minor Code 21 ACCOUNT 6746112901	20,000.000	19,783.60 98.9180	19,493.75	289.85 289.85	71.99	2.15
U S Treasury Nt 2.500% 5/15/24 Standard & Poors Rating: N/A Moody's Rating: Aaa 912828WJ5 Asset Minor Code 21 ACCOUNT 6746112901	40,000.000	39,103.20 97.7580	38,792.19	311.01 311.01	211.96	2.56



ASSET DETAIL (continued)

DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
U S Treasury Nt 1.500% 9/15/22 Standard & Poors Rating: N/A Moody's Rating: WR 912828YF1 Asset Minor Code 21 ACCOUNT 6746112901	.000	.00 100.0000	.00	.00 1,071.45	.00	0.00
U S Treasury Nt 0.500% 3/15/23 Standard & Poors Rating: N/A Moody's Rating: WR 912828ZD5 Asset Minor Code 21 ACCOUNT 6746112901	.000	.00 100.0000	.00	.00 3,469.03	.00	0.00
U S Treasury Nt 0.500% 5/31/27 Standard & Poors Rating: N/A Moody's Rating: Aaa 912828ZS2 Asset Minor Code 21 ACCOUNT 6746112901	15,000.000	12,990.30 86.6020	12,816.21	174.09 174.09	12.84	0.58
U S Treasury Nt 1.500% 2/15/30 Standard & Poors Rating: N/A Moody's Rating: Aaa 912828Z94 Asset Minor Code 21 ACCOUNT 6746112901	30,000.000	25,587.90 85.2930	25,530.47	57.43 57.43	207.60	1.76
U S Treasury Nt 1.500% 8/15/26 Standard & Poors Rating: N/A Moody's Rating: Aaa 9128282A7 Asset Minor Code 21 ACCOUNT 6746112901	25,000.000	22,887.75 91.5510	22,488.28	399.47 399.47	173.00	1.64
U S Treas Bd Strip 11/15/23 Standard & Poors Rating: N/A Moody's Rating: N/A 912833LP3 Asset Minor Code 23 ACCOUNT 6746112901	30,000.000	29,570.70 .9857	29,834.70	- 264.00 633.30	.00	0.00

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
U S Treas Bd Strip 2/15/24 Standard & Poors Rating: N/A Moody's Rating: N/A 912833LQ1 Asset Minor Code 23 ACCOUNT 6746112901	45,000.000	43,808.85 .9735	44,659.35	- 850.50 727.65	.00	0.00
U S Treas Bd Strip 5/15/24 Standard & Poors Rating: N/A Moody's Rating: N/A 912833LR9 Asset Minor Code 23 ACCOUNT 6746112901	45,000.000	43,222.50 .9605	44,506.80	- 1,284.30 439.20	.00	0.00
U S Treas Bd Strip 8/15/24 Standard & Poors Rating: N/A Moody's Rating: N/A 912833LS7 Asset Minor Code 23 ACCOUNT 6746112901	40,000.000	37,919.60 .9480	39,452.00	- 1,532.40 125.60	.00	0.00
U S Treas Bd Strip 11/15/24 Standard & Poors Rating: N/A Moody's Rating: N/A 912833LT5 Asset Minor Code 23 ACCOUNT 6746112901	35,000.000	32,778.55 .9365	34,393.10	- 1,614.55 - 71.05	.00	0.00
U S Treas Bd Strip 2/15/25 Standard & Poors Rating: N/A Moody's Rating: N/A 912833LU2 Asset Minor Code 23 ACCOUNT 6746112901	35,000.000	32,405.45 .9259	34,298.95	- 1,893.50 - 207.90	.00	0.00
U S Treas Bd Strip 5/15/25 Standard & Poors Rating: N/A Moody's Rating: N/A 912833LV0 Asset Minor Code 23 ACCOUNT 6746112901	35,000.000	32,082.75 .9167	34,173.30	- 2,090.55 - 309.40	.00	0.00

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DESCRIPTION	SHARES/ FACE AMOUNT	MARKET PRICE/UNIT	BOOK VALUE	UNREALIZED GAIN (LOSS) SINCE INCEPTION/ CURRENT PERIOD	ENDING ACCRUAL	YIELD ON MARKET
U S Treas Bd Strip 8/15/25 Standard & Poors Rating: N/A Moody's Rating: N/A 912833LW8 Asset Minor Code 23 ACCOUNT 6746112901	30,000.000	27,214.80 .9072	29,164.20	- 1,949.40 - 408.60	.00	0.00
Total US Government Issues	835,000.000	772,679.05	777,985.92	- 5,306.87 9,285.98	2,129.46	1.01
Mutual Funds						
Mutual Funds-Equity						
Ishares Select Dividend Etf 464287168 Asset Minor Code 94 ACCOUNT 6746112901	2,324.000	274,371.44 118.0600	278,465.01	- 4,093.57 - 11,353.19	.00	3.56
Total Mutual Funds-Equity	2,324.000	274,371.44	278,465.01	- 4,093.57 - 11,353.19	.00	3.56
Total Mutual Funds	2,324.000	274,371.44	278,465.01	- 4,093.57 - 11,353.19	.00	3.56
Total Assets	939,391.373	1,148,298.86	1,157,279.86	- 8,981.00 - 1,621.12	2,329.62	1.99
Accrued Income	.000	2,329.62	2,329.62			
Grand Total	939,391.373	1,150,628.48	1,159,609.48			

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 Schedule of Reportable Transactions

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
BEGINNING MARKET VALUE					1,298,870.16		
COMPARATIVE VALUE (5%)					64,943.50		
CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE							
Issue: 31846V625 - First Am Inst Prime Ob Fd Cl Z							
09/19/2022 6746112901	S	- 318,152.115	.9999		318,120 *	318,138	- 17
10/31/2022 6746112901	B	76,405.891	.9999		- 76,398 *	76,398	
11/16/2022 6746112901	S	- 80,236.324	.9999		80,228 *	80,229	- 1
03/15/2023 6746112901	B	230,528.894	1.0002		- 230,575 *	230,575	
06/05/2023 6746112901	S	- 155,881.950	1.0000		155,882 *	155,905	- 23
Issue: 464287168 - Ishares Select Dividend Etf							
11/16/2022 6746112901	S	- 653.000	122.6900	28	80,089 *	78,243	1,845
Issue: 912828M49 - U S Treasury Nt 1.875% 10/31/22							
10/31/2022 6746112901	S	- 70,000.000	1.0000		70,000 *	67,555	2,445
Issue: 912828M56 - U S Treasury Nt 2.250% 11/15/25							
10/27/2022 6746112901	B	80,000.000	.9377		- 75,019 *	75,019	
Issue: 912828N30 - U S Treasury Nt 2.125% 12/31/22							

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/19/2022 6746112901	B	80,000.000	.9969		- 79,750 *	79,750	
10/27/2022 6746112901	S	- 80,000.000	.9964		79,709 *	79,750	- 41
Issue: 912828ZD5 - U S Treasury Nt 0.500% 3/15/23							
09/19/2022 6746112901	B	80,000.000	.9847		- 78,778 *	78,778	
03/15/2023 6746112901	S	- 230,000.000	1.0000		230,000 *	229,985	15
Issue: 912828Z29 - U S Treasury Nt 1.500% 1/15/23							
09/19/2022 6746112901	B	80,000.000	.9946		- 79,566 *	79,566	
10/27/2022 6746112901	S	- 80,000.000	.9941		79,525 *	79,566	- 41
Issue: 912828Z86 - U S Treasury Nt 1.375% 2/15/23							
09/19/2022 6746112901	B	80,000.000	.9916		- 79,328 *	79,328	
10/27/2022 6746112901	S	- 80,000.000	.9913		79,306 *	79,328	- 22
GRAND TOTAL				28	1,872,273	1,868,113	4,160

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

Broker: Instinet

Issue: 464287168 - Ishares Select Dividend Etf							
11/16/2022 6746112901	S	- 653.000	122.6900	28	80,089 *	78,243	1,845

Broker: Stonex Financial Inc.

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/19/2022 6746112901	Issue: 912828Z29 - U S Treasury Nt B	1.500% 1/15/23 80,000.000	.9946		- 79,566 *	79,566	
09/19/2022 6746112901	Issue: 912828Z86 - U S Treasury Nt B	1.375% 2/15/23 80,000.000	.9916		- 79,328 *	79,328	
09/19/2022 6746112901	Issue: 912828ZD5 - U S Treasury Nt B	0.500% 3/15/23 80,000.000	.9847		- 78,778 *	78,778	
09/19/2022 6746112901	Issue: 912828N30 - U S Treasury Nt B	2.125% 12/31/22 80,000.000	.9969		- 79,750 *	79,750	
10/27/2022 6746112901	Issue: 912828U57 - U S Treasury Nt B	2.125% 11/30/23 20,000.000	.9747		- 19,494	19,494	
10/27/2022 6746112901	Issue: 91282CDK4 - U S Treasury Nt B	1.250% 11/30/26 65,000.000	.8845		- 57,495	57,495	
10/27/2022 6746112901	Issue: 91282CAY7 - U S Treasury Nt B	0.625% 11/30/27 45,000.000	.8343		- 37,542	37,542	
10/27/2022 6746112901	Issue: 912828Z29 - U S Treasury Nt S	1.500% 1/15/23 - 80,000.000	.9941		79,525 *	79,566	- 41
10/27/2022 6746112901	Issue: 91282CFH9 - U S Treasury Nt B	3.125% 8/31/27 20,000.000	.9507		- 19,015	19,015	
10/27/2022 6746112901	Issue: 91282CFJ5 - U S Treasury Nt B	3.125% 8/31/29 10,000.000	.9354		- 9,354	9,354	
10/27/2022 6746112901	Issue: 91282CCV1 - U S Treasury Nt B	1.125% 8/31/28 45,000.000	.8380		- 37,709	37,709	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/27/2022 6746112901	Issue: 912828Z86 - U S Treasury Nt S	1.375% 2/15/23 - 80,000.000	.9913		79,306 *	79,328	- 22
10/27/2022 6746112901	Issue: 912828M56 - U S Treasury Nt B	2.250% 11/15/25 80,000.000	.9377		- 75,019 *	75,019	
10/27/2022 6746112901	Issue: 912828N30 - U S Treasury Nt S	2.125% 12/31/22 - 80,000.000	.9964		79,709 *	79,750	- 41
10/27/2022 6746112901	Issue: 9128282A7 - U S Treasury Nt B	1.500% 8/15/26 25,000.000	.8995		- 22,488	22,488	
11/16/2022 6746112901	Issue: 912828WJ5 - U S Treasury Nt B	2.500% 5/15/24 40,000.000	.9698		- 38,792	38,792	
11/16/2022 6746112901	Issue: 91282CAV3 - U S Treasury Nt B	0.875% 11/15/30 15,000.000	.7992		- 11,988	11,988	
11/16/2022 6746112901	Issue: 91282CCS8 - U S Treasury Nt B	1.250% 8/15/31 10,000.000	.8082		- 8,082	8,082	
11/16/2022 6746112901	Issue: 912828ZS2 - U S Treasury Nt B	0.500% 5/31/27 15,000.000	.8544		- 12,816	12,816	
11/16/2022 6746112901	Issue: 91282CCE9 - U S Treasury Nt B	1.250% 5/31/28 15,000.000	.8632		- 12,949	12,949	
11/16/2022 6746112901	Issue: 91282CES6 - U S Treasury Nt B	2.750% 5/31/29 15,000.000	.9284		- 13,925	13,925	
11/16/2022 6746112901	Issue: 91282CBL4 - U S Treasury Nt B	1.125% 2/15/31 10,000.000	.8123		- 8,123	8,123	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
11/16/2022 6746112901	Issue: 912828Z94 - U S Treasury Nt B	1.500% 2/15/30 30,000.000	.8510		- 25,530	25,530	
06/05/2023 6746112901	Issue: 91282CBV2 - U S Treasury Nt B	0.375% 4/15/24 20,000.000	.9602		- 19,204	19,204	
06/05/2023 6746112901	Issue: 91282CBA8 - U S Treasury Nt B	0.125% 12/15/23 20,000.000	.9740		- 19,480	19,480	
06/05/2023 6746112901	Issue: 91282CCC3 - U S Treasury Nt B	0.250% 5/15/24 20,000.000	.9554		- 19,109	19,109	
06/05/2023 6746112901	Issue: 912796XY0 - U S Treasury Bill B	8/10/23 20,000.000	.9908		- 19,815	19,815	
06/05/2023 6746112901	Issue: 91282CBE0 - U S Treasury Nt B	0.125% 1/15/24 20,000.000	.9695		- 19,391	19,391	
06/05/2023 6746112901	Issue: 912797FX0 - U S Treasury Bill B	7/11/23 20,000.000	.9952		- 19,903	19,903	
06/05/2023 6746112901	Issue: 912796CQ0 - U S Treasury Bill B	9/14/23 20,000.000	.9861		- 19,722	19,722	
06/05/2023 6746112901	Issue: 912797LL9 - U S Treasury Bill B	3/21/24 20,000.000	.9612		- 19,223	19,223	
Total For Stonex Financial Inc.				0	1,122,130	1,122,234	- 104
GRAND TOTAL				28	1,202,219	1,200,477	1,741

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE							
Issue: 31846V625 - First Am Inst Prime Ob Fd Cl Z							
08/02/2022 6746112901	B	550.305	.9999		- 550	550	
08/08/2022 6746112901	B	6,912.691	.9999		- 6,912	6,912	
08/10/2022 6746112901	B	7,731.773	.9999		- 7,731	7,731	
08/19/2022 6746112901	B	9,891.989	.9999		- 9,891	9,891	
08/31/2022 6746112901	B	7,178.218	.9999		- 7,178	7,178	
09/02/2022 6746112901	B	767.257	.9999		- 767	767	
09/12/2022 6746112901	B	8,658.866	.9999		- 8,658	8,658	
09/15/2022 6746112901	B	35,641.064	.9999		- 35,638	35,638	
09/28/2022 6746112901	B	6,489.649	.9999		- 6,489	6,489	
09/30/2022 6746112901	B	4,006.761	.9999		- 4,006	4,006	
10/04/2022 6746112901	B	543.114	.9999		- 543	543	
10/12/2022 6746112901	B	8,105.311	.9999		- 8,105	8,105	
10/26/2022 6746112901	B	9,528.406	.9998		- 9,527	9,527	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/31/2022 6746112901	B	76,405.891	.9999		- 76,398 *	76,398	
11/02/2022 6746112901	B	260.296	.9999		- 260	260	
11/10/2022 6746112901	B	8,303.330	.9999		- 8,303	8,303	
11/15/2022 6746112901	B	900.090	.9999		- 900	900	
11/21/2022 6746112901	B	8,361.836	.9999		- 8,361	8,361	
11/30/2022 6746112901	B	1,096.880	1.0000		- 1,097	1,097	
12/02/2022 6746112901	B	248.960	1.0000		- 249	249	
12/12/2022 6746112901	B	8,676.000	1.0000		- 8,676	8,676	
12/15/2022 6746112901	B	13,131.000	1.0000		- 13,131	13,131	
12/20/2022 6746112901	B	7,275.772	1.0001		- 7,277	7,277	
01/04/2023 6746112901	B	149.715	1.0001		- 150	150	
01/05/2023 6746112901	B	5,867.413	1.0001		- 5,868	5,868	
01/10/2023 6746112901	B	7,748.225	1.0001		- 7,749	7,749	
01/20/2023 6746112901	B	9,782.022	1.0001		- 9,783	9,783	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
01/31/2023 6746112901	B	6,650.335	1.0001		- 6,651	6,651	
02/02/2023 6746112901	B	113.359	1.0001		- 113	113	
02/13/2023 6746112901	B	7,118.288	1.0001		- 7,119	7,119	
02/15/2023 6746112901	B	531.197	1.0001		- 531	531	
02/22/2023 6746112901	B	5,052.995	1.0001		- 5,054	5,054	
03/02/2023 6746112901	B	6,991.521	1.0001		- 6,992	6,992	
03/10/2023 6746112901	B	6,965.303	1.0001		- 6,966	6,966	
03/15/2023 6746112901	B	230,528.894	1.0002		- 230,575 *	230,575	
03/20/2023 6746112901	B	6,681.832	1.0001		- 6,683	6,683	
03/29/2023 6746112901	B	8,703.680	1.0000		- 8,704	8,704	
04/04/2023 6746112901	B	536.390	1.0000		- 536	536	
04/11/2023 6746112901	B	8,154.000	1.0000		- 8,154	8,154	
04/20/2023 6746112901	B	7,560.000	1.0000		- 7,560	7,560	
04/28/2023 6746112901	B	7,281.000	1.0000		- 7,281	7,281	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
05/02/2023 6746112901	B	874.750	1.0000		- 875	875	
05/10/2023 6746112901	B	7,528.500	1.0000		- 7,529	7,529	
05/19/2023 6746112901	B	7,726.500	1.0000		- 7,727	7,727	
05/30/2023 6746112901	B	7,083.000	1.0000		- 7,083	7,083	
05/31/2023 6746112901	B	1,096.880	1.0000		- 1,097	1,097	
06/02/2023 6746112901	B	878.860	1.0000		- 879	879	
06/12/2023 6746112901	B	8,293.500	1.0000		- 8,294	8,294	
06/13/2023 6746112901	B	1,897.410	1.0000		- 1,897	1,897	
06/15/2023 6746112901	B	12.500	1.0000		- 13	13	
06/20/2023 6746112901	B	9,841.500	1.0000		- 9,842	9,842	
06/27/2023 6746112901	B	7,663.500	1.0000		- 7,664	7,664	
07/05/2023 6746112901	B	271.320	1.0000		- 271	271	
07/11/2023 6746112901	B	20,000.000	1.0000		- 20,000	20,000	
07/13/2023 6746112901	B	7,438.500	1.0000		- 7,439	7,439	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
07/17/2023 6746112901	B	12.500	1.0000		- 13	13	
07/20/2023 6746112901	B	7,695.000	1.0000		- 7,695	7,695	
07/28/2023 6746112901	B	7,218.000	1.0000		- 7,218	7,218	
Total For Buys				0	652,652	652,652	0
08/23/2022 6746112901	S	- 38,608.881	.9999		38,605	38,607	- 2
08/26/2022 6746112901	S	- 875.088	.9999		875	875	
09/19/2022 6746112901	S	- 318,152.115	.9999		318,120 *	318,138	- 17
09/20/2022 6746112901	S	- 28,835.074	.9999		28,832	28,834	- 2
10/24/2022 6746112901	S	- 3,000.600	.9998		3,000	3,000	
10/27/2022 6746112901	S	- 40,198.040	.9999		40,194	40,195	- 1
10/28/2022 6746112901	S	- 38,385.029	.9999		38,381	38,382	- 1
11/16/2022 6746112901	S	- 80,236.324	.9999		80,228 *	80,229	- 1
11/17/2022 6746112901	S	- 10,001.000	.9999		10,000	10,000	
11/29/2022 6746112901	S	- 875.000	1.0000		875	875	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
12/16/2022 6746112901	S	- 6,565.500	1.0000		6,566	6,565	
12/19/2022 6746112901	S	- 34,508.340	1.0000		34,508	34,506	2
01/18/2023 6746112901	S	- 36,705.819	1.0001		36,709	36,706	3
01/23/2023 6746112901	S	- 2,999.700	1.0001		3,000	3,000	
02/16/2023 6746112901	S	- 30,706.419	1.0001		30,709	30,709	1
02/28/2023 6746112901	S	- 153.105	1.0001		153	153	
03/21/2023 6746112901	S	- 35,533.320	1.0000		35,533	35,540	- 7
04/17/2023 6746112901	S	- 38,376.220	1.0000		38,376	38,383	- 7
05/15/2023 6746112901	S	- 33,082.000	1.0000		33,082	33,087	- 5
05/26/2023 6746112901	S	- 875.000	1.0000		875	875	
06/05/2023 6746112901	S	- 155,881.950	1.0000		155,882 *	155,905	- 23
06/16/2023 6746112901	S	- 34,326.710	1.0000		34,327	34,331	- 4
07/18/2023 6746112901	S	- 44,543.660	1.0000		44,544	44,546	- 2
Total For Sells				0	1,013,374	1,013,441	- 66

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Total First Am Inst Prime Ob Fd Cl Z				0	1,666,026	1,666,093	- 66
Issue: 464287168 - Ishares Select Dividend Etf							
11/16/2022 6746112901	S	- 653.000	122.6900	28	80,089 *	78,243	1,845
Total For Sells				28	80,089	78,243	1,845
Issue: 912828M49 - U S Treasury Nt 1.875% 10/31/22							
10/31/2022 6746112901	S	- 70,000.000	1.0000		70,000 *	67,555	2,445
Total For Sells				0	70,000	67,555	2,445
Issue: 912828M56 - U S Treasury Nt 2.250% 11/15/25							
10/27/2022 6746112901	B	80,000.000	.9377		- 75,019 *	75,019	
Total For Buys				0	75,019	75,019	0
Issue: 912828N30 - U S Treasury Nt 2.125% 12/31/22							
09/19/2022 6746112901	B	80,000.000	.9969		- 79,750 *	79,750	
Total For Buys				0	79,750	79,750	0
10/27/2022 6746112901	S	- 80,000.000	.9964		79,709 *	79,750	- 41

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Total For Sells				0	79,709	79,750	- 41
Total U S Treasury Nt 2.125% 12/31/22				0	159,459	159,500	- 41
Issue: 912828ZD5 - U S Treasury Nt		0.500% 3/15/23					
09/19/2022 6746112901	B	80,000.000	.9847		- 78,778 *	78,778	
Total For Buys				0	78,778	78,778	0
03/15/2023 6746112901	S	- 230,000.000	1.0000		230,000 *	229,985	15
Total For Sells				0	230,000	229,985	15
Total U S Treasury Nt 0.500% 3/15/23				0	308,778	308,763	15
Issue: 912828Z29 - U S Treasury Nt		1.500% 1/15/23					
09/19/2022 6746112901	B	80,000.000	.9946		- 79,566 *	79,566	
Total For Buys				0	79,566	79,566	0
10/27/2022 6746112901	S	- 80,000.000	.9941		79,525 *	79,566	- 41
Total For Sells				0	79,525	79,566	- 41

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
Total U S Treasury Nt		1.500% 1/15/23		0	159,091	159,132	- 41
Issue: 912828Z86 - U S Treasury Nt		1.375% 2/15/23					
09/19/2022	B	80,000.000	.9916		- 79,328 *	79,328	
6746112901							
Total For Buys				0	79,328	79,328	0
10/27/2022	S	- 80,000.000	.9913		79,306 *	79,328	- 22
6746112901							
Total For Sells				0	79,306	79,328	- 22
Total U S Treasury Nt		1.375% 2/15/23		0	158,634	158,656	- 22
GRAND TOTAL				28	2,677,096	2,672,961	4,135

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

Broker: Instinet

Issue: 464287168 - Ishares Select Dividend Etf							
11/16/2022	S	- 653.000	122.6900	28	80,089 *	78,243	1,845
6746112901							

Broker: Stonex Financial Inc.

Issue: 912828Z29 - U S Treasury Nt		1.500% 1/15/23					
09/19/2022	B	80,000.000	.9946		- 79,566 *	79,566	
6746112901							

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
09/19/2022 6746112901	Issue: 912828Z86 - U S Treasury Nt B	1.375% 2/15/23 80,000.000	.9916		- 79,328 *	79,328	
09/19/2022 6746112901	Issue: 912828ZD5 - U S Treasury Nt B	0.500% 3/15/23 80,000.000	.9847		- 78,778 *	78,778	
09/19/2022 6746112901	Issue: 912828N30 - U S Treasury Nt B	2.125% 12/31/22 80,000.000	.9969		- 79,750 *	79,750	
10/27/2022 6746112901	Issue: 912828U57 - U S Treasury Nt B	2.125% 11/30/23 20,000.000	.9747		- 19,494	19,494	
10/27/2022 6746112901	Issue: 91282CDK4 - U S Treasury Nt B	1.250% 11/30/26 65,000.000	.8845		- 57,495	57,495	
10/27/2022 6746112901	Issue: 91282CAY7 - U S Treasury Nt B	0.625% 11/30/27 45,000.000	.8343		- 37,542	37,542	
10/27/2022 6746112901	Issue: 912828Z29 - U S Treasury Nt S	1.500% 1/15/23 - 80,000.000	.9941		79,525 *	79,566	- 41
10/27/2022 6746112901	Issue: 91282CFH9 - U S Treasury Nt B	3.125% 8/31/27 20,000.000	.9507		- 19,015	19,015	
10/27/2022 6746112901	Issue: 91282CFJ5 - U S Treasury Nt B	3.125% 8/31/29 10,000.000	.9354		- 9,354	9,354	
10/27/2022 6746112901	Issue: 91282CCV1 - U S Treasury Nt B	1.125% 8/31/28 45,000.000	.8380		- 37,709	37,709	
10/27/2022 6746112901	Issue: 912828Z86 - U S Treasury Nt S	1.375% 2/15/23 - 80,000.000	.9913		79,306 *	79,328	- 22

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
10/27/2022 6746112901	Issue: 912828M56 - U S Treasury Nt B	2.250% 11/15/25 80,000.000	.9377		- 75,019 *	75,019	
10/27/2022 6746112901	Issue: 912828N30 - U S Treasury Nt S	2.125% 12/31/22 - 80,000.000	.9964		79,709 *	79,750	- 41
10/27/2022 6746112901	Issue: 9128282A7 - U S Treasury Nt B	1.500% 8/15/26 25,000.000	.8995		- 22,488	22,488	
11/16/2022 6746112901	Issue: 912828WJ5 - U S Treasury Nt B	2.500% 5/15/24 40,000.000	.9698		- 38,792	38,792	
11/16/2022 6746112901	Issue: 91282CAV3 - U S Treasury Nt B	0.875% 11/15/30 15,000.000	.7992		- 11,988	11,988	
11/16/2022 6746112901	Issue: 91282CCS8 - U S Treasury Nt B	1.250% 8/15/31 10,000.000	.8082		- 8,082	8,082	
11/16/2022 6746112901	Issue: 912828ZS2 - U S Treasury Nt B	0.500% 5/31/27 15,000.000	.8544		- 12,816	12,816	
11/16/2022 6746112901	Issue: 91282CCE9 - U S Treasury Nt B	1.250% 5/31/28 15,000.000	.8632		- 12,949	12,949	
11/16/2022 6746112901	Issue: 91282CES6 - U S Treasury Nt B	2.750% 5/31/29 15,000.000	.9284		- 13,925	13,925	
11/16/2022 6746112901	Issue: 91282CBL4 - U S Treasury Nt B	1.125% 2/15/31 10,000.000	.8123		- 8,123	8,123	
11/16/2022 6746112901	Issue: 912828Z94 - U S Treasury Nt B	1.500% 2/15/30 30,000.000	.8510		- 25,530	25,530	

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

DATE	BOUGHT/ SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
06/05/2023 6746112901	Issue: 91282CBV2 - U S Treasury Nt B	0.375% 4/15/24 20,000.000	.9602		- 19,204	19,204	
06/05/2023 6746112901	Issue: 91282CBA8 - U S Treasury Nt B	0.125% 12/15/23 20,000.000	.9740		- 19,480	19,480	
06/05/2023 6746112901	Issue: 91282CCC3 - U S Treasury Nt B	0.250% 5/15/24 20,000.000	.9554		- 19,109	19,109	
06/05/2023 6746112901	Issue: 912796XY0 - U S Treasury Bill B	8/10/23 20,000.000	.9908		- 19,815	19,815	
06/05/2023 6746112901	Issue: 91282CBE0 - U S Treasury Nt B	0.125% 1/15/24 20,000.000	.9695		- 19,391	19,391	
06/05/2023 6746112901	Issue: 912797FX0 - U S Treasury Bill B	7/11/23 20,000.000	.9952		- 19,903	19,903	
06/05/2023 6746112901	Issue: 912796CQ0 - U S Treasury Bill B	9/14/23 20,000.000	.9861		- 19,722	19,722	
06/05/2023 6746112901	Issue: 912797LL9 - U S Treasury Bill B	3/21/24 20,000.000	.9612		- 19,223	19,223	
Total For Stonex Financial Inc.				0	1,122,130	1,122,234	- 104
GRAND TOTAL				28	1,202,219	1,200,477	1,741

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2022</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information				
For calendar plan year 2022 or fiscal plan year beginning		08/01/2022	and ending	07/31/2023
A This return/report is for:	<input checked="" type="checkbox"/> a multiemployer plan	<input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)		
	<input type="checkbox"/> a single-employer plan	<input type="checkbox"/> a DFE (specify) _____		
B This return/report is:	<input type="checkbox"/> the first return/report	<input type="checkbox"/> the final return/report		
	<input type="checkbox"/> an amended return/report	<input type="checkbox"/> a short plan year return/report (less than 12 months)		
C If the plan is a collectively-bargained plan, check here:	<input checked="" type="checkbox"/>			
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension	<input type="checkbox"/> the DFVC program	
	<input type="checkbox"/> special extension (enter description) _____			
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here:	<input type="checkbox"/>			

Part II Basic Plan Information —enter all requested information				
1a Name of plan	MFOW Supplementary Pension Plan		1b Three-digit plan number (PN) ▶	001
			1c Effective date of plan	12/31/1968
2a Plan sponsor's name (employer, if for a single-employer plan)	2b Employer Identification Number (EIN)			
Mailing address (include room, apt., suite no. and street, or P.O. Box)	94-6201677			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	2c Plan Sponsor's telephone number			
BOARD OF TRUSTEES OF MFOW	(415) 546-7800			
SUPPLEMENTAL PENSION TRUST	2d Business code (see instructions)			
1600 HARBOR BAY PARKWAY, SUITE 200	483000			
ALAMEDA	CA	94502		

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

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

SIGN HERE	<i>ANTHONY POPLAWSKI</i>	05/13/2024	ANTHONY POPLAWSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Danny Defanti</i>	05/13/2024	DANNY DEFANTI
	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 (2022)
v. 220413

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	110
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 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)	2
	6a(2)	2
	6b	51
	6c	4
	6d	57
	6e	36
	6f	93
	6g	
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	3

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1B

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input checked="" 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)
	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 _____

MFOW Supplementary Pension Plan

EIN 94-6201677

Plan No. 001

Plan Year Ended July 31, 2023

Form 5500, Schedule H, Part III

Financial Statements used to formulate IQPA's opinion

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

MFOW Supplementary Pension Plan

EIN 94-6201677

Plan No. 001

Plan Year Ended July 31, 2023

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

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

MFOW Supplementary Pension Plan

EIN 94-6201677

Plan No. 001

Plan Year Ended July 31, 2023

**Form 5500, Schedule H, Part IV, Line 4j
Schedule of Reportable Transactions**

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

MFW SUPPLEMENTARY PENSION PLAN
EIN: 94-6201677; Plan Number: 001

Schedule MB, line 4b – Illustration Supporting Actuarial Certification of Status

The plan's certification of plan status for the year is attached to provide supporting information for the plan's status shown in this year's Schedule MB.

MFOW SUPPLEMENTARY PENSION PLAN

AUGUST 1, 2022

**ACTUARIAL CERTIFICATION
OF PLAN STATUS IRC SECTION 432**



FOSTER & FOSTER
ACTUARIES AND CONSULTANTS

October 28, 2022

Board of Trustees
MFOW Supplementary Pension Plan

RE: ACTUARIAL CERTIFICATION OF PLAN STATUS IRC SECTION 432

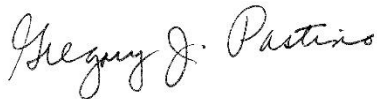
Dear Board:

We have completed the Plan's actuarial status certification under Internal Revenue Code Section 432 as of August 1, 2022. The exhibits enclosed outline the projections performed and the results of the various required tests. We have prepared these projections in accordance with generally accepted actuarial principles and practices based on our current interpretation of applicable laws. These results were determined using the actuarial valuation data as of August 1, 2021 and asset information as of July 31, 2022.

The Plan is in the "Yellow Zone" since it is in endangered status but not seriously endangered or critical status, under the Pension Protection Act of 2006 as of August 1, 2022. This certification is being filed with the Internal Revenue Service, pursuant to ERISA section 305(b)(3) and IRC section 432(b)(3).

We look forward to discussing the results with you.

Regards,



Gregory J. Pastino, ASA, EA, MAAA
Enrollment Number: 20-3916



Tyler A. Koftan, EA, MAAA
Enrollment Number: 20-8685

AUGUST 1, 2022 ACTUARIAL STATUS CERTIFICATION UNDER IRC SECTION 432

October 28, 2022

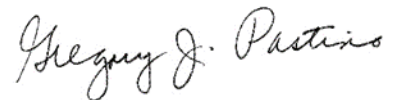
This report, prepared by Foster & Foster, Inc., outlines the actuarial status certification under Internal Revenue Code Section 432 for the MFOW Supplementary Pension Plan (EIN 94-6201677/ PN 001) as of August 1, 2022 in accordance with generally accepted actuarial principles and practices. It has been prepared at the request of the Board of Trustees to assist in administering the Fund and meeting filing and compliance requirements under Federal Law. This certification is the property of the Board of Trustees and may only be used for its intended purpose.

The calculations in this actuarial certification may not be applicable for other purposes. Future actuarial measurements may differ significantly from the current measurements presented in this report based on the actual experience of the plan.

This certification is based on the August 1, 2021 actuarial valuation. The actuarial assumptions and methods required for the projections and sources of information used are summarized in the report.

This certification assumes that the Plan was qualified as a multiemployer plan for the year.

The undersigned is a member of the American Academy of Actuaries and meets the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion herein. To the best of my knowledge, the information supplied in this actuarial certification is complete and accurate. As required by IRC Section 432(b)(3)(B)(iii), the projected industry activity is based on information provided by the plan sponsor and seems reasonable based on the recent experience of the plan. In my opinion, the projections are based on reasonable actuarial estimates, assumptions, and methods that offer my best estimate of anticipated experience under the Plan.



Gregory J. Pastino, ASA, EA, MAAA
Enrollment Number: 20-3916



Tyler A. Koftan, EA, MAAA
Enrollment Number: 20-8685

STATUS DETERMINATION AS OF AUGUST 1, 2022

Critical Status Criteria

Test 1: Funded Percentage less than 65% AND Market value of assets plus contributions less than benefit payments and administrative expenses over seven year	No
Test 2: Accumulated funding deficiency projected in four years (five years if funded at 65% or less)	No
Test 3: Accumulated funding deficiency projected in five years AND present value of vested benefits for non-actives more than present value of vested benefits for actives AND normal cost plus interest on unfunded actuarial accrued liability (unit credit basis) is greater than the present value of employer contributions	No
Test 4: Assets plus contributions less than benefit payments and administrative expenses over five years	No

The Plan is NOT in Critical Status

Endangered Status Criteria

Test 1: Funded percentage less than 80%	Yes
Test 2: Funding deficiency projected in seven years	No

The Plan is in Endangered Status

Seriously Endangered Status Criteria

Test: The funded percentage is less than 80% AND funding deficiency projected in seven years?	No
---	----

The Plan is NOT in Seriously Endangered Status

Asset and Contribution Information

Market Value of Assets	\$1,326,574
Actuarial Value of Assets	\$1,326,574
Expected Contributions	
Current Year	\$256,500
Present Value for the next 5 years	\$1,192,315
Present Value for the next 7 years	\$1,622,039

Liabilities

Present Value of Vested Benefits for Active Participants	\$32,929
Present Value of Vested Benefits for Non-Active Participants	\$2,604,138
Total Present Value of Vested Benefits	\$2,637,067
Total Accrued Liability (Unit Credit)	\$2,638,012
Normal Cost, plus Expenses	\$100,826
Present Value of Benefit Payments	
Next 5 Years	\$1,373,450
Next 7 Years	\$1,714,846
Present Value of Admin Expenses	
Next 5 Years	\$464,840
Next 7 Years	\$632,374
Total Present Value of Benefit Payments and Administrative Expenses	
Next 5 Years	\$1,838,290
Next 7 Years	\$2,347,220

Funded Percentage

Actuarial Value of Assets / Total Unit Credit Accrued Liability	50.3%
---	-------

Summary of Projected Actuarial Results

Date	Accrued Liability (Unit Credit)	Actuarial Value of Assets	Funded Percentage	Credit Balance
8/1/2022	\$2,638,012	\$1,326,574	50.3%	\$85,597
8/1/2023	\$2,355,513	\$1,159,763	49.2%	\$83,946
8/1/2024	\$2,098,677	\$1,022,139	48.7%	\$65,853
8/1/2025	\$1,866,990	\$913,231	48.9%	\$50,840
8/1/2026	\$1,657,784	\$830,478	50.0%	\$148,199
8/1/2027	\$1,465,215	\$768,573	52.4%	\$234,467
8/1/2028	\$1,291,083	\$728,979	56.4%	\$309,451

Actuarial Assumptions and Methods

The actuarial assumptions and plan benefits are the same as used in the August 1, 2021 actuarial valuation. Key assumptions are outlined below.

Contribution Rates	Employer contributions are assumed to be \$256,500 per year.
Projection Assumptions	The experience of the plan during the projection is assumed to match the expected experience based on the plan's current actuarial assumptions.
Asset Information	July 31, 2022 draft asset information was provided by the plan administrator's office. These amounts are unaudited and subject to change.
Net Investment Return	The expected net investment return is assumed to be 3.00% per year for the duration of the projection period.
Investment Smoothing	The Plan's current smoothing method was used to determine the Actuarial Value of Assets.
Administrative Expenses	Investment related expenses are netted against investment income. The assumed normal cost load for operating expenses is \$100,000 for 2022 and for each year thereafter.
Significant Events	No significant events are known and likely during the duration of this projection. As a result, we have not factored any significant events into our projection.
Projected Industry Activity	Assumptions with respect to projected industry activity are based on information provided by the Plan Sponsor as required by Section 432 of the Internal Revenue Code. No new entrants are assumed as the plan is closed.

Benefit Provisions

The benefit provisions are as reflected in the August 1, 2021 actuarial valuation for the MFOW Supplementary Pension Plan.

**MFOW Supplementary Pension Plan
Actuarial Certification for 2022**

Name of Plan: MFOW Supplementary Pension Plan
Employer Identification Number: 94-6201677
Plan Number: 001
Plan Sponsor: Board of Trustees of MFOW Supplementary Pension Plan
240 Second Street, Floor 2
San Francisco, CA 94105
Enrolled Actuary: Gregory J. Pastino
Foster & Foster
184 Shuman Boulevard, Suite 305
Naperville, IL 60563
(239) 600-6409
Plan Year: August 1, 2022 - July 31, 2023

Certification of Funded Status:

Based on reasonable actuarial estimates, assumptions and methods that offer my best estimate of anticipated experience under the plan, I hereby certify that this plan is in Endangered Status pursuant to the Pension Protection Act of 2006, as amended by the Multiemployer Pension Reform Act of 2014.



Gregory J. Pastino, ASA, MAAA, EA
Enrolled Actuary Number 20-03916

October 28, 2022

Date

MFOW SUPPLEMENTARY PENSION PLAN
EIN: 94-6201677; Plan Number: 001

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods

Interest Rates:

Funding:

3.00% annual compound interest in the future, based on expected earnings from portfolio analysis.

Current Liability:

2.30% per year, compounded annually.

Mortality:

Healthy:

The RP-2000 life table with blue collar adjustment, increased 15% for males and decreased 5% for females. This is supported by the results of an experience study completed in 2014, which was updated in 2020 to reflect actual plan experience since that time.

Disabled:

1984 Unisex Pension Mortality Table set forward four years. (Schedule B Code 4+4, 4+4)

Rates of Washout and Dropout:

None.

Retirement:

Retirement Rates vary by age as follows:

Age	Rate
55	7.0%
56-59	0.0%
60-61	7.0%
62	10.0%
63-64	15.0%
65	40.0%
66-67	15.0%
68-69	10.0%
70	100.0%

MFW SUPPLEMENTARY PENSION PLAN
EIN: 94-6201677; Plan Number: 001

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods

Disability:

Disability Rates vary by age as follows:

Age	Rate
20	0.14%
30	0.24%
40	0.50%
50	1.30%
60	3.02%

The rates of washout and dropout, retirement and disability were based on historical and current data, estimated future experience, and professional judgement.

Expenses:

An amount equal to the administrative expenses paid from the trust during the prior plan year (\$98,753 for the plan year beginning August 1, 2022).

Form of Payment:

Participants are assumed to elect the normal form.

Marital Status:

Spouses are assumed to be 3 years younger than participants. 60% of non-retired participants are assumed to be married.

Reciprocity:

None assumed.

Actuarial Value of Assets:

Market Value of Assets, including any accrued but unpaid contributions.

MFOW SUPPLEMENTARY PENSION PLAN
EIN: 94-6201677; Plan Number: 001

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods

Actuarial Valuation Method:

Entry Age Normal Cost Method.

Under this method, the normal cost is calculated as the level amount which, if paid each year from his hire date to assumed retirement date, would accumulate to the amount needed at the retirement date to provide the participant's expected pension. The actuarial accrued liability for an active participant is the amount need at the valuation date to provide his expected pension at retirement date less the present value of his expected future normal cost. The actuarial accrued liability for a terminated participant is the present value at the valuation date of his pension entitlement. Actuarial gains (losses), as they occur, reduce (increase) the unfunded actuarial accrued liability.

Changes since the Prior Valuation:

The interest rate used to value current liability under RPA '94 was updated from 2.31% to 2.30% as mandated by the IRS.

Actuarial Note on Dedicated Portfolio:

The Fund has maintained a cash-matched "Dedicated Portfolio" for retirees since 1982. The portfolio is designed to match the cash flow necessary to cover lifetime retiree benefits and benefits for surviving beneficiaries on the basis of the mortality assumptions specified in the actuarial report. Fund transfers between the custodian and the Fund Office for benefit payments are based on these projections and are imbedded in the administrative practices of the Fund. To the best of our knowledge, there has not been an asset insufficiency in any month for which pension payments were due. The assets of the Dedicated Portfolio are invested in accordance with written investment guidelines in government and government-guaranteed fixed income securities. The projections incorporate the guidelines with respect to assumed call dates, re-investment rates, and the disposition of maturities and sinking funds. Risk of default is virtually zero.

The Fund was rededicated periodically to admit new retirees and reflect benefit changes. Tests of adequacy to verify the mortality assumptions and the impact of retroactive benefit changes are performed as deemed necessary by the actuary. The cash flow is guaranteed as there are no defaults and the cash flow is immunized from the effect of changes in interest rates on the market value. Hence, the retiree liability for those retirees covered by the dedicated portfolio is set at the market value of the Dedicated Portfolio on the valuation date less any assets that are deemed to be "excess" assets. The use of market value for certain retiree liabilities and adjusted book value for the plan in its entirety must be considered in any analysis of experience gains and losses by source.

The last re-dedication for August 1, 2005 retirees was completed in March 2006.

As of August 1, 2019, we are no longer setting the retiree liability equal to the dedicated portfolio and are instead valuing the retirees explicitly using valuation assumptions.

Employer Contributions:

\$4.50 per manday. Assumed annual mandays of 57,000 per MFOW.

MFOW SUPPLEMENTARY PENSION PLAN
EIN: 94-6201677; Plan Number: 001

Schedule MB, line 6 – Summary of Plan Provisions

SUMMARY OF PLAN PROVISIONS

Type of Plan:

The Plan is a defined benefit plan.

Effective Date:

December 31, 1968. The most recent restatement: August 1, 2015.

Retirement:

- (a) Basic Service: Eligibility: 20 YQT (years of qualifying time) from 1/1/1948*. Age 55 if less than 10 YQT prior to 6/15/1978.
Monthly Amount: \$560 (\$100 before age 55).
- (b) Long Service: Eligibility: 25 YQT from 1/1/1943*. Age 55 if less than 10 YQT prior to 6/15/1978.
Monthly Amount: \$560 (\$105 before age 55).
- (c) Reduced Service: Eligibility: Age 62 and 15 YQT between 1949 and 1978 otherwise age 65 and 15 YQT in last 30 years.
Monthly Amount: \$28 per YQT to a maximum of \$560.

Termination:

Eligibility: Age 65 and 10 years of vesting service (active members after 1975 only).
Monthly Amount: For each full benefit accrual year, \$18.50 per YQT up to 20 YQT (prorated for partial years)****

Disability:

Eligibility: Disabled and 10 YQT in last 25 calendar years.
Monthly Amount:

10 - 14 YQT:	\$280
15 - 19 YQT:	\$420
20+ YQT:	\$560

MFOW SUPPLEMENTARY PENSION PLAN
EIN: 94-6201677; Plan Number: 001

Schedule MB, line 6 – Summary of Plan Provisions

Death:

- (a) Pre Retirement: Eligibility: Active participant who dies, has eligible spouse, and is vested.
Monthly Amount: Benefit payable to surviving spouse is one half of the actuarially reduced pension at time of death, payable at death, or at earliest retirement age, if later. ***
- (b) After Retirement: Eligibility: Retires after 8/1/1976 with eligible spouse, who did not reject coverage.**
Monthly Amount: Benefit payable to surviving spouse is 1/2 the actuarially reduced pension payable to the retiree.

* Subject to break-in-service rules.

** This post-retirement benefit is also available to active participants after age 65, or inactive participants who terminate employment after age 55 and became eligible for immediate retirement benefits.

*** There is no charge to Plan Member for pre-retirement spouses' coverage.

**** Credit for partial years ranges from \$4.00 to \$18.50. See Restated Plan effective August 1, 2002, Section 5.05.

MFW SUPPLEMENTARY PENSION PLAN
EIN: 94-6201677; Plan Number: 001

Schedule MB, line 6 – Summary of Plan Provisions

	Benefit Level *								
Effective Date	<u>8/1/1986</u>	<u>8/1/1987</u>	<u>8/1/1988</u>	<u>8/1/1992</u>	<u>8/1/1994</u>	<u>8/1/1996</u>	<u>8/1/1998</u>	<u>8/1/1999</u>	<u>8/1/2006</u>
Basic and Long Service	\$260.00	\$290.00	\$320.00	\$370.00	\$390.00	\$410.00	\$440.00	\$500.00	\$560.00
Reduced Service (credit per year)	\$13.00	\$14.50	\$16.00	\$18.50	\$19.50	\$20.50	\$22.00	\$25.00	\$28.00
Disability Pension **									
10-14 YQT	\$135.00	\$145.00	\$160.00	\$185.00	\$195.00	\$205.00	\$220.00	\$250.00	\$280.00
15-19 YQT	\$190.00	\$217.50	\$240.00	\$270.50	\$292.50	\$307.50	\$330.00	\$375.00	\$420.00
20+ YQT	\$260.00	\$290.00	\$320.00	\$370.00	\$390.00	\$410.00	\$440.00	\$500.00	\$560.00
Deferred Vested (credit per year) (up to 20 YQT) ***	\$13.00	\$14.50	\$16.00	\$18.50	\$18.50	\$18.50	\$18.50	\$18.50	\$18.50

* Benefit increases generally extended as of the effective date to all retirements occurring on and after August 1, 1985.

** Restated Plan Section 6.01(g).

*** For terminations occurring on or after August 1, 1999 the accrual rate and maximum pension are a function of the year last shipped (Restated Plan Section 5.05).

Note: Plan closed to new members first employed on or after September 15, 1985. The vesting requirement of 10 years changed to 5 years as of August 1, 1999 for those who have shipping time after that date.

Payment Options: Life Annuity, 50% Joint & Survivor with "pop-up" if spouse dies within 60 months of benefit commencement.

Changes since the
Prior Valuation: None.

The above summary is intended solely to describe benefits reflected in this valuation and is not a substitute for the plan document in determining eligibility for, or amounts of, plan benefits.

MFW SUPPLEMENTARY PENSION PLAN
EIN: 94-6201677; Plan Number: 001

Schedule MB, line 8b(2) – Schedule of Active Participant Data

Attained Age:	Years of service:										Total
	<u><1</u>	<u>1-4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40+</u>	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	0	0	0	0	0	0	0	0
50 to 54	0	0	0	0	0	0	0	0	0	0	0
55 to 59	0	0	0	0	0	0	0	0	0	0	0
60 to 64	0	0	0	0	0	0	0	0	0	0	0
65 to 69	0	0	0	0	0	0	0	0	1	0	1
70 & up	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>1</u>	<u>1</u>
Total	0	0	0	0	0	0	0	0	1	1	2

	<u>8/1/2021</u>	<u>8/1/2022</u>
Active Average Age	73.7	74.7
Active Average Service	44.7	45.7

MFW SUPPLEMENTARY PENSION PLAN
EIN: 94-6201677; Plan Number: 001

Schedule MB, line 11 – Justification for Change in Actuarial Assumptions

Since the prior report, the interest rate used to value current liability under RPA '94 was updated from 2.31% to 2.30% as mandated by the IRS.

MFW SUPPLEMENTARY PENSION PLAN
EIN: 94-6201677; Plan Number: 001

Schedule MB, lines 9c and 9h – Schedule of Funding Standard Account Bases

	Date Established	Remaining <u>Years</u>	Outstanding <u>Balance</u>	Amortization <u>Charge or Credit</u>
1. Amortization Charges				
Plan Change	8/1/2006	14	\$ 666,888	\$ 57,318
Experience Loss	8/1/2009	2	6,691	3,395
Assumption Change	8/1/2010	3	385,202	132,214
Assumption Change	8/1/2015	8	173,343	23,975
Assumption Change	8/1/2019	12	394,719	38,499
Experience Loss	8/1/2019	12	8,405	820
Experience Loss	8/1/2020	13	9,409	859
Assumption Change	8/1/2020	13	362,801	33,120
Experience Loss	8/1/2021	14	97,234	8,357
Experience Loss	8/1/2022	15	<u>77,593</u>	<u>6,310</u>
Total			\$ 2,182,285	\$ 304,867
2. Amortization Credits				
Experience Gain	8/1/2008	1	\$ 16,056	\$ 16,056
Experience Gain	8/1/2010	3	66,274	22,747
Experience Gain	8/1/2011	4	53,966	14,095
Experience Gain	8/1/2012	5	63,532	13,468
Experience Gain	8/1/2013	6	63,545	11,389
Experience Gain	8/1/2014	7	70,888	11,047
Experience Gain	8/1/2015	8	243,721	33,708
Experience Gain	8/1/2016	9	76,215	9,503
Experience Gain	8/1/2017	10	11,356	1,292
Experience Gain	8/1/2018	11	<u>87,825</u>	<u>9,215</u>
Total			\$ 753,378	\$ 142,520
3. Total Charges minus Credits: (1)-(2)			\$ 1,428,907	\$ 162,347

**SCHEDULE MB
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain
Money Purchase Plan Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2022

**This Form is Open to Public
Inspection**

For calendar plan year 2022 or fiscal plan year beginning 08/01/2022 and ending 07/31/2023

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan MFWO SUPPLEMENTARY PENSION PLAN	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES OF MFWO	D Employer Identification Number (EIN) 94-6201677

E Type of plan: (1) Multiemployer Defined Benefit (2) Money Purchase (see instructions)

1a Enter the valuation date: Month 08 Day 01 Year 2022

b Assets

(1) Current value of assets	1b(1)	1,355,079
(2) Actuarial value of assets for funding standard account.....	1b(2)	1,355,079
c (1) Accrued liability for plan using immediate gain methods	1c(1)	2,664,065
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method.....	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method.....	1c(3)	2,664,707

d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	3,312,653
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	101,625
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	361,149
(3) Expected plan disbursements for the plan year	1d(3)	461,149

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Gregory J. Pastino <i>GJP</i>	<u>4/25/2024</u>
	Signature of actuary	Date 2303916
	Type or print name of actuary GREGORY J. PASTINO	Most recent enrollment number 630-620-0200
	Firm name FOSTER & FOSTER, INC,	Telephone number (including area code)
	Address of the firm 184 SHUMAN BOULEVARD SUITE 305 NAPERVILLE IL 60563	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule MB (Form 5500) 2022
v. 220413

- k** Has a change been made in funding method for this plan year? Yes No
- l** If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? Yes No
- m** If line k is "Yes," and line l is "No," enter the date (MM-DD-YYYY) of the ruling letter (individual or class) approving the change in funding method

5m	
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6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	2.30 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	A A
(2) Females.....	6c(2)	A A
d Valuation liability interest rate.....	6d	3.00 % 3.00 %
e Salary scale.....	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate.....	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate.....	6f(2)	3.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	-1.1 %
h Estimated investment return on current value of assets for year ending on the valuation date.....	6h	-1.1 %
i Expense load included in normal cost reported in line 9b.....	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	100,000
(3) If neither (1) nor (2) describes the expense load, check the box.....	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	77,593	6,310

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM-DD-YYYY) of the ruling letter granting the approval.....	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?.....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended.....	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension.....	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s).....	8e	
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9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	101,418

c Amortization charges as of valuation date:

	Outstanding balance		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	2,182,285	304,867
(2) Funding waivers.....	9c(2)		0
(3) Certain bases for which the amortization period has been extended.....	9c(3)		0

d Interest as applicable on lines 9a, 9b, and 9c.....	9d	12,189
e Total charges. Add lines 9a through 9d.....	9e	418,474

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	119,921
g Employer contributions. Total from column (b) of line 3.....	9g	280,853

	Outstanding balance		
h Amortization credits as of valuation date.....	9h	753,378	142,520

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	11,730
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j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....	9j(1)	1,576,234	
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	1,785,569	
(3) FFL credit.....	9j(3)		0

k (1) Waived funding deficiency.....	9k(1)	
(2) Other credits.....	9k(2)	

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l	555,024
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m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	136,550
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	
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o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2022 plan year.....	9o(1)	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date.....	9o(2)(a)	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3) Total as of valuation date.....	9o(3)	0

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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