| Form 5500 | Annual Return/Report of Employee Benefit Plan | OMB Nos. 1210-0110 1210-0089 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | 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).<br>▶ **Complete all entries in accordance with the instructions to the Form 5500.** | **2023**<br>**This Form is Open to Public Inspection** |

## Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

**A** This return/report is for:
- [X] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

**D** Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
CHICAGO AND MIDWEST REGIONAL PENSION FUND

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/1963

**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)
TRUSTEES OF THE CHICAGO AND MIDWEST REGIONAL PENSION FUND

P.O. BOX 34203
SEATTLE, WA 98124-1203

**2b** Employer Identification Number (EIN) 31-6126267

**2c** Plan Sponsor's telephone number 206-441-7574

**2d** Business code (see instructions) 722511

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/14/2024 | NAOMI HANSHEW |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/14/2024 | OLIVER ZEIDLER |
| | **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.**

| | | |
|---|---|---|
| **3a** Plan administrator's name and address [X] 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:<br>**a** Sponsor's name<br>**c** Plan Name | **4b** EIN<br>**4d** PN | |
| **5** Total number of participants at the beginning of the plan year | **5** | 1579 |
| **6** Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** Total number of active participants at the beginning of the plan year | **6a(1)** | 664 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 557 |
| **b** Retired or separated participants receiving benefits | **6b** | 364 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 484 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 1405 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 41 |
| **f** Total. Add lines **6d** and **6e**. | **6f** | 1446 |
| **g(1)** Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | |
| **g(2)** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | 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)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] 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)** [X] **R** (Retirement Plan Information)
- **(2)** [X] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

| SCHEDULE MB (Form 5500) | Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | 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).<br>▶ **File as an attachment to Form 5500 or 5500-SF.** | **2023**<br>**This Form is Open to Public Inspection** |

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

▶ **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
CHICAGO AND MIDWEST REGIONAL PENSION FUND

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TRUSTEES OF THE CHICAGO AND MIDWEST REGIONAL PENSION FUND

**D** Employer Identification Number (EIN)
31-6126267

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

**1a** Enter the valuation date: Month 01 Day 01 Year 2023

| | | |
|---|---|---|
| **b** Assets | | |
| **(1)** Current value of assets | **1b(1)** | 27594662 |
| **(2)** Actuarial value of assets for funding standard account | **1b(2)** | 27594662 |
| **c (1)** Accrued liability for plan using immediate gain methods | **1c(1)** | 14618048 |
| **(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)** | 14618048 |
| **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)** | 26143282 |
| **(b)** Expected increase in current liability due to benefits accruing during the plan year | **1d(2)(b)** | 358576 |
| **(c)** Expected release from "RPA '94" current liability for the plan year | **1d(2)(c)** | 844620 |
| **(3)** Expected plan disbursements for the plan year | **1d(3)** | 1104620 |

**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**

| | |
|---|---|
| Signature of actuary | Date: 09/05/2024 |
| RICHARD L. KUBIAK<br>Type or print name of actuary | 23-08540<br>Most recent enrollment number |
| CUNI, RUST & STRENK<br>Firm name | 513-891-0270<br>Telephone number (including area code) |
| 4555 LAKE FOREST DRIVE - SUITE 620, CINCINNATI, OH 45242-3760<br>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** 27594662

**b** "RPA '94" current liability/participant count breakdown:

| | (1) Number of participants | (2) Current liability |
|---|---|---|
| (1) For retired participants and beneficiaries receiving payment | 412 | 8544379 |
| (2) For terminated vested participants | 512 | 12484494 |
| (3) For active participants: | | |
| (a) Non-vested benefits | | 0 |
| (b) Vested benefits | | 5114409 |
| (c) Total active | 348 | 5114409 |
| (4) Total | 1272 | 26143282 |

**c** If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... **2c** %

**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 |
|---|---|---|---|---|---|
| 01/01/2022 | 0 | | | | |
| 12/31/2022 | 180130 | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 3(b) | 180130 | 3(c) |

**(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** 188.8 %

**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** N

**c** Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ..... ☐ Yes ☐ No

**d** If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? ..... ☐ Yes ☐ 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: **4f**
- 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 ☐
- Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."

**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? ..... ☐ 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**

**6** Checklist of certain actuarial assumptions:

| | | | |
|---|---|---|---|
| **a** Interest rate for "RPA '94" current liability | | **6a** | 2.55 % |
| | | Pre-retirement | Post-retirement |
| **b** Rates specified in insurance or annuity contracts | | ☐ Yes ☐ No ☒ N/A | ☐ Yes ☐ No ☒ N/A |
| **c** Mortality table code for valuation purposes: | | | |
| **(1)** Males | **6c(1)** | 9P | 9P |
| **(2)** Females | **6c(2)** | 9FP | 9FP |
| **d** Valuation liability interest rate | **6d** | 6.50 % | 6.50 % |
| **e** Salary scale | **6e** | % ☒ N/A | |
| **f** Withdrawal liability interest rate: | | | |
| **(1)** Type of interest rate | **6f(1)** | ☐ Single rate ☒ ERISA 4044 ☐ Other ☐ N/A | |
| **(2)** If "Single rate" is checked in (1), enter applicable single rate | **6f(2)** | % | |
| **g** Estimated investment return on actuarial value of assets for year ending on the valuation date | **6g** | -16.4 % | |
| **h** Estimated investment return on current value of assets for year ending on the valuation date | **6h** | -16.4 % | |
| **i** Expense load included in normal cost reported in line 9b | **6i** | ☐ 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)** | 260000 | |
| **(3)** If neither (1) nor (2) describes the expense load, check the box | **6i(3)** | ☐ | |

**7** New amortization bases established in the current plan year:

| **(1)** Type of base | **(2)** Initial balance | **(3)** Amortization Charge/Credit |
|---|---|---|
| 1 | 14923126 | 1490250 |
| | | |
| | | |

**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. | | ☒ Yes ☐ No |
| **(2)** Is the plan required to provide a Schedule of Active Participant Data? (See instructions). | | ☒ Yes ☐ No |
| **(3)** Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. | | ☒ Yes ☐ 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? | | ☐ Yes ☒ 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? | | ☐ Yes ☐ 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? | | ☐ Yes ☐ 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? | | ☐ Yes ☐ 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** | 404981 |

| | | | | |
|---|---|---|---|---|
| **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) | 14923126 | | 1490250 |
| **(2)** Funding waivers | 9c(2) | 0 | | 0 |
| **(3)** Certain bases for which the amortization period has been extended | 9c(3) | 0 | | 0 |
| **d** Interest as applicable on lines 9a, 9b, and 9c | | | 9d | 123190 |
| **e** Total charges. Add lines 9a through 9d | | | 9e | 2018421 |
| **Credits to funding standard account**: | | | | |
| **f** Prior year credit balance, if any | | | 9f | 14923126 |
| **g** Employer contributions. Total from column (b) of line 3 | | | 9g | 180130 |
| | | Outstanding balance | | |
| **h** Amortization credits as of valuation date | 9h | 0 | | 0 |
| **i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h | | | 9i | 975765 |
| **j** Full funding limitation (FFL) and credits: | | | | |
| **(1)** ERISA FFL (accrued liability FFL) | 9j(1) | 2504340 | | |
| **(2)** "RPA '94" override (90% current liability FFL) | 9j(2) | 0 | | |
| **(3)** FFL credit | | | 9j(3) | 0 |
| **k (1)** Waived funding deficiency | | | 9k(1) | 0 |
| **(2)** Other credits | | | 9k(2) | 0 |
| **l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) | | | 9l | 16079021 |
| **m** Credit balance: If line 9l is greater than line 9e, enter the difference | | | 9m | 14060600 |
| **n** Funding deficiency: If line 9e is greater than line 9l, enter the difference | | | 9n | |
| **o** Current year's accumulated reconciliation account: | | | | |
| **(1)** Due to waived funding deficiency accumulated prior to the current 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 | 0 |
| **11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions | | | | [X] Yes [ ] No |

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). | 2023 |
| Department of Labor Employee Benefits Security Administration | ▶ **File as an attachment to Form 5500.** | **This Form is Open to Public Inspection.** |
| Pension Benefit Guaranty Corporation | | |

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

**A** Name of plan
CHICAGO AND MIDWEST REGIONAL PENSION FUND

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF THE CHICAGO AND MIDWEST REGIONAL PENSION FUND

**D** Employer Identification Number (EIN)
31-6126267

## 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).. . . . . [X] 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

PIMCO

33-0629048

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

THE VANGUARD GROUP

23-1945930

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

GREAT GRAY TRUST COMPANY, LLC

92-1941236

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

PNC BANK NA

22-1146430

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

**(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)

WELFARE & PENSION ADMIN SERVICES

91-1363171

| (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 | NONE | 87115 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

CUNI, RUST & STRENK

31-1227755

| (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 | NONE | 42475 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

LEGACY PROFESSIONALS LLP

32-0043599

| (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 15 | NONE | 32457 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**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)

DOWD BLOCH BENNETT CERVONE AUERBACH

36-3371377

| (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 | NONE | 21477 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

FIFTH THIRD BANK

31-0676865

| (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? |
|---|---|---|---|---|---|---|
| 18 19 21 | NONE | 17973 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

MARQUETTE ASSOCIATES

36-3485298

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 27 28 33 | NONE | 8000 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| SCHEDULE D (Form 5500) | DFE/Participating Plan Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2023**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

**A** Name of plan
CHICAGO AND MIDWEST REGIONAL PENSION FUND

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF THE CHICAGO AND MIDWEST REGIONAL PENSION FUND

**D** Employer Identification Number (EIN)
31-6126267

## Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO BUILDING INVESTMENT TRUST

**b** Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC

**c** EIN-PN 52-6328901-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 878891

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

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

**c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

## Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor | **c** EIN-PN

| SCHEDULE H (Form 5500) | Financial Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | 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).<br>▶ **File as an attachment to Form 5500.** | **2023**<br>**This Form is Open to Public Inspection** |

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

**A** Name of plan
CHICAGO AND MIDWEST REGIONAL PENSION FUND

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF THE CHICAGO AND MIDWEST REGIONAL PENSION FUND

**D** Employer Identification Number (EIN)
31-6126267

## 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 | 489286 | 370906 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 15804 | 38269 |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | 4304 | 4800 |
| **c** General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 1135088 | 1193343 |
| (2) U.S. Government securities | 1c(2) | | |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | |
| (B) All other | 1c(3)(B) | | |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | | |
| (5) Partnership/joint venture interests | 1c(5) | | |
| (6) Real estate (other than employer real property) | 1c(6) | | |
| (7) Loans (other than to participants) | 1c(7) | | |
| (8) Participant loans | 1c(8) | | |
| (9) Value of interest in common/collective trusts | 1c(9) | 1331813 | 878891 |
| (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) | 24623164 | 27861802 |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| (15) Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(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 | 27599459 | 30348011 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | | |
| **h** Operating payables | 1h | 4797 | 17730 |
| **i** Acquisition indebtedness | 1i | | |
| **j** Other liabilities | 1j | | |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 4797 | 17730 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 27594662 | 30330281 |

## 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) | 180130 | |
| **(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) | | 180130 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 1462220 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 1462220 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | -452922 |
| (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) | | 2634672 |
| **c** Other income | 2c | | 2189 |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 3826289 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 814981 | |
| (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) | | 814981 |
| **f** Corrective distributions (see instructions) | 2f | | |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 87115 | |
| (3) Recordkeeping fees | 2i(3) | 5457 | |
| (4) IQPA audit fees | 2i(4) | 27000 | |
| (5) Investment advisory and investment management fees | 2i(5) | 8000 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 17973 | |
| (7) Actuarial fees | 2i(7) | 42475 | |
| (8) Legal fees | 2i(8) | 21477 | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | 66192 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 275689 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1090670 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | 2735619 |
| **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)** [X] 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)** [X] 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: LEGACY PROFESSIONALS LLP **(2)** EIN: 32-0043599

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | **4a** | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | **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** | | X | |
| **n** If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | **4n** | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 522458.

| SCHEDULE R (Form 5500) | Retirement Plan Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | 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).<br>▶ **File as an attachment to Form 5500.** | **2023**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

**A** Name of plan
CHICAGO AND MIDWEST REGIONAL PENSION FUND

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF THE CHICAGO AND MIDWEST REGIONAL PENSION FUND

**D** Employer Identification Number (EIN)
31-6126267

## 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 |

**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): 31-0676865

**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 ARAMARK EDUCATIONAL SERVICES LLC

**b** EIN 23-2573585 **c** Dollar amount contributed by employer 121582

**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 12 Day 31 Year 2025

**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) 0.70

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

**a** Name of contributing employer CHARTWELL - XAVIER UNIVERSITY

**b** EIN 56-1874931 **c** Dollar amount contributed by employer 21513

**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 08 Day 31 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) 0.20

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

**a** Name of contributing employer CINCINNATI SPORTSERVICE

**b** EIN 16-0774054 **c** Dollar amount contributed by employer 36486

**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 12 Day 31 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) 0.43

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

**a** Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents)

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

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

| | | |
|---|---|---|
| **a** The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: [X] last contributing employer [ ] alternative [ ] reasonable approximation (see instructions for required attachment) | **14a** | 0 |
| **b** The plan year immediately preceding the current plan year. [ ] Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **14b** | 0 |
| **c** The second preceding plan year. [ ] Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) | **14c** | 0 |

**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** | 0.99 |
| **b** The corresponding number for the second preceding plan year | **15b** | 0.95 |

**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) and (b):

**a** Enter the percentage of plan assets held as:

Public Equity: 54.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 34.0 %

High-Yield Debt: 0.0 % Real Assets: 3.0 % Cash or Cash Equivalents: 7.0 % Other: 2.0 %

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

[X] 0-5 years [ ] 5-10 years [ ] 10-15 years [ ] 15 years or more

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

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

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

[ ] Yes.

[ ] No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

[ ] No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

[ ] No. Other. Provide explanation._____

## Part VII IRS Compliance Questions

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

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

[ ] Design-based safe harbor method

[ ] "Prior year" ADP test

[ ] "Current year" ADP test

[ ] N/A

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

# CHICAGO AND MIDWEST REGIONAL PENSION FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2023

# CHICAGO AND MIDWEST REGIONAL PENSION FUND

FINANCIAL STATEMENTS

DECEMBER 31, 2023 AND 2022

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LEGACY
PROFESSIONALS LLP
CERTIFIED PUBLIC ACCOUNTANTS

# REPORT OF INDEPENDENT AUDITORS

To the Participants and Trustees of
Chicago and Midwest Regional
Pension Fund

***Opinion***

We have audited the financial statements of Chicago and Midwest Regional Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statements 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 Chicago and Midwest Regional Pension Fund as of December 31, 2023 and 2022, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of December 31, 2022, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

***Basis for Opinion***

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

***Responsibilities of Management for the Financial Statements***

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 within one year after the date that the financial statements are available to be issued.



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***Responsibilities of Management for the Financial Statements (continued)***
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.

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit;
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements;
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the 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; and
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Legacy Professionals LLP

Westchester, Illinois

August 27, 2024

## Chicago and Midwest Regional Pension Fund

### Statements of Net Assets Available for Benefits

December 31, 2023 and 2022

| | 2023 | 2022 |
|---|---|---|
| **Assets** | | |
| Investments - at fair value | | |
| Mutual funds | $ 27,861,802 | $ 24,623,164 |
| Common collective trust | 878,891 | 1,331,813 |
| Money market fund | 1,193,343 | 1,135,088 |
| Total investments | 29,934,036 | 27,090,065 |
| Employer contributions receivable | 38,269 | 15,804 |
| Prepaid expenses | 4,800 | 4,304 |
| Cash | 370,906 | 489,286 |
| Total assets | 30,348,011 | 27,599,459 |
| **Liabilities and Net Assets** | | |
| Liabilities | | |
| Accounts payable | 17,730 | 4,797 |
| Net assets available for benefits | $ 30,330,281 | $ 27,594,662 |

See accompanying notes to financial statements.

## Chicago and Midwest Regional Pension Fund

### Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2023 and 2022

| | 2023 | 2022 |
|---|---|---|
| **Additions** | | |
| Investment income | | |
| Net appreciation (depreciation) in fair value of investments | $ 2,181,750 | $ (7,398,545) |
| Dividends and interest | 1,462,220 | 1,918,724 |
| | 3,643,970 | (5,479,821) |
| Less investment fees and expenses | (8,000) | (8,000) |
| Investment income (loss) - net | 3,635,970 | (5,487,821) |
| Employer contributions | 180,130 | 203,493 |
| Miscellaneous income | 2,189 | - |
| | 3,818,289 | (5,284,328) |
| **Deductions** | | |
| Pension benefits | 814,981 | 771,632 |
| Administrative expenses | | |
| Actuarial fees | 42,475 | 34,200 |
| Administration fees | 87,115 | 84,127 |
| Audit fees | 27,000 | 26,000 |
| Bank fees | 17,973 | 16,955 |
| Legal fees | 21,477 | 17,314 |
| Insurance | 10,271 | 10,220 |
| Office expense | 656 | 2,335 |
| Payroll compliance audit fees | 5,457 | 21,000 |
| Plan termination insurance | 55,265 | 46,240 |
| Total administrative expenses | 267,689 | 258,391 |
| Total deductions | 1,082,670 | 1,030,023 |
| **Net increase (decrease)** | 2,735,619 | (6,314,351) |
| **Net assets available for benefits** | | |
| Beginning of year | 27,594,662 | 33,909,013 |
| End of year | $ 30,330,281 | $ 27,594,662 |

See accompanying notes to financial statements.

## NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Method of Accounting** - The accompanying financial statements of Chicago and Midwest Regional Pension Fund (the Plan) have been prepared using the accrual basis of accounting.

**New Accounting Pronouncement** - In June 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2016-13, *Financial Instruments - Credit Losses* (Topic 326), which is effective for the year ended December 31, 2023. This new standard provides financial statement users with more decision-useful information about the expected credit losses on financial instruments and other commitments to extend credit held by a reporting entity at each reporting date. The standard replaced the incurred loss impairment model with a methodology that reflects expected credit losses and requires consideration of a broader range of reasonable and supportable information to inform credit loss estimates. The standard had no material impact on the Plan's financial statements.

**Investments** - Investments are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price). Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Purchases and sales of the investments are reflected on a trade-date basis.

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

**Contributions Receivable** - Employer contributions, liquidated damages and underpayments due and not paid prior to year end are recorded as contributions receivable. Payroll compliance audit deficiencies are recorded as income as the deficiencies are collected or when a note is executed. An allowance for uncollectible accounts is considered unnecessary and is not provided.

**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 which 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.

**Revenue Recognition** - Revenue derived from employer contributions is recognized in the period in which covered work is performed, based on the number of hours worked in covered employment and the contribution rates set forth in the collective bargaining agreements. Employers are required to remit contributions monthly. The Plan carries out its purpose described in Note 2 in various locations throughout the Midwest and Northeast U.S.

## NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

**Payment of Benefits** - Benefit payments to participants are recorded upon distribution.

**Expenses** - Certain investment related expenses are included in net appreciation (depreciation) in fair value of investments.

**Estimates** - The preparation of financial statements in conformity with generally accepted accounting principles 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.

**Subsequent Events** - Subsequent events have been evaluated through August 27, 2024, which is the date the financial statements were available to be issued.

## NOTE 2. DESCRIPTION OF THE PLAN

The Plan was established during 1963 to provide retirement, death and disability benefits for eligible participants and their beneficiaries. The Plan is primarily funded by employer contributions as specified in the collective bargaining agreements. The Plan is a multiemployer defined benefit pension plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Under current provisions of the Plan, participants are 100% vested after five years of service. One year of service is earned upon working 665 or more hours, with proportional service for hours worked between 140 and 665 hours. Participants with five or more years of service are entitled to annual pension benefits beginning at the retirement age of 65. The Plan permits early retirement at age 60 with ten years of service. The Plan also provides other types of pension benefits for eligible participants, including disability and pre-retirement death benefits.

The Plan provides for a basic benefit. The amount of the basic benefit depends on the level of contributions made on behalf of each participant as well as years of service and the benefit accrual rate.

On November 28, 2023, the Plan was amended to increase the accrual rate from $26 per pension credit to $32 per pension credit earned after December 31, 2023. In addition, a one-time additional benefit of $150 was approved for all retirees receiving benefits as of December 1, 2023.

Participants should refer to the summary plan description for more complete information.

## NOTE 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.

## NOTE 4. TAX STATUS

The Plan obtained its latest determination letter on January 8, 2016, 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 from federal income taxes under the provisions of Section 501(a). The Plan has been amended since receiving its determination letter. The Plan's administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code, and therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

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

## NOTE 5. FUNDING POLICY

The participating employers contribute such amounts as are specified in the collective bargaining agreements. The hourly contribution rates in effect during the years ended December 31, 2023 and 2022 ranged from $0.20 to $0.70.

The Plan's actuary has advised that the minimum funding requirements of ERISA were being met as of January 1, 2023.

## NOTE 6. MAJOR EMPLOYERS

Contributions from two employers accounted for approximately 86% of total employer contributions for the year ended December 31, 2023. Contributions from three employers accounted for 100% of total employer contributions for the year ended December 31, 2022. In the event these employers suspend contributions, the Plan would retain the risk of meeting current fixed administrative expenses until the appropriate adjustments were made.

Subsequent to year end, the Plan's largest employer's collective bargaining agreement expired and was not renewed. Due to the Plan's funded status, a withdrawal liability was not assessed.

## NOTE 7. ACTUARIAL INFORMATION

An actuarial valuation of the Plan was made by Cuni, Rust & Strenk as of December 31, 2022. Information shown in the report included the following:

| | |
|---|---|
| Actuarial present value of accumulated plan benefits: | |
| Vested benefits | |
| Participants currently receiving payments | $ 6,418,931 |
| Participants not receiving payments | 9,494,404 |
| Total vested benefits | 15,913,335 |
| Nonvested benefits | 115,466 |
| Total actuarial present value of accumulated plan benefits | $ 16,028,801 |

As reported by the actuary, the changes in the present value of accumulated plan benefits during the year ended December 31, 2022 were as follows:

| | | |
|---|---|---|
| Actuarial present value of accumulated plan benefits at beginning of year | | $ 16,135,819 |
| Increase (decrease) during the year attributable to: | | |
| Benefits accumulated, net experience gain or loss, changes in data | $ (241,321) | |
| Decrease in discount period | 905,935 | |
| Benefits paid | (771,632) | |
| Net (decrease) | | (107,018) |
| Actuarial present value of accumulated plan benefits at end of year | | $ 16,028,801 |

## NOTE 7. ACTUARIAL INFORMATION (CONTINUED)

The actuarial valuation was prepared using the unit credit cost method. Some of the more significant actuarial assumptions used in the valuation were as follows:

- Mortality rates, projected generationally using Scale MP-2021:
  Non-disabled - Blue Collar adjusted Pri-2012 Mortality Table
  Retired - Blue Collar adjusted Pri-2012 Retiree Mortality Table
  Survivor - Blue Collar adjusted Pri-2012 Contingent Survivor Mortality Table
  Disabled - Pri-2012 Disabled Retiree Mortality Table

- Retirement age:
  Ranges from 60 to 70 and later with varying percentages at each age

- Net investment return:
  5.75% - net of .75% for administrative expenses

The actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were 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.

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

As of January 1, 2024, the Plan's actuary has certified that the Plan is in neither critical nor endangered status ("green zone"), as defined by the Pension Protection Act of 2006.

## NOTE 8. FAIR VALUE MEASUREMENTS

The *Fair Value Measurements and Disclosures* Topic of the FASB Accounting Standards Codification established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Basis of Fair Value Measurement

| | |
|---|---|
| Level 1 | Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities |
| Level 2 | Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly |
| Level 3 | Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable |

The following tables set forth by level within the fair value hierarchy the Plan's investment assets at fair value as of December 31, 2023 and 2022. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

| | | Fair Value Measurements at 12/31/23 Using | | |
|---|---|---|---|---|
| | Total | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
| Mutual funds | $ 27,861,802 | $ 27,861,802 | $ - | $ - |
| Money market fund | 1,193,343 | 1,193,343 | - | - |
| | 29,055,145 | $ 29,055,145 | $ - | $ - |
| Investments measured at net asset value: | | | | |
| Common collective trust | 878,891 | | | |
| Total | $ 29,934,036 | | | |

## NOTE 8. FAIR VALUE MEASUREMENTS (CONTINUED)

| | | Fair Value Measurements at 12/31/22 Using | | |
|---|---|---|---|---|
| | Total | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
| Mutual funds | $ 24,623,164 | $ 24,623,164 | $ - | $ - |
| Money market fund | 1,135,088 | 1,135,088 | - | - |
| | 25,758,252 | $ 25,758,252 | $ - | $ - |
| Investments measured at net asset value: | | | | |
| Common collective trust | 1,331,813 | | | |
| Total | $ 27,090,065 | | | |

Level 1 Measurements

The fair values of the mutual funds are determined by reference to the funds' underlying assets, which are principally marketable equity and fixed income securities. Shares held in mutual funds are traded on national securities exchanges and are valued at the net asset value as of the last business day of each period presented.

The money market fund represents shares held in a mutual fund.

Measurements Using Net Asset Value as a Practical Expedient

The common collective trust is valued at the net asset value per share, used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. The practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value.

The common collective trust is a direct filing entity (DFE) and files a Form 5500 annual report with the U.S. Department of Labor. The Plan is not required to disclose the significant investment strategies of DFE investments. A full redemption request was initiated in August 2021 and although redemptions are generally available quarterly with 30 days notice, a redemption queue was established which has limited redemptions. In May 2023, the common collective trust began restricting all redemptions pending the implementation of a three-phase strategy to stabilize, reposition and grow its portfolio in light of economic, interest rate and liquidity challenges. The fund manager stated that it cannot predict the duration of this restriction on redemptions. An adjustment to the trust's net asset value was not considered necessary at either December 31, 2023 or 2022.

## NOTE 9. RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Due to inherent uncertainties involved in the valuations of investments that are not publicly traded, estimated fair values may differ materially from the values that would have been used had a ready market for the underlying securities existed.

The actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statement.

## NOTE 10. CONCENTRATION OF PLAN INVESTMENTS

As of December 31, 2023 and 2022, the Plan held units in the Vanguard STAR Mutual Fund with a fair value of $26,331,524 and $23,213,605 respectively, which represents approximately 87% and 84% respectively, of net assets available for benefits. If a significant decline in the fair value of this investment during the next year occurred, a change in the assumed rates of return used to calculate the present value of accumulated plan benefits would be needed.

LEGACY
PROFESSIONALS LLP
CERTIFIED PUBLIC ACCOUNTANTS

# REPORT OF INDEPENDENT AUDITORS ON SUPPLEMENTAL SCHEDULES

To the Participants and Trustees of
Chicago and Midwest Regional
Pension Fund

We have audited the financial statements of Chicago and Midwest Regional Pension Fund (the Plan) as of and for the years ended December 31, 2023 and 2022, and our report thereon dated August 27, 2024, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedule 1 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental 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.

Legacy Professionals LLP

Westchester, Illinois

August 27, 2024

**Chicago and Midwest Regional Pension Fund**
**EIN: 31-6126267**
**Schedule of Assets Held for Investment Purposes**
**December 31, 2023**

| Investment Type | Cost | FMV | Per 5500 at FMV |
|---|---|---|---|
| **Interest Bearing Cash** | | | |
| Vanguard Prime Money Market Mutual Fund | 1,193,343 | 1,193,343 | 1,193,343 |
| **Common Collective Trust** | | | |
| AFL-CIO Building Investment | 1,068,498 | 878,891 | 878,891 |
| **Mutual Funds** | | | |
| Vanguard STAR Fund | 26,488,589 | 26,331,524 | |
| PIMCO All Asset Inst | 1,749,105 | 1,530,278 | |
| **Total Mutual Funds** | | | 27,861,802 |
| | | **Total Investments** | 29,934,036 |

SCHEDULE H OTHER RECEIVABLES STATEMENT 1

| DESCRIPTION | BEGINNING | ENDING |
|---|---|---|
| PREPAID EXPENSES | 4,304. | 4,800. |
| TOTAL TO SCHEDULE H, LINE 1B(3) | 4,304. | 4,800. |

SCHEDULE H OTHER INCOME STATEMENT 2

| DESCRIPTION | AMOUNT |
|---|---|
| MISCELLANEOUS INCOME | 2,189. |
| TOTAL TO SCHEDULE H, LINE 2C | 2,189. |

SCHEDULE H OTHER ADMINISTRATIVE EXPENSES STATEMENT 3

| DESCRIPTION | AMOUNT |
|---|---|
| INSURANCE EXPENSE | 10,271. |
| PLAN TERMINATION INSURANCE | 55,265. |
| OFFICE EXPENSE | 656. |
| TOTAL TO SCHEDULE H, LINE 2I(11) | 66,192. |

| SCHEDULE MB (Form 5500) | Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | 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).<br>▶ **File as an attachment to Form 5500 or 5500-SF.** | **2023**<br>**This Form is Open to Public Inspection** |

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

▶ **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
Chicago and Midwest Regional Pension Plan

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Board of Trustees, Chicago and Midwest Regional Pension Plan

**D** Employer Identification Number (EIN)
31-6126267

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

**1a** Enter the valuation date: Month 01 Day 01 Year 2023

| | | |
|---|---|---|
| **b** Assets: | | |
| (1) Current value of assets | 1b(1) | 27,594,662 |
| (2) Actuarial value of assets for funding standard account | 1b(2) | 27,594,662 |
| **c** (1) Accrued liability for plan using immediate gain methods | 1c(1) | 14,618,048 |
| (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) | 14,618,048 |
| **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) | 26,143,282 |
| (b) Expected increase in current liability due to benefits accruing during the plan year | 1d(2)(b) | 358,576 |
| (c) Expected release from "RPA '94" current liability for the plan year | 1d(2)(c) | 844,620 |
| (3) Expected plan disbursements for the plan year | 1d(3) | 1,104,620 |

**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** Richard L Kubiak

Signature of actuary — Date: 09/05/2024

Richard L. Kubiak — Type or print name of actuary

23-08540 — Most recent enrollment number

Cuni, Rust & Strenk — Firm name

(513) 891-0270 — Telephone number (including area code)

4555 Lake Forest Drive - Suite 620
US Cincinnati OH 45242-3760
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** 27,594,662

**b** "RPA '94" current liability/participant count breakdown:

| | (1) Number of participants | (2) Current liability |
|---|---|---|
| (1) For retired participants and beneficiaries receiving payment | 412 | 8,544,379 |
| (2) For terminated vested participants | 512 | 12,484,494 |
| (3) For active participants: | | |
| (a) Non-vested benefits | | 0 |
| (b) Vested benefits | | 5,114,409 |
| (c) Total active | 348 | 5,114,409 |
| (4) Total | 1,272 | 26,143,282 |

**c** If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... **2c** %

**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 |
|---|---|---|---|---|---|
| 01/01/2022 | 0 | | | | |
| 12/31/2022 | 180,130 | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 3(b) | 180,130 | 3(c) |

**(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** 188.8 %

**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** N

**c** Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ..... ☐ Yes ☐ No

**d** If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions) ..... ☐ Yes ☐ 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: **4f**
- 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 ..... ☐
- Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."

**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? ..... ☐ 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**

**6** Checklist of certain actuarial assumptions:

| | | | | |
|---|---|---|---|---|
| **a** | Interest rate for "RPA '94" current liability | 6a | 2.55 % | |
| | | | Pre-retirement | Post-retirement |
| **b** | Rates specified in insurance or annuity contracts | | ☐ Yes ☐ No ☒ N/A | ☐ Yes ☐ No ☒ N/A |
| **c** | Mortality table code for validation purposes: | | | |
| | **(1)** Males | 6c(1) | 9P | 9P |
| | **(2)** Females | 6c(2) | 9FP | 9FP |
| **d** | Valuation liability interest rate | 6d | 6.50 % | 6.50 % |
| **e** | Salary scale | 6e | % ☒ N/A | |
| **f** | Withdrawal liability interest rate: | | | |
| | **(1)** Type of interest rate | 6f(1) | ☐ Single rate ☒ ERISA 4044 ☐ Other ☐ N/A | |
| | **(2)** If "Single rate" is checked in (1), enter applicable single rate | 6f(2) | % | |
| **g** | Estimated investment return on actuarial value of assets for year ending on the valuation date | 6g | -16.4 % | |
| **h** | Estimated investment return on current value of assets for year ending on the valuation date | 6h | -16.4 % | |
| **i** | Expense load included in normal cost reported in line 9b | 6i | ☐ 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) | 260,000 | |
| | **(3)** If neither (1) nor (2) describes the expense load, check the box | 6i(3) | ☐ | |

**7** New amortization bases established in the current plan year:

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|---|---|---|
| 1 | 14,923,126 | 1,490,250 |
| | | |
| | | |

**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. | | ☒ Yes ☐ No |
| | **(2)** Is the plan required to provide a Schedule of Active Participant Data? (See instructions). | | ☒ Yes ☐ No |
| | **(3)** Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. | | ☒ Yes ☐ 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? | | ☐ Yes ☒ 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? | | ☐ Yes ☐ 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? | | ☐ Yes ☐ 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 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? | | ☐ Yes ☐ 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 | 404,981 |

| | | | | |
|---|---|---|---|---|
| **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) | 14,923,126 | 1,490,250 |
| | **(2)** Funding waivers | 9c(2) | 0 | 0 |
| | **(3)** Certain bases for which the amortization period has been extended | 9c(3) | 0 | 0 |
| **d** | Interest as applicable on lines 9a, 9b, and 9c | | 9d | 123,190 |
| **e** | Total changes. Add lines 9a through 9d | | 9e | 2,018,421 |
| | **Credits to funding standard account:** | | | |
| **f** | Prior year credit balance, if any | | 9f | 14,923,126 |
| **g** | Employer contributions. Total from column (b) of line 3 | | 9g | 180,130 |
| | | | Outstanding balance | |
| **h** | Amortization credits as of valuation date | 9h | 0 | 0 |
| **i** | Interest as applicable to end of plan year on lines 9f, 9g, and 9h | | 9i | 975,765 |
| **j** | Full funding limitation (FFL) and credits: | | | |
| | **(1)** ERISA FFL (accrued liability FFL) | 9j(1) | 2,504,340 | |
| | **(2)** "RPA '94" override (90% current liability FFL) | 9j(2) | 0 | |
| | **(3)** FFL credit | | 9j(3) | 0 |
| **k** | **(1)** Waived funding deficiency | | 9k(1) | 0 |
| | **(2)** Other credits | | 9k(2) | 0 |
| **l** | Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) | | 9l | 16,079,021 |
| **m** | Credit balance: If line 9l is greater than line 9e, enter the difference | | 9m | 14,060,600 |
| **n** | Funding deficiency: If line 9e is greater than line 9l, enter the difference | | 9n | |
| **o** | Current year's accumulated reconciliation account: | | | |
| | **(1)** Due to waived funding deficiency accumulated prior to the 2023 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 | 0 |
| **11** | Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions | | | [X] Yes [ ] No |

**Schedule MB, line 6 – Summary of Plan Provisions.**
Plan Name: Chicago and Midwest Regional Pension Plan
EIN: 31-6126267
PN: 001

| | |
|---|---|
| 1. Effective Date: | January 1, 1963. |
| 2. Plan Year: | January 1st through December 31st. |
| 3. Covered Employees: | All employees of Employers who have agreed to make contributions to the Plan. |
| 4. Eligibility: | Immediate. |
| 5. Service: | 1 year of service for 665 or more hours worked in a year, no service for less than 140 hours worked, and proportional service for hours worked between 140 and 665 hours (rounded to the nearest $^{1}/_{10}$). |
| 6. Actuarial Equivalency: | UP 1984 Mortality Table at 7.00%. |
| 7. Payment Forms: | |
| a. Normal | Life Annuity for single participants and an Actuarially Equivalent 50% Joint & Survivor Annuity (QJSA) for married participants. |
| b. Optional | Actuarially Equivalent 75% Joint & Survivor Annuity (QOSA). |

**Schedule MB, line 6 – Summary of Plan Provisions.**
Plan Name: Chicago and Midwest Regional Pension Plan
EIN: 31-6126267
PN: 001

8. Benefit Increases: The following increases in accrued benefits were granted:

| Effective Date | Increase |
|---|---|
| December 31, 1990 | 10% |
| December 31, 1994 | 10% [1] |
| December 31, 1996 | 5% [1] |
| December 31, 1997 | 15% [1] |
| December 31, 1999 | 2% |
| December 31, 2000 | 10% [1] |
| December 31, 2001 | 5% [1] |
| December 31, 2002 | 5% [1] |
| December 31, 2004 | 5% [1] |
| December 31, 2005 | 5% [1] |
| December 31, 2007 | 5% [1] |
| December 1, 1994 | $100 check [2] |
| December 1, 1996 | $200 check [2] |
| December 1, 1997 | $200 check [2] |
| December 1, 1998 | $100 check [2] |
| December 31, 1999 | $200 check [2] |
| December 1, 2000 | $200 check [2] |
| December 1, 2001 | $200 check [2] |
| December 1, 2002 | $250 check [2] |
| December 1, 2003 | $100 check [2] |
| December 1, 2004 | $200 check [2] |
| December 1, 2005 | $250 check [2] |
| January 1, 2007 | 13th check [3] |
| January 1, 2008 | 2.5% [2] |
| December 1, 2011 | 13th check [3] |
| January 1, 2013 | 13th check [4] |
| December 1, 2019 | 13th check [5] |
| December 1, 2021 | 13th check [6] |

[1] Active participants only.
[2] Participants in pay status only.
[3] $250 minimum, participants in pay status only.
[4] 15% of annual payment, $200 minimum, participants in pay status only.
[5] $225 minimum, participants in pay status only.
[6] $200 minimum, participants in pay status only.

**Schedule MB, line 6 – Summary of Plan Provisions.**
Plan Name: Chicago and Midwest Regional Pension Plan
EIN: 31-6126267
PN: 001

9. Normal Retirement:

a. Eligibility — Age 65 and 5 Years of Service.

b. Monthly Benefit — Before January 1, 1963: $3.15 per month for each Year of Service up to a maximum of 17 years.

After December 31, 1962: Accumulated benefit credits for each Year of Service according to the following schedule:

| Effective Date | Benefit Credit |
|---|---|
| January 1, 1963 | $3.15 |
| January 1, 1986 | $5.00 |
| January 1, 1991 | $8.00 |
| January 1, 1992 | $10.00 |
| January 1, 1994 | $11.00 |
| January 1, 1997 | $12.00 |
| January 1, 1999 | $15.00 |
| January 1, 2000 | $16.00 |
| January 1, 2001 | $18.00 |
| January 1, 2002 | $20.00 |
| January 1, 2003 | $22.00 |
| January 1, 2005 | $24.00 |
| January 1, 2006 | $26.00 |

Full benefit credits require 1,800 Hours of Service to be earned in each Plan Year. Proportional benefit credits are granted for less than 1,800 Hours of Service with no benefit credit for Hours of Service less than 140.

10. Early Retirement:

a. Eligibility — Age 60 and 10 Years of Service.

b. Monthly Benefit — Calculated as for Normal Retirement with monthly benefit reduced $^{5}/_{9}$ of 1% for each month Early Retirement precedes age 65.

**Schedule MB, line 6 – Summary of Plan Provisions.**
Plan Name: Chicago and Midwest Regional Pension Plan
EIN: 31-6126267
PN: 001

11. Vested Retirement:

| | |
|---|---|
| a. Eligibility | 5 Years of Service. |
| b. Monthly Benefit | Calculated as for Normal or Early Retirement. |

12. Disability Benefit:

| | |
|---|---|
| a. Eligibility | Total and Permanently Disabled and at least 10 Years of Service. |
| b. Monthly Benefit | Calculated as for Normal Retirement payable immediately with no reduction for early commencement. |

13. Pre-Retirement Death:

| | |
|---|---|
| a. Eligibility | Married with 5 Years of Service. |
| b. Monthly Benefit | Calculated as for an age 60 Early Retirement reflecting a 50% Joint & Survivor Annuity payment form with death immediately after Early Retirement. |

14. Employer Contributions: The hourly contribution rate varies by location and negotiated rate. The weighted average contribution rate for 2022 was 45.7¢ per hour.

15. Changes Since Last Year: The weighted average hourly contribution rate increased from 45.6¢ last year to 45.7¢ this year.

**Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.**
Plan Name: Chicago and Midwest Regional Pension Plan
EIN: 31-6126267
PN: 001

1. Interest Rates: 6.50%/2.55% (Funding/Current Liability).

2. Mortality Rates:

   a. Funding

      i. Non-Disabled — Blue Collar adjusted Pri-2012.

      ii. Retired — Blue Collar adjusted Pri-2012 Retiree.

      iii. Survivor — Blue Collar adjusted Pri-2012 Contingent Survivor.

      iv. Disabled — Pri-2012 Disabled Retiree.

      v. Weighting — Amount-weighted.

      vi. Future Improvement — Projected generationally using Scale MP-2021.

   b. Current Liability — 2023 Static Mortality Table (IRS Notice 2022-22).

3. Actuarial Cost Method: Unit Credit.

4. Actuarial Value of Assets: Market Value of Assets.

5. Expense Load: $260,000 increasing by 4.5% per year.

6. Payment Form Election:

| | % Electing | |
|---|---|---|
| Payment Forms | Retirees | Disableds |
| Life Annuity | 78% | 100% |
| 50% J&S | 11% | 0% |
| 75% J&S | 11% | 0% |

**Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.**
Plan Name: Chicago and Midwest Regional Pension Plan
EIN: 31-6126267
PN: 001

7. Retirement Rates:

| Age | Active | Terminated Vesteds |
|---|---|---|
| 60-61 | 0.15 | 0.05 |
| 62-63 | 0.15 | 0.10 |
| 64 | 0.35 | 0.10 |
| 65 | 0.35 | 0.15 |
| 66-69 | 0.30 | 0.15 |
| 70+ | 1.00 | 1.00 |

8. Disability Rates:

| Age | Rate |
|---|---|
| 25 | 0.0004 |
| 35 | 0.0007 |
| 45 | 0.0014 |
| 55 | 0.0037 |
| 65 | 0.0000 |

9. Termination Rates:

1st year – 0.60, 2nd year – 0.50, 3rd year – 0.35, 4th & 5th year – 0.20, 6th year and later:

| Age | Rate |
|---|---|
| 25 | 0.2492 |
| 35 | 0.2077 |
| 45 | 0.1396 |
| 55 | 0.0496 |
| 65 | 0.0000 |

10. Hours Worked: 365 hours per year for the first two Years of Service and 1,035 per year after two Years of Service.

11. Percent Married/Spousal Age: 80% with husbands 3 years older than their wives.

12. Changes Since Last Year: The hours worked and expense load were updated, and the Current Liability mortality and interest rates were changed as mandated by the IRS.

**Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods.**
Plan Name: Chicago and Midwest Regional Pension Plan
EIN: 31-6126267
PN: 001

**Rationale for Selection of Significant Assumptions:**

| | |
|---|---|
| 1. Interest Rate: | Based on the Plan's target asset allocation, reflecting asset class future return expectations as determined by the Plan's investment consultant and publicly available inflation expectations, anticipated risk premiums, and associated long-term capital market assumptions. |
| 2. Mortality Rates: | Pri-2012 table used as base rates. Blue Collar adjustment used to reflect expected workforce mortality experience. Pri-2012 Retiree table used to reflect expected retiree mortality experience. Pri-2012 Contingent Survivor table used to reflect expected surviving spouse mortality experience. Pri-2012 Disabled Retiree table used to reflect expected disabled mortality experience. Pri-2012 tables are adjusted for expected generational mortality improvement from base year 2012 using Scale MP-2021. |
| 3. Retirement Rates: | Based on the Plan's most recent experience study. |
| 4. Hours Worked: | Based on prior year hours worked. |
| 5. Termination/Disability Rates: | Based on the Plan's most recent experience study. |
| 6. Payment Form Election: | Based on the Plan's most recent experience study. |
| 7. Expense Load: | Based on prior year administrative expenses. |

**Schedule MB, line 8b(1) - Schedule of Projection of Expected Benefit Payments.**

Plan Name: Chicago and Midwest Regional Pension Plan

EIN: 31-6126267

PN: 001

| 1/1 Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total |
|---|---|---|---|---|
| 2023 | $8,243 | $95,288 | $738,247 | $841,778 |
| 2024 | $25,842 | $125,814 | $707,932 | $859,588 |
| 2025 | $41,910 | $160,943 | $677,337 | $880,190 |
| 2026 | $59,930 | $203,237 | $646,531 | $909,698 |
| 2027 | $77,860 | $247,913 | $615,589 | $941,362 |
| 2028 | $95,549 | $298,071 | $584,587 | $978,207 |
| 2029 | $111,224 | $354,557 | $553,616 | $1,019,397 |
| 2030 | $125,457 | $397,136 | $522,762 | $1,045,355 |
| 2031 | $141,914 | $436,111 | $492,123 | $1,070,148 |
| 2032 | $155,621 | $477,542 | $461,792 | $1,094,955 |
| 2033 | $166,702 | $513,075 | $431,864 | $1,111,641 |
| 2034 | $176,983 | $547,122 | $402,428 | $1,126,533 |
| 2035 | $188,147 | $579,338 | $373,574 | $1,141,059 |
| 2036 | $198,764 | $601,510 | $345,388 | $1,145,662 |
| 2037 | $207,718 | $618,363 | $317,958 | $1,144,039 |
| 2038 | $214,111 | $629,133 | $291,368 | $1,134,612 |
| 2039 | $220,334 | $644,238 | $265,698 | $1,130,270 |
| 2040 | $226,984 | $658,795 | $241,020 | $1,126,799 |
| 2041 | $235,065 | $670,541 | $217,395 | $1,123,001 |
| 2042 | $237,085 | $670,624 | $194,879 | $1,102,588 |
| 2043 | $240,004 | $664,669 | $173,531 | $1,078,204 |
| 2044 | $248,034 | $657,161 | $153,405 | $1,058,600 |
| 2045 | $250,666 | $646,453 | $134,563 | $1,031,682 |
| 2046 | $251,711 | $632,483 | $117,060 | $1,001,254 |
| 2047 | $253,102 | $620,106 | $100,947 | $974,155 |

| 1/1 Plan Year | Active Participants | Terminated Vested Participants | Retired Participants and Beneficiaries Receiving Payments | Total |
|---|---|---|---|---|
| 2048 | $255,106 | $606,321 | $86,251 | $947,678 |
| 2049 | $256,809 | $588,983 | $72,989 | $918,781 |
| 2050 | $257,750 | $573,821 | $61,150 | $892,721 |
| 2051 | $260,801 | $556,830 | $50,709 | $868,340 |
| 2052 | $258,637 | $534,974 | $41,611 | $835,222 |
| 2053 | $259,631 | $515,079 | $33,788 | $808,498 |
| 2054 | $256,468 | $489,860 | $27,151 | $773,479 |
| 2055 | $253,429 | $466,223 | $21,597 | $741,249 |
| 2056 | $246,678 | $439,505 | $17,011 | $703,194 |
| 2057 | $240,009 | $415,525 | $13,273 | $668,807 |
| 2058 | $235,026 | $391,877 | $10,267 | $637,170 |
| 2059 | $228,321 | $365,939 | $7,878 | $602,138 |
| 2060 | $220,847 | $340,198 | $6,003 | $567,048 |
| 2061 | $214,215 | $315,635 | $4,546 | $534,396 |
| 2062 | $204,199 | $293,201 | $3,428 | $500,828 |
| 2063 | $197,369 | $268,902 | $2,577 | $468,848 |
| 2064 | $189,396 | $246,452 | $1,936 | $437,784 |
| 2065 | $179,123 | $224,977 | $1,454 | $405,554 |
| 2066 | $169,565 | $204,937 | $1,094 | $375,596 |
| 2067 | $159,630 | $186,271 | $824 | $346,725 |
| 2068 | $150,736 | $169,380 | $622 | $320,738 |
| 2069 | $142,084 | $153,187 | $471 | $295,742 |
| 2070 | $132,677 | $138,699 | $355 | $271,731 |
| 2071 | $123,359 | $124,677 | $267 | $248,303 |
| 2072 | $114,408 | $111,690 | $201 | $226,299 |

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

Plan Name: Chicago and Midwest Regional Pension Plan

EIN: 31-6126267

PN: 001

| | Years of Credited Service | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Under 1 | | | 1 to 4 | | | 5 to 9 | | | 10 to 14 | | | 15 to 19 | | |
| Attained Age | No. | Average Comp. | Average Accrued Mon. Ben. | No. | Average Comp. | Average Accrued Mon. Ben. | No. | Average Comp. | Average Accrued Mon. Ben. | No. | Average Comp. | Average Accrued Mon. Ben. | No. | Average Comp. | Average Accrued Mon. Ben. |
| Under 25 | 52 | | | 24 | | | 1 | | | 0 | | | 0 | | |
| 25 to 29 | 4 | | | 10 | | | 6 | | | 0 | | | 0 | | |
| 30 to 34 | 14 | | | 5 | | | 6 | | | 7 | | | 0 | | |
| 35 to 39 | 5 | | | 6 | | | 8 | | | 6 | | | 4 | | |
| 40 to 44 | 3 | | | 5 | | | 2 | | | 14 | | | 3 | | |
| 45 to 49 | 4 | | | 7 | | | 12 | | | 2 | | | 5 | | |
| 50 to 54 | 8 | | | 7 | | | 4 | | | 7 | | | 10 | | |
| 55 to 59 | 7 | | | 9 | | | 6 | | | 7 | | | 8 | | |
| 60 to 64 | 3 | | | 7 | | | 6 | | | 6 | | | 8 | | |
| 65 to 69 | 3 | | | 3 | | | 3 | | | 2 | | | 1 | | |
| 70 & up | 0 | | | 2 | | | 0 | | | 0 | | | 0 | | |

| | Years of Credited Service | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 20 to 24 | | | 25 to 29 | | | 30 to 34 | | | 35 to 39 | | | 40 & up | | |
| Attained Age | No. | Average Comp. | Average Accrued Mon. Ben. | No. | Average Comp. | Average Accrued Mon. Ben. | No. | Average Comp. | Average Accrued Mon. Ben. | No. | Average Comp. | Average Accrued Mon. Ben. | No. | Average Comp. | Average Accrued Mon. Ben. |
| Under 25 | 0 | | | 0 | | | 0 | | | 0 | | | 0 | | |
| 25 to 29 | 0 | | | 0 | | | 0 | | | 0 | | | 0 | | |
| 30 to 34 | 0 | | | 0 | | | 0 | | | 0 | | | 0 | | |
| 35 to 39 | 1 | | | 0 | | | 0 | | | 0 | | | 0 | | |
| 40 to 44 | 2 | | | 0 | | | 0 | | | 0 | | | 0 | | |
| 45 to 49 | 2 | | | 0 | | | 0 | | | 0 | | | 0 | | |
| 50 to 54 | 1 | | | 2 | | | 0 | | | 0 | | | 0 | | |
| 55 to 59 | 2 | | | 0 | | | 3 | | | 0 | | | 0 | | |
| 60 to 64 | 3 | | | 0 | | | 0 | | | 0 | | | 0 | | |
| 65 to 69 | 0 | | | 0 | | | 0 | | | 0 | | | 0 | | |
| 70 & up | 0 | | | 0 | | | 0 | | | 0 | | | 0 | | |

**Schedule MB, line 8b(3) – Schedule of Projection of Employer Contributions and Withdrawal Liability Payments.**

Plan Name: Chicago and Midwest Regional Pension Plan

EIN: 31-6126267

PN: 001

| Plan Year | Employer Contributions | Withdrawal Liability Payments | Total |
|---|---|---|---|
| 2023 | $232,956 | $0 | $232,956 |
| 2024 | $232,956 | $0 | $232,956 |
| 2025 | $232,956 | $0 | $232,956 |
| 2026 | $232,956 | $0 | $232,956 |
| 2027 | $232,956 | $0 | $232,956 |
| 2028 | $232,956 | $0 | $232,956 |
| 2029 | $232,956 | $0 | $232,956 |
| 2030 | $232,956 | $0 | $232,956 |
| 2031 | $232,956 | $0 | $232,956 |
| 2032 | $232,956 | $0 | $232,956 |

**Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases.**
Plan Name: Chicago and Midwest Regional Pension Plan
EIN: 31-6126267
PN: 001

***Charge Bases:***

| Date Established | Type | Initial Balance | Rem. Years | Payment | Remaining Balance |
|---|---|---|---|---|---|
| 01/01/2023 | Experience | $ 14,923,126 | 15 | $ 1,490,250 | $ 14,923,126 |
| | Total Charges | | | $ 1,490,250 | $ 14,923,126 |

| | | |
|---|---|---|
| 1. | Net Amortization | $ 14,923,126 |
| 2. | Credit Balance | $ 14,923,126 |
| 3. | Balance Test: [(1) - (2)] | $ 0 |
| 4. | Unfunded Accrued Liability: | |
| | a. Accrued Liability | $ 14,618,048 |
| | b. Actuarial Value of Assets | 27,594,662 |
| | c. Unfunded Accrued Liability: [(a) - (b), but not less than $0] | $ 0 |

**Schedule MB, line 11 – Justification for Change in Actuarial Assumptions.**
Plan Name: Chicago and Midwest Regional Pension Plan
EIN: 31-6126267
PN: 001

Effective with the January 1, 2023 valuation, the following assumptions were changed based upon historical Plan and industry data as an indicator of anticipated future experience:

- The hours worked assumption was updated.

- The expense load was increased from $245,000 to $260,000.

ACTIVE PARTICIPANT DATA

**THE REQUIRED ATTACHMENT IS INCLUDED IN THE SIGNED SCHEDULE MB**

JUSTIFICATION FOR CHANGE IN ACTUARIAL ASSUMPTION

**THE REQUIRED ATTACHMENT IS INCLUDED IN THE SIGNED SCHEDULE MB**

ACTUARIAL ASSUMPTION METHODS

**THE REQUIRED ATTACHMENT IS INCLUDED IN THE SIGNED SCHEDULE MB**

SUMMARY OF PLAN PROVISIONS

**THE REQUIRED ATTACHMENT IS INCLUDED IN THE SIGNED SCHEDULE MB**