

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>CHICAGOLAND RACE MEET OPERATORS AND LOCAL 134 I.B.E.W. JOINT PENSION TRUST</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRUSTEES OF CHICAGOLAND RACE MEET OPERATORS AND LOCAL 134 IBEW JT PEN</u></p> <p><u>P.O. BOX 646</u> <u>EAST TROY, WI 53120</u></p>	<p>1c Effective date of plan <u>07/01/1993</u></p> <p>2b Employer Identification Number (EIN) <u>36-3825845</u></p> <p>2c Plan Sponsor's telephone number <u>847-358-7111</u></p> <p>2d Business code (see instructions) <u>812990</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/22/2025	SUSAN FLAVIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/22/2025	JEFFREY W. KROL
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	501
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	25
	6a(2)	26
	6b	295
	6c	79
	6d	400
	6e	82
	6f	482
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	2

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

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

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

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

- a Pension Schedules**
- (1) **R** (Retirement Plan Information)
 - (2) **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) **H** (Financial Information)
 - (2) **I** (Financial Information – Small Plan)
 - (3) **A** (Insurance Information) – Number Attached _____
 - (4) **C** (Service Provider Information)
 - (5) **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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan <u>CHICAGOLAND RACE MEET OPERATORS AND LOCAL 134 I.B.E.W. JOINT PENSION TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TRUSTEES OF CHICAGOLAND RACE MEET OPERATORS AND LOCAL 134 IBEW JT PEN</u>	D Employer Identification Number (EIN) <u>36-3825845</u>

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

1a Enter the valuation date: Month 01 Day 01 Year 2024

b Assets	
(1) Current value of assets	1b(1) <u>26021316</u>
(2) Actuarial value of assets for funding standard account	1b(2) <u>27408297</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>19963817</u>
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) <u>19963817</u>
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) <u>25075651</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) <u>29945</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) <u>2177140</u>
(3) Expected plan disbursements for the plan year	1d(3) <u>2447610</u>

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

SIGN HERE <u>JOSEPH MARA JR.</u> Type or print name of actuary <u>CHEIRON, INC.</u> Firm name <u>230 W. MONROE STREET, SUITE 650</u> <u>CHICAGO, IL 60606</u> Address of the firm	<u>07/16/2025</u> Date <u>23-06992</u> Most recent enrollment number <u>312-629-8401</u> Telephone number (including area code)
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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	26021316
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	394	21075876
(2) For terminated vested participants	91	2267146
(3) For active participants:		
(a) Non-vested benefits		0
(b) Vested benefits		1732629
(c) Total active	25	1732629
(4) Total	510	25075651
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
01/15/2024	4590		10/15/2024	11630	
02/15/2024	6772		12/15/2024	22132	
04/15/2024	17785				
05/15/2024	11209				
07/15/2024	16163				
Totals ▶			3(b)	90281	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	137.3 %
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

a <input type="checkbox"/> Attained age normal	b <input type="checkbox"/> Entry age normal	c <input checked="" type="checkbox"/> Accrued benefit (unit credit)	d <input type="checkbox"/> Aggregate
e <input type="checkbox"/> Frozen initial liability	f <input type="checkbox"/> Individual level premium	g <input type="checkbox"/> Individual aggregate	h <input type="checkbox"/> Shortfall
i <input type="checkbox"/> Other (specify):			
j If box h is checked, enter period of use of shortfall method			5j
k Has a change been made in funding method for this plan year?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?			<input type="checkbox"/> Yes <input type="checkbox"/> No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method			5m

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	7P 7P
(2) Females	6c(2)	7FP 7FP
d Valuation liability interest rate	6d	6.00 % 6.00 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input type="checkbox"/> Single rate <input checked="" type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	7.2 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	10.5 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	233109
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1851991	179893
1	-220819	-21449

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date.....	9b	253145

c Amortization charges as of valuation date:

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

	Outstanding balance	
9c(1)	15370074	1764536
9c(2)		
9c(3)		

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

9d	121061
9e	2138742

e Total charges. Add lines 9a through 9d.....
Credits to funding standard account:

- f** Prior year credit balance, if any.....
- g** Employer contributions. Total from column (b) of line 3.....

9f	8358042
9g	90281

h Amortization credits as of valuation date.....

	Outstanding balance	
9h	7012032	1316514

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

9i	582915
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j Full funding limitation (FFL) and credits:

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

9j(1)	2706909	
9j(2)		
9j(3)		

- k (1)** Waived funding deficiency
- (2)** Other credits

9k(1)	
9k(2)	

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

9l	10347752
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m Credit balance: If line 9l is greater than line 9e, enter the difference

9m	8209010
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference

9n	
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o Current year's accumulated reconciliation account:

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

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

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

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

Yes No

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan CHICAGOLAND RACE MEET OPERATORS AND LOCAL 134 I.B.E.W. JOINT PENSION TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF CHICAGOLAND RACE MEET OPERATORS AND LOCAL 134 IBEW JT PEN	D Employer Identification Number (EIN) 36-3825845	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

NEW TOWER TRUST COMPANY

30-0872552

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

CHEVY CHASE TRUST

52-2037618

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

WESTERN ASSET MANAGEMENT COMPANY

95-2705767

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

VANGUARD GROUP, INC

23-1945930

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

BAIRD ADVISORS

777 EAST MILWAUKEE AVE
MILWAUKEE, WI 53202

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

BNY MELLON

25-6078093

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

MFS INVESTMENT MANAGEMENT

111 HUNTINGTON AVENUE, 24TH FLOOR
BOSTON, MA 02199

(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

(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

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

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)

CHEIRON

13-4215617

(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	72263	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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	NONE	70000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AMERICAN DATA CENTRE, INC.

36-6095542

(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	60000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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	30102	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TOM PARAVOLA

PO BOX 66
ELMHURST, IL 60126

(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	24000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ULLICO INVESTMENT ADVISORS

52-6435649

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	15868	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

JOHNSON & KROL

36-4342024

(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	12868	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RREEF AMERICA LLC

58-2364506

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	6343	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PBI RESEARCH SERVICES

82-4722389

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	6240	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>CHICAGOLAND RACE MEET OPERATORS AND LOCAL 134 I.B.E.W. JOINT PENSION TRUST</u>	B Three-digit plan number (PN) <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF CHICAGOLAND RACE MEET OPERATORS AND LOCAL 134 IBEW JT PEN</u>	D Employer Identification Number (EIN) <u>36-3825845</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNYM AFL-CIO SL BROAD MARKET INDEX</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-357</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3897492</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MULTI-EMPLOYER PROPERTY TRUST</u>		
b Name of sponsor of entity listed in (a): <u>NEW TOWER TRUST COMPANY</u>		
c EIN-PN <u>52-6218800-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1428303</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ULLICO INFRASTR TAX-EXEMPT FUND LP</u>		
b Name of sponsor of entity listed in (a): <u>ULLICO INVESTMENT ADVISORS INC</u>		
c EIN-PN <u>90-0622302-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2625832</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ULLICO DIV INTL EQUITY FUND</u>		
b Name of sponsor of entity listed in (a): <u>ULLICO INVESTMENT ADVISORS INC</u>		
c EIN-PN <u>74-3178242-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1231569</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>IBEW-NECA EQUITY INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>CHEVY CHASE TRUST COMPANY</u>		
c EIN-PN <u>31-1772714-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan CHICAGOLAND RACE MEET OPERATORS AND LOCAL 134 I.B.E.W. JOINT PENSION TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF CHICAGOLAND RACE MEET OPERATORS AND LOCAL 134 IBEW JT PEN	D Employer Identification Number (EIN) 36-3825845

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	107637	114969
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	15224	14389
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	213061	200175
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	26110	7709
(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)	1398705	1165699
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	9631567	5325795
(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)	2673875	3857401
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	11962778	15263843
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	26028957	25949980
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	7641	12899
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	7641	12899
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	26021316	25937081

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)	90281	
(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)		90281
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	3431	
(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)	15432	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		18863
(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)	413826	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		413826
(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)	-27526	
(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)		1914811
(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)		197861
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-176453
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2431663

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2168902	
(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)		2168902
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)	60000	
(3) Recordkeeping fees	2i(3)	6102	
(4) IQPA audit fees	2i(4)	24000	
(5) Investment advisory and investment management fees	2i(5)	99037	
(6) Bank or trust company trustee/custodial fees	2i(6)	3573	
(7) Actuarial fees	2i(7)	72263	
(8) Legal fees	2i(8)	36868	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	1453	
(11) Other expenses	2i(11)	43700	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		346996
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2515898

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-84235
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: 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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 553462.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>CHICAGOLAND RACE MEET OPERATORS AND LOCAL 134 I.B.E.W. JOINT PENSION TRUST</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF CHICAGOLAND RACE MEET OPERATORS AND LOCAL 134 IBEW JT PEN</u>	D Employer Identification Number (EIN) <u>36-3825845</u>	

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

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

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

1	
---	--

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): _____

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 POST TIME

b EIN 36-4203590 **c** Dollar amount contributed by employer 35312

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 2026

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

(1) Contribution rate (in dollars and cents) 1.37

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

a Name of contributing employer HAWTHORNE RACETRACK

b EIN 36-2042284 **c** Dollar amount contributed by employer 54969

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) 15.00

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

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):

a Name of contributing employer

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

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

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

(1) Contribution rate (in dollars and cents)

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	457
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	474
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	486

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	96.41
b The corresponding number for the second preceding plan year	15b	94.03

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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

**Chicagoland Race Meet Operators and
Local 134 I.B.E.W. Joint Pension Trust of Chicago**

Financial Statements

December 31, 2024

**Chicagoland Race Meet Operators and
Local 134 I.B.E.W. Joint Pension Trust of Chicago**

Financial Statements with Supplementary Information

December 31, 2024 and 2023

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Report of Independent Auditors

To the Participants and Trustees of
Chicagoland Race Meet Operators and
Local 134 I.B.E.W. Joint Pension Trust of Chicago

Opinion

We have audited the financial statements of Chicagoland Race Meet Operators and Local 134 I.B.E.W. Joint Pension Trust of Chicago (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, 2024 and 2023, 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 Chicagoland Race Meet Operators and Local 134 I.B.E.W. Joint Pension Trust of Chicago as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of December 31, 2023, 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.

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

May 27, 2025

**Chicagoland Race Meet Operators and
Local 134 I.B.E.W Joint Pension Trust of Chicago**

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments - at fair value		
Mutual funds		
Baird Aggregate Bond Fund	\$ 6,469,761	\$ 4,459,595
Western Asset Core Plus Bond Fund	6,331,119	4,314,943
MFS Low Volatility Equity Fund	2,462,963	-
Vanguard Emerging Markets Stock Index Fund	-	777,247
Vanguard Mid Cap Index Fund	-	1,206,181
Vanguard Strategic Small Cap Equity Fund	-	1,204,812
Common and collective funds and limited partnerships		
BNY Mellon AFL-CIO Broad Stock Market Index Fund	3,897,492	-
ULLICO Infrastructure Tax-Exempt Fund, L.P.	2,625,832	-
NewTower Trust Company		
Multi-Employer Property Trust	1,428,303	1,542,964
ULLICO Diversified International Equity Fund, L.P.	1,231,569	2,673,875
RREEF America II, L.P.	1,165,699	1,398,705
IBEW-NECA Equity Index Fund	-	8,088,603
Short-term investments	7,709	26,110
Total investments	<u>25,620,447</u>	<u>25,693,035</u>
Receivables		
Employer contributions	14,389	15,224
Accrued interest and dividends	19,419	28,892
Total receivables	<u>33,808</u>	<u>44,116</u>
Other assets		
Cash	114,969	107,637
Prepaid pension benefits	165,086	168,197
Prepaid insurance	15,670	15,972
Total other assets	<u>295,725</u>	<u>291,806</u>
Total assets	25,949,980	26,028,957
Liabilities and Net Assets		
Liabilities		
Accounts payable	<u>12,899</u>	<u>7,641</u>
Net assets available for benefits	<u>\$ 25,937,081</u>	<u>\$ 26,021,316</u>

See accompanying notes to financial statements.

**Chicagoland Race Meet Operators and
Local 134 I.B.E.W Joint Pension Trust of Chicago**

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 1,908,693	\$ 2,024,289
Dividends and interest	432,689	560,936
	<u>2,341,382</u>	<u>2,585,225</u>
Less investment expenses	(99,037)	(95,177)
Investment income - net	2,242,345	2,490,048
Employer contributions	90,281	99,265
Total additions	<u>2,332,626</u>	<u>2,589,313</u>
Deductions		
Pension benefits	<u>2,168,902</u>	<u>2,185,302</u>
Administrative expenses		
Actuarial fees	72,263	38,764
Administration fees	60,000	60,000
Audit and accounting fees	30,102	22,500
Bank fees	3,573	3,380
Insurance	15,518	15,440
Legal fees	36,868	52,324
Office and miscellaneous	11,098	17,654
Plan termination insurance	18,537	18,130
Total administrative expenses	<u>247,959</u>	<u>228,192</u>
Total deductions	<u>2,416,861</u>	<u>2,413,494</u>
Net increase (decrease)	(84,235)	175,819
Net assets available for benefits		
Beginning of year	<u>26,021,316</u>	<u>25,845,497</u>
End of year	<u>\$ 25,937,081</u>	<u>\$ 26,021,316</u>

See accompanying notes to financial statements.

**Chicagoland Race Meet Operators and
Local 134 I.B.E.W. Joint Pension Trust of Chicago**

Notes to Financial Statements

December 31, 2024 and 2023

Note 1. Summary of Significant Accounting Policies

Method of Accounting - The accompanying financial statements of Chicagoland Race Meet Operators and Local 134 I.B.E.W. Joint Pension Trust of Chicago (the Plan) have been prepared using the accrual basis of accounting.

Investments - The investments of the Plan 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 due but not received at year end are recorded as contributions receivable. Employer contributions owed as a result of payroll compliance audits are recorded upon settlement with the employer. An allowance for uncollectible accounts is considered unnecessary and is not provided.

Revenue Recognition - Revenue derived from employer contributions is recognized in the period in which covered work is performed, based on the number of hours or shifts worked in covered employment and the contribution rate currently in effect, as set forth in the applicable collective bargaining agreement. Employers are required to remit contributions monthly. The Plan carries out its purpose described in Note 2 primarily in the greater Chicagoland area.

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.

Note 1. Summary of Significant Accounting Policies (continued)

Payment of Benefits - Benefit payments to participants are recorded upon distribution. Pension benefits checks issued prior to the corresponding benefit month are recorded as prepaid benefits.

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

Reclassifications - Certain prior year information has been reclassified to conform to the current year presentation.

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 May 27, 2025, which is the date the financial statements were available to be issued.

Note 2. Description of the Plan

The Plan was established on February 12, 1992 pursuant to an agreement between the union and certain employers to provide retirement benefits for eligible participants. The Plan is a multiemployer defined benefit pension plan and is subject to the provisions of ERISA, as amended.

Under current Plan provisions, participants are eligible for a normal retirement pension if they have attained age 62 and have earned five years of eligibility service, including at least one year after 1975. Vesting of benefits is attained by participants who have five years of eligibility service. A year of eligibility service is credited for each calendar year in which a participant has 120 or more days of covered employment or 120 shifts of employment in the industry. In addition to a normal pension, the Plan also provides for early, disability, partial disability, deferred and joint and survivor pensions.

Retired participants may continue to receive pension benefits even if employed as long as employment in the industry does not exceed more than 30 days in one calendar year.

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 for while other benefits may not be provided at all.

Note 4. Actuarial Information

An actuarial valuation of the Plan was made by Cheiron as of December 31, 2023. Information shown in the report included the following:

Actuarial present value of accumulated plan benefits:	
Vested benefits	
Participants and beneficiaries currently receiving payments	\$ 19,797,669
Other participants	<u>3,231,547</u>
Total vested benefits	23,029,216
Nonvested benefits	
	<u>-</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 23,029,216</u>

As reported by the actuary, the changes in the present value of accumulated plan benefits during the year ended December 31, 2023 included the following:

Actuarial present value of accumulated plan benefits at beginning of year		\$ 23,999,881
Increase (decrease) during the year attributable to:		
Benefit accruals	\$ 27,992	
Benefit payments	(2,185,302)	
Interest	1,190,642	
Experience (gains)	<u>(3,997)</u>	
Net (decrease)		<u>(970,665)</u>
Actuarial present value of accumulated plan benefits at end of year		<u>\$ 23,029,216</u>

Note 4. Actuarial Information (continued)

The actuarial valuation was made using the unit credit actuarial cost method.

Some of the more significant actuarial assumptions used in the valuation were as follows:

- Mortality rate:
 - Healthy participants - RP-2014 adjusted to 2006 Blue Collar Mortality Table with fully generational mortality improvement using Scale MP-2020
 - Disabled participants - RP-2014 adjusted to 2006 Disabled Mortality Table, with fully generational mortality improvement using Scale MP-2020
- Retirement age:

<u>Age</u>	<u>Percent</u>
62	10%
63	5%
64	5%
65	75%
66	75%
67	75%
68	75%
69	75%
70	100%
- Investment rate of return - 6.0% net of investment expenses
- Administrative expenses - \$240,000 to increase at the rate of 3% per year for future plan years

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, 2024 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of December 31, 2024 and the changes in its financial status for the year then ended, but a presentation of the net assets available for benefits and the changes therein as of and for the year ended December 31, 2024. The complete financial status is presented as of December 31, 2023.

For the Plan year beginning January 1, 2025, 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 5. Tax Status

The Plan received a determination letter from the Internal Revenue Service dated September 30, 2013, which stated that the Plan meets the requirements of a qualified plan and tax-exempt trust under Section 401(a) of the Internal Revenue Code and is, therefore, exempt from federal income taxes under the provisions of Section 501(a). The Plan has been amended since receiving this 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 6. 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 methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Note 6. Fair Value Measurements (continued)

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2024 and 2023. 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.

		<u>Fair Value Measurements at 12/31/24 Using</u>		
		Quoted Prices		
		in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>Total</u>		<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
Mutual funds	\$ 15,263,843	\$ 15,263,843	\$ -	\$ -
Short-term investments	7,709	-	7,709	-
		<u>\$ 15,263,843</u>	<u>\$ 7,709</u>	<u>\$ -</u>
Investments measured at net asset value:				
Common and collective funds	5,325,795			
Limited partnerships	5,023,100			
Total	<u>\$ 25,620,447</u>			
		<u>Fair Value Measurements at 12/31/23 Using</u>		
		Quoted Prices		
		in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
<u>Total</u>		<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
Mutual funds	\$ 11,962,778	\$ 11,962,778	\$ -	\$ -
Short-term investments	26,110	-	26,110	-
		<u>\$ 11,962,778</u>	<u>\$ 26,110</u>	<u>\$ -</u>
Investments measured at net asset value:				
Common and collective funds	9,631,567			
Limited partnerships	4,072,580			
Total	<u>\$ 25,693,035</u>			

Note 6. Fair Value Measurements (continued)

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.

Level 2 Measurements

Short-term investments include short-term cash balances held with the investment custodian and are valued at cost, which approximates their fair value.

Measurements Using Net Asset Value as a Practical Expedient

Certain investments are 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 values of the underlying investments held by the fund less its liabilities. This 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 and collective funds valued at net asset value are direct filing entities (DFEs) and file 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. One common and collective fund with a fair value of \$1,428,303 and \$1,542,964 at December 31, 2024 and 2023, respectively, currently has a redemption queue in place. The Plan requested a full redemption of its investment and has been receiving partial redemption amounts on a quarterly basis. The other common and collective funds do not have significant withdrawal restrictions.

Two limited partnerships valued at net asset value are also DFEs. For one partnership with a fair value of \$2,625,832 and \$0 at December 31, 2024 and 2023, respectively, redemption requests are placed in a redemption queue, upon 45 days notice. The limited partner who is next in the queue will be able to have all or a portion of its required units redeemed. The Plan does not have any redemption requests outstanding with this investment. The other limited partnership that is a DFE does not have significant withdrawal restrictions.

The remaining limited partnership with a fair value of \$1,165,699 and \$1,398,705 at December 31, 2024 and 2023, respectively, is not a DFE. This partnership invests in domestic real estate properties, and currently has a redemption queue in place. The Plan requested a full redemption of its investment and has been receiving partial redemption amounts on a quarterly basis.

Note 7. 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. The current economic environment has increased the degree of uncertainty.

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 readily market for the underlying securities existed.

The estimated fair values of real estate investment funds, as estimated by the investment managers, may vary significantly from the prices at which the real estate investments within the funds would sell, and the amounts could be material.

Two of the Plan's mutual fund investments represented approximately 49% of the Plan's net assets available for benefits as of December 31, 2024. One of the Plan's common and collective fund investments represented approximately 31% of the Plan's net assets available for benefits as of December 31, 2023. The Plan's exposure to a concentration of credit risk is limited by the diversification of investments across the Plan's investment portfolio.

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 statements.

Note 8. Funding Policy

The Plan is primarily funded by employer contributions as specified in the collective bargaining agreements. The participating employers contribute such amounts as specified in the collective bargaining agreements. For the years ended December 31, 2024 and 2023, the employer contribution rates were \$15.00 per shift for live track employees and \$1.37 per hour for off-track employees.

The actuary has stated that the minimum funding requirements of ERISA are being met as of January 1, 2024.

Note 9. Major Employers

For each of the years ended December 31, 2024 and 2023, contribution income was comprised of amounts received from two employers. In the event these employers suspend contributions, the Plan would retain the risk of paying fixed administrative expenses until the appropriate adjustments were made.

REPORT OF INDEPENDENT AUDITORS ON SUPPLEMENTAL SCHEDULES

To the Participants and Trustees of
Chicagoland Race Meet Operators and
Local 134 I.B.E.W. Joint Pension Trust of Chicago

We have audited the financial statements of Chicagoland Race Meet Operators and Local 134 I.B.E.W. Joint Pension Trust of Chicago (the Plan) as of and for the years ended December 31, 2024 and 2023, and our report thereon dated May 27, 2025, 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 Schedules 1 and 2 are presented for purposes of additional analysis and are not a required part of the financial statements but are 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

May 27, 2025

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Chicagoland Race Meet Operators and Local Union 134 I.B.E.W. Joint Pension Trust
EIN: 36-3825845, Plan Number: 001

Schedule MB, line 3 — Withdrawal Liability Amounts

None.

Schedule MB, line 4a — Illustration Supporting Actuarial Certification of Status

The Plan is not in Endangered, Critical, or Critical and Declining status for the January 1, 2024 plan year.

Schedule MB, line 6 — Summary of Plan Provisions

Our valuation of the Plan is based on the plan provisions as of January 1, 2024 as summarized below. This summary has been prepared for valuation purposes only. It outlines the major plan provisions used to perform the actuarial valuation.

1. Date of inception July 1, 1993.
2. Plan coverage Any participant who, on or after January 1, 1976, has accrued credited service that has not been canceled.
3. Plan year The calendar year.
4. Covered employment Any period of work by an employee for an employer in which contributions were made to the Trust.
5. Credited service One year for 240 or more shifts of covered employment in a Plan Year. For Plan Years in which at least 120 shifts (70 shifts prior to January 1, 2014) but less than 240 shifts are worked, a partial year of credited service is granted based on the proportion of the number of shifts divided by 240. Effective January 1, 2014, maximum of 35 years of credited service. No maximum prior to January 1, 2014.
6. Eligibility service One year of eligibility service for 120 shifts of covered employment, or 125 shifts of employment in the industry.
7. Accrued benefit The accrued benefit is the sum of the following:
 - 1) \$33 per year of credited service for each year of credited service that is exclusively on track work.
 - 2) \$15 per year of credited service for each year of credited service that is exclusively off track work.
 - 3) For each year of credited service with shifts for both on track and off track:
\$33 times the ratio of on track shifts (up to 240 shifts) divided by 240 plus
\$15 times the ratio of off track shifts (up to 240 shifts minus the on track shifts) divided by 240.

Effective January 1, 2005, the accrual rate for on track service was reduced to \$28.00 per year of service for on track service and \$13.00 per year of service for off track service.

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Chicagoland Race Meet Operators and Local Union 134 I.B.E.W. Joint Pension Trust
EIN: 36-3825845, Plan Number: 001

Schedule MB, line 6 — Summary of Plan Provisions (continued)

8. Normal retirement
 - a. Eligibility Age 62 and at least 5 years of eligibility service.
 - b. Benefit Accrued benefit.
9. Early retirement
 - a. Eligibility Age 55 and at least 10 years of eligibility service.
 - b. Benefit Accrued benefit reduced ½% for each month preceding age 62.
10. Deferred vested retirement
 - a. Eligibility No longer working for a covered employer and at least 5 years of eligibility service.
 - b. Benefit Accrued benefit payable at age 62.
11. Disability retirement
 - a. Eligibility Participant must no longer be working in the industry and incurred a disability while working. Must have at least 10 years of eligibility service.
 - b. Benefit Accrued benefit payable immediately.
12. Surviving spouse benefit
 - a. Eligibility
 - i. Basic Death of the participant after at least 10 years of credited service or 25 years of eligibility service. Also, must be married for at least 5 years to one's spouse.
 - ii. Statutory 5 years of vesting service
 - b. Benefit
 - i. Basic (only for participants who retired before 5/1/2010) 50% of the accrued benefit plus an additional 50% of the accrued benefit for the first 10 years. If the spouse is more than 5 years younger than the participant, then the benefit is the actuarial equivalent of the above benefit assuming a spouse that is 5 years younger.
 - ii. Statutory If not eligible for the Basic benefit, the benefit is 50% of the benefit the participant would have received had the participant terminated on the date of death, retired on the first date of retirement eligibility and elected the 50% joint and survivor benefit.
13. Surviving child benefit
 - a. Eligibility Death of the participant after 10 years of credited service and the death of the spouse. The surviving child is eligible to receive a benefit until age 22. Participant must be actively employed.
 - b. Benefit If the spouse was receiving a surviving spouse benefit, the remainder of the surviving spouse benefit. Otherwise, 50% of the accrued benefit plus an additional 50% of the accrued benefit for the first 10 years.

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Chicagoland Race Meet Operators and Local Union 134 I.B.E.W. Joint Pension Trust
EIN: 36-3825845, Plan Number: 001

Schedule MB, line 6 — Summary of Plan Provisions (continued)

14. Prior plan Electrical Contractors Association of the City of Chicago and Local Union 134, I.B.E.W. Joint Pension Trust of Chicago Pension Plan No. 3.
15. Benefit forms Single life, 50% Joint & Survivor option and 75% Joint & Survivor option.
16. Contributions
- a. Employee None.
- b. Employer
- i. Live Track \$15.00 per shift effective for plan years on and after 2012
- ii. Off Track \$1.37 per hour effective for plan years on and after 2012
It is assumed that each shift equates to 5 ½ hours.
17. Supplemental Benefit
- a. Requirement Commenced to receive a Normal Pension effective on or after January 1, 1994 but prior to February 17, 1997 based solely on Live/Intertrack service; or
- Commenced to receive a Disability Pension effective on or after January 1, 1994 and on or before April 1, 1997, but had not attained age 62.
- b. Benefit Employee only, under age 65 - \$120.89
Employee only, over age 65 - \$42.27
Employee under age 65, spouse under age 65 - \$241.78
Employee under age 65, spouse over age 65 - \$163.16
Employee over age 65, spouse under age 65 - \$163.16
Employee over age 65, spouse over age 65 - \$84.54
Each eligible child - \$76.72
- The supplemental benefit remains in effect for life, but the monthly amount reduces to \$42.27 when the recipient attains age 65. The child's benefit ceases when no longer eligible for medical benefits.

18. Changes in Plan Provisions: None

Schedule H, Line 4i
 Schedule of Assets (Held at End of Year)
 12/31/2024
 TRUSTEES OF CHICAGOLAND RACE MEET OPERATORS AND
 LOCAL 134 IBEW JOINT PENSION TRUST
 PLAN 001
 EIN 36-3825845

SUPPLEMENTAL SCHEDULE 1

	<u>FMV</u>	<u>Cost</u>
INTEREST BEARING CASH:		
BANK OF LABOR CASH	7,709	7,709
	<u>7,709</u>	<u>7,709</u>
COMMON COLLECTIVE TRUSTS:		
MULTI-EMPLOYER PROPERTY TRUST	1,428,303	255,685
BYNM AFL-CIO BROAD MARKET INDEX	3,897,492	4,000,000
	<u>5,325,795</u>	<u>4,255,685</u>
103-12 INVESTMENTS:		
ULLICO INFRASTRUCTURE FUND	2,625,832	2,500,000
ULLICO DIVERSIFIED INTERNATIONAL EQUITY	1,231,569	328,553
	<u>3,857,401</u>	<u>2,828,553</u>
REAL ESTATE INVESTMENT		
RREEF AMERICA REIT II FUND	1,165,699	1,203,256
	<u>1,165,699</u>	<u>1,203,256</u>
MUTUAL FUNDS:		
WESTERN ASSET CORE PLUS BOND PORTFOLIO	6,331,119	5,853,491
BAIRD AGGREGATE BOND FUND	6,469,761	6,524,147
MFS LOW VOLATILITY US EQUITY	2,462,963	2,500,000
	<u>15,263,843</u>	<u>14,877,638</u>

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Chicagoland Race Meet Operators and Local Union 134 I.B.E.W. Joint Pension Trust
EIN: 36-3825845, Plan Number: 001

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

Distribution of Active Members by Age and Service as of January 1, 2024												
Counts by Age/Service - Total												
Age	Credited Service										Total	
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up		
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	0	0	1	0	0	0	0	0	1
50 to 54	0	0	0	0	1	0	1	1	0	0	0	3
55 to 59	1	0	0	0	0	0	1	1	0	0	0	3
60 to 64	0	0	1	3	0	0	1	1	0	0	0	6
65 to 69	0	0	0	0	2	0	1	2	2	0	0	7
70 & up	0	0	1	0	0	0	2	1	1	0	0	5
Total	1	0	2	3	3	1	6	6	3	0	0	25

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Chicagoland Race Meet Operators and Local Union 134 I.B.E.W. Joint Pension Trust
EIN: 36-3825845, Plan Number: 001

Schedule MB, line 9c and 9h — Schedule of Funding Standard Account Bases

Table V-4						
Schedule of Amortization Charges Required for Minimum Required Contribution as of January 1, 2024						
Type of Base	Date Established	Initial Amount	Initial Amortization Years	1/1/2024 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1. Recognized Portion of the 2008 ENIL	1/1/2009	\$ 10,059,972	29.00	\$ 7,047,523	14.00	\$ 715,290
2. Assumption Change	1/1/2012	744,008	15.00	209,643	3.00	73,990
3. Experience Loss	1/1/2013	200,833	15.00	73,080	4.00	19,896
4. Revenue Ruling 81-213 Base	1/1/2015	985,200	15.00	505,022	6.00	96,889
5. Revenue Ruling 81-213 Base	1/1/2016	43,176	15.00	25,038	7.00	4,231
6. Revenue Ruling 81-213 Base	1/1/2017	377,794	15.00	243,249	8.00	36,955
7. Revenue Ruling 81-213 Base	1/1/2018	1,164,720	15.00	819,911	9.00	113,722
8. Revenue Ruling 81-213 Base	1/1/2019	1,338,837	15.00	1,018,052	10.00	130,491
9. Revenue Ruling 81-213 Base	1/1/2020	229,036	15.00	186,302	11.00	22,285
10. Assumption Change	1/1/2021	1,974,761	15.00	1,704,660	12.00	191,818
11. Revenue Ruling 81-213 Base	1/1/2022	1,729,665	15.00	1,576,585	13.00	168,011
12. Experience Loss	1/1/2023	113,912	15.00	109,018	14.00	11,065
13. Revenue Ruling 81-213 Base	1/1/2024	1,851,991	15.00	1,851,991	15.00	179,893
TOTAL CHARGES		\$ 20,813,905		\$ 15,370,074		\$ 1,764,536

Table V-5						
Schedule of Amortization Credits Required for Minimum Required Contribution as of January 1, 2024						
Type of Base	Date Established	Initial Amount	Initial Amortization Years	1/1/2024 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
1. Experience Gain	1/1/2010	\$ 2,237,457	15.00	\$ 224,278	1.00	\$ 224,278
2. Plan amendment	1/1/2010	2,192,187	15.00	219,739	1.00	219,739
3. Experience Gain	1/1/2011	109,020	15.00	21,152	2.00	10,884
4. Experience Gain	1/1/2012	560,937	15.00	158,057	3.00	55,784
5. Experience Gain	1/1/2014	368,507	15.00	162,407	5.00	36,372
6. Experience Gain	1/1/2015	950,924	15.00	487,453	6.00	93,519
7. Experience Gain	1/1/2017	412,119	15.00	265,348	8.00	40,312
8. Experience Gain	1/1/2018	962,450	15.00	677,522	9.00	93,972
9. Experience Gain	1/1/2019	1,264,483	15.00	961,515	10.00	123,244
10. Experience Gain	1/1/2020	317,225	15.00	258,037	11.00	30,865
11. Experience Gain	1/1/2021	984,289	15.00	849,661	12.00	95,609
12. Revenue Ruling 81-213 Base	1/1/2021	809,847	15.00	699,080	12.00	78,664
13. Experience Gain	1/1/2022	1,822,726	15.00	1,661,409	13.00	177,050
14. Revenue Ruling 81-213 Base	1/1/2023	152,089	15.00	145,555	14.00	14,773
15. Experience Gain	1/1/2024	220,819	15.00	220,819	15.00	21,449
TOTAL CREDITS		\$ 13,365,079		\$ 7,012,032		\$ 1,316,514
NET CHARGE				\$ 8,358,042		\$ 448,022

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Chicagoland Race Meet Operators and Local Union 134 I.B.E.W. Joint Pension Trust
EIN: 36-3825845, Plan Number: 001

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

1. The RPA '94 current liability interest rate was changed from 2.55% to 3.29% to comply with appropriate guidance and remains within the required corridor as prescribed by the IRS.
2. The mortality table used for the RPA '94 current liability is the static mortality table as described under Regulation 1.430(h)(3)-1(a)(3). The 2023 table was updated to 2024 as provided by Notice 2023-73.

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Chicagoland Race Meet Operators and Local Union 134 I.B.E.W. Joint Pension Trust
EIN: 36-3825845, Plan Number: 001

Schedule MB, line 6 — Statement of Actuarial Assumptions and Methods

Actuarial Methods

1. Unit Credit Actuarial Cost Method:

The cost method for valuation of liabilities used for this valuation is the Unit Credit Method. This is one of a family of valuation methods known as accrued benefits methods. The chief characteristic of accrued benefits methods is that the funding pattern follows the pattern of benefit accrual. Under the Unit Credit Actuarial Cost Method, the Normal Cost is determined as that portion of each Participant's projected benefit attributable to service expected to be earned in the upcoming plan year. The Actuarial Liability, which is determined for each Participant as of each valuation date, represents the actuarial present value of the portion of each Participant's projected benefit attributable to service earned prior to the valuation date.

One of the significant effects of this funding method is that, depending on the demographics of the population, the unit credit method tends to produce lower costs in the early years. There is a possibility that as the population ages, the annual cost could increase over time.

2. Asset Valuation Method:

The Actuarial Value of Assets is based on the market value with an adjustment to smooth gains or losses in the market value over the past 5 years. The asset valuation method calculates the expected Market Value Asset return at the current valuation date using the Fund's actual cash flows and the expected long-term rate of return on assets. The investment gain or loss is then determined by subtracting this expected asset value from the actual investment return on the market value. One-fifth (1/5) of the gain (actual returns greater than expected) or loss (actual returns less than expected) is then added to the Market Value of Assets along with recognition of gains/losses over expected return for each of the preceding four years to arrive at the preliminary smoothed Actuarial Value of Assets. If the preliminary smoothed actuarial asset value is outside a corridor of 80% to 120% of market value, the final smoothed value is increased (or reduced) to the bottom (top) of the 80% to 120% market value corridor.

This method was changed effective January 1, 2010.

3. PRA 2010 Funding Relief

The Fund's Board of Trustees elected funding relief under §431(b)(8) of the Code and §304(b)(8) of ERISA . Specifically, the Trustees elected to apply the "special amortization rule," which allows the Plan's investment loss for the Plan year ending December 31, 2008 to be separately amortized over 29 years, whereas it was previously required to be amortized over 15 years.

4. Modeling Disclosures

In accordance with Actuarial Standard of Practice No. 56 (Modeling), the following disclosures are made:

Cheiron utilizes ProVal, an actuarial valuation software leased from Winklevoss Technologies (WinTech) to calculate liabilities, Normal Costs and project benefit payments. We have relied on WinTech as the developer of ProVal. We have reviewed ProVal as it relates to the Plan and have used ProVal in accordance with its original intended purpose. We have not identified any material inconsistencies in the output of ProVal that would affect the contents of this actuarial valuation report.

5. Changes in Method Since Last Valuation:

None.

Schedule MB Attachment (Form 5500) — 2024 Plan Year
Chicagoland Race Meet Operators and Local Union 134 I.B.E.W. Joint Pension Trust
EIN: 36-3825845, Plan Number: 001

4. Expected Expenses: Average of last 3 years of actual administrative expense, excluding investment expenses, rounded to the nearest ten thousand dollars and assumed to be payable mid-year. \$240,000 (\$233,109 payable beginning of year) per year.

Schedule MB, line 6 — Statement of Actuarial Assumptions/Methods (continued)

Actuarial Assumptions

- | | |
|------------------------------|--|
| 1. Valuation date | January 1, 2024. |
| 2. Interest rate | |
| a. Funding | 6.00% per annum. |
| b. RPA '94 current liability | 3.29%. |
| 3. Mortality | |
| a. Funding | |
| i. Non-disabled employees | RP-2014 adjusted to 2006 Blue Collar Mortality table, with fully generational mortality improvement using scale MP-2020. |
| ii. Disabled employees | RP-2014 adjusted to 2006 Disabled Mortality table, with fully generational mortality improvement using scale MP-2020. |
| b. RPA '94 current liability | IRS 2024 Static Mortality Table. |

5. Retirement	<u>Age</u>	<u>Percent</u>
	62	10%
	63	5
	64	5
	65	75
	66	75
	67	75
	68	75
	69	75
	70	100

Terminated vested participants are assumed to retire at age 62.

**Schedule MB Attachment (Form 5500) — 2024 Plan Year
 Chicagoland Race Meet Operators and Local Union 134 I.B.E.W. Joint Pension Trust
 EIN: 36-3825845, Plan Number: 001**

Schedule MB, line 6 — Statement of Actuarial Assumptions/Methods (continued)

6. Termination Separation rates at sample ages are shown below:

<u>Age</u>	<u>Annual Rate Per 100 Participants</u>
20	6.00
25	5.97
30	5.64
35	4.00
40	1.65
45	0.73
50	0.29
55	0.00

7. Disability Disability rates at sample ages are shown below:

<u>Age</u>	<u>Annual Rate Per 100 Participants</u>
20	0.090
25	0.100
30	0.110
35	0.120
40	0.150
45	0.215
50	0.330
55	0.580
60	1.180

8. Percent married 80%.

9. Age of spouse Males are assumed to be 3 years older than their spouses.

10. Definition of active participants Employees with shifts in the most recent plan year, excluding those who worked less than 120 shifts, and excluding those who have retired as of the valuation date

11. Service and contributions after the valuation date Each active participant is assumed to work the same number of shifts as the prior year.

For purposes of estimating future contributions, participants who work less than 120 shifts or have retired as of the valuation date are not considered.

SCHEDULE H	OTHER RECEIVABLES	STATEMENT 1	
DESCRIPTION	BEGINNING	ENDING	
ACCRUED INTEREST AND DIVIDENDS	28,892.	19,419.	
PREPAID BENEFIT EXPENSE	168,197.	165,086.	
PREPAID INSURANCE	15,972.	15,670.	
TOTAL TO SCHEDULE H, LINE 1B(3)	213,061.	200,175.	

SCHEDULE H	OTHER ADMINISTRATIVE EXPENSES	STATEMENT 2	
DESCRIPTION	AMOUNT		
INSURANCE	15,518.		
OFFICE AND MISCELLANEOUS EXPENSES	9,645.		
PLAN TERMINATION INSURANCE	18,537.		
TOTAL TO SCHEDULE H, LINE 2I(11)	43,700.		

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1545-0047
1545-0088

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

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A** This return/report is for a multiemployer plan a multiple-employer plan (filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return report is a single-employer plan a DFE (specify) _____
 the first return report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

1a Name of plan CHICAGOLAND RACE MEET OPERATORS AND LOCAL 134 I.B.E.W. JOINT PENSION TRUST		1b Three-digit plan number (PN) ▶ 001
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 CHICAGOLAND RACE MEET OPERATORS AND LOC P.O. BOX 646 EAST TROY WI 53120		1c Effective date of plan 07/01/1993
		2b Employer Identification Number (EIN) 36-3825845
		2c Plan Sponsor's telephone number (847) 358-7111
		2d Business code (see instructions) 812990

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

Do not enter a signature or date in this area. If you are required to file this return/report, you must sign and date it. If you are required to file this return/report, you must sign and date it. If you are required to file this return/report, you must sign and date it.

SIGN HERE		7/22/25	Susan Flader
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		7/22/25	Jeffrey W. Kiel
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
--	--

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
--	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	501
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)	25
a (2) Total number of active participants at the end of the plan year	6a(2)	26
b Retired or separated participants receiving benefits	6b	295
c Other retired or separated participants entitled to future benefits	6c	79
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	400
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	82
f Total. Add lines 6d and 6e	6f	482
g (1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	2

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

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

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

a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information - Small Plan) (3) <input type="checkbox"/> A (Insurance Information) - Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	ABV ADJUSTMENT -----	ABV REAL GAIN/LOSS -----
	BEGINNING MARKET VALUE		25,617,923.75			
	COMPARATIVE VALUE (5%)		1,280,896.19			

CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE

ISSUE: 057071854 - BAIRD AGGREGATE BOND FUND						
12/26/24 B	180,599	9.690	0	1,750,000-*	1,750,000	
ISSUE: 55273H221 - MFS LOW VOLATILITY EQUITY R6						
12/26/24 B	132,275	18.900	0	2,500,000-*	2,500,000	
ISSUE: 60934N104 - FEDERATED GOVERNMENT OBLIG FD #05						
02/13/24 B	2,000,000	1.000	0	2,000,000-*	2,000,000	
ISSUE: 60934N104 - FEDERATED GOVERNMENT OBLIG FD #05						
02/15/24 S	2,500,000	1.000	0	2,500,000 *	2,500,000	0
ISSUE: 60934N104 - FEDERATED GOVERNMENT OBLIG FD #05						
12/27/24 B	4,272,378	1.000	0	4,272,378-*	4,272,378	
ISSUE: 60934N104 - FEDERATED GOVERNMENT OBLIG FD #05						
12/27/24 S	4,000,000	1.000	0	4,000,000 *	4,000,000	0
ISSUE: 957663503 - WESTERN ASSET CORE PLUS BOND						
12/26/24 B	192,944	9.070	0	1,750,000-*	1,750,000	
GRAND TOTAL			0	18,772,378	18,772,378	0

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	ABV ADJUSTMENT -----	ABV REAL GAIN/LOSS -----
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CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ABV ADJUSTMENT	ABV REAL GAIN/LOSS
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CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

ISSUE: 057071854 - BAIRD AGGREGATE BOND FUND

01/29/24 R	1,151	9.720	0	11,187-	11,187	
02/27/24 R	1,331	9.640	0	12,830-	12,830	
03/27/24 R	1,491	9.710	0	14,482-	14,482	
04/26/24 R	1,435	9.440	0	13,546-	13,546	
05/29/24 R	1,489	9.560	0	14,236-	14,236	
06/26/24 R	1,500	9.730	0	14,594-	14,594	
07/26/24 R	1,501	9.730	0	14,605-	14,605	
08/27/24 R	1,427	10.010	0	14,285-	14,285	
09/25/24 R	1,464	10.100	0	14,784-	14,784	
10/28/24 R	1,543	9.810	0	15,132-	15,132	
12/02/24 R	1,601	9.830	0	15,736-	15,736	
12/26/24 B	180,599	9.690	0	1,750,000-*	1,750,000	
12/27/24 B	18,191	9.620	0	175,000-	175,000	
12/30/24 R	3,428	9.620	0	32,974-	32,974	
SUB-TOTAL			0	2,113,391	2,113,391	0

ISSUE: 55273H221 - MFS LOW VOLATILITY EQUITY R6

12/26/24 B	132,275	18.900	0	2,500,000-*	2,500,000	
SUB-TOTAL			0	2,500,000	2,500,000	0

ISSUE: 60934N104 - FEDERATED GOVERNMENT OBLIG FD #05

01/02/24 B	116	1.000	0	116-	116	
01/18/24 B	200,000	1.000	0	200,000-	200,000	
01/18/24 S	200,000	1.000	0	200,000	200,000	0
01/24/24 B	14,273	1.000	0	14,273-	14,273	
01/31/24 B	32,103	1.000	0	32,103-	32,103	
02/01/24 B	132	1.000	0	132-	132	
02/13/24 B	2,000,000	1.000	0	2,000,000-*	2,000,000	
02/14/24 B	500,000	1.000	0	500,000-	500,000	
02/15/24 S	2,500,000	1.000	0	2,500,000 *	2,500,000	0
02/16/24 S	72,733	1.000	0	72,733	72,733	0
02/22/24 B	22,733	1.000	0	22,733-	22,733	
03/01/24 B	820	1.000	0	820-	820	

DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ABV ADJUSTMENT	ABV REAL GAIN/LOSS
03/13/24 B	200,000	1.000	0	200,000-	200,000	
03/13/24 S	200,000	1.000	0	200,000	200,000	0
04/01/24 B	104	1.000	0	104-	104	
04/15/24 B	8,052	1.000	0	8,052-	8,052	
04/16/24 B	200,000	1.000	0	200,000-	200,000	
04/16/24 S	200,000	1.000	0	200,000	200,000	0
04/30/24 B	70,627	1.000	0	70,627-	70,627	
05/01/24 B	129	1.000	0	129-	129	
05/16/24 B	100,000	1.000	0	100,000-	100,000	
05/16/24 S	200,000	1.000	0	200,000	200,000	0
06/03/24 B	223	1.000	0	223-	223	
06/17/24 B	200,000	1.000	0	200,000-	200,000	
06/17/24 S	200,000	1.000	0	200,000	200,000	0
07/01/24 B	11	1.000	0	11-	11	
07/16/24 B	200,000	1.000	0	200,000-	200,000	
07/16/24 S	187,667	1.000	0	187,667	187,667	0
07/31/24 B	75,129	1.000	0	75,129-	75,129	
08/01/24 B	51	1.000	0	51-	51	
08/16/24 B	200,000	1.000	0	200,000-	200,000	
08/16/24 S	200,000	1.000	0	200,000	200,000	0
09/01/24 B	396	1.000	0	396-	396	
09/16/24 B	200,000	1.000	0	200,000-	200,000	
09/16/24 S	200,000	1.000	0	200,000	200,000	0
10/01/24 B	373	1.000	0	373-	373	
10/16/24 B	200,000	1.000	0	200,000-	200,000	
10/16/24 S	200,000	1.000	0	200,000	200,000	0
10/17/24 B	23,762	1.000	0	23,762-	23,762	
10/31/24 B	11,474	1.000	0	11,474-	11,474	
11/01/24 B	414	1.000	0	414-	414	
11/08/24 B	61,437	1.000	0	61,437-	61,437	
11/15/24 B	25,000	1.000	0	25,000-	25,000	
11/15/24 S	200,000	1.000	0	200,000	200,000	0
11/18/24 B	0	1.000	0	0-	0	
12/02/24 B	303	1.000	0	303-	303	
12/16/24 B	196,960	1.000	0	196,960-	196,960	
12/27/24 B	4,272,378	1.000	0	4,272,378-*	4,272,378	
12/27/24 S	4,000,000	1.000	0	4,000,000 *	4,000,000	0
12/30/24 S	475,000	1.000	0	475,000	475,000	0
SUB-TOTAL			0	18,052,400	18,052,400	0

ISSUE: 922038609 - VANGUARD STRATEGIC SMALL CAP EQUITY

01/17/24 S	2,800	35.720	0	100,000	104,759	-4,759
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DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	ABV ADJUSTMENT	ABV REAL GAIN/LOSS
02/12/24 S	13,116	38.120	0	500,000	490,818	9,182
03/12/24 S	1,677	38.750	0	65,000	62,769	2,231
04/15/24 S	1,735	37.470	0	65,000	64,913	87
05/15/24 S	1,244	40.190	0	50,000	46,554	3,446
07/15/24 S	1,637	40.930	0	67,000	61,254	5,746
08/15/24 S	2,461	40.630	0	100,000	92,099	7,901
09/13/24 S	1,616	41.460	0	67,000	60,471	6,529
10/15/24 S	1,550	43.230	0	67,000	57,995	9,005
11/14/24 S	553	45.190	0	25,000	20,701	4,299
12/19/24 R	369	39.440	0	14,535-	14,535	
12/26/24 S	4,176	40.320	0	168,377	157,011	11,366
SUB-TOTAL			0	1,288,912	1,233,879	55,030

ISSUE: 922908645 - VANGUARD MID CAP INDEX-ADM

01/17/24 S	357	279.890	0	100,000	103,437	-3,437
02/12/24 S	1,715	291.510	0	500,000	496,570	3,430
03/12/24 S	214	303.700	0	65,000	61,963	3,037
03/22/24 R	7	306.310	0	2,278-	2,278	
04/15/24 S	238	293.760	0	70,000	69,003	997
05/15/24 S	162	308.410	0	50,000	46,947	3,053
06/28/24 R	6	299.860	0	1,722-	1,722	
07/15/24 S	217	308.370	0	67,000	62,925	4,075
08/15/24 S	323	309.980	0	100,000	93,430	6,570
09/13/24 S	207	318.450	0	66,000	60,024	5,976
09/27/24 R	3	324.940	0	893-	893	
10/15/24 S	199	331.670	0	66,000	57,656	8,344
12/13/24 S	146	342.300	0	50,000	42,323	7,677
12/24/24 R	2	330.340	0	570-	570	
12/26/24 S	426	333.230	0	141,839	123,398	18,441
SUB-TOTAL			0	1,281,302	1,223,139	58,164

ISSUE: 957663503 - WESTERN ASSET CORE PLUS BOND

01/02/24 R	1,730	9.580	0	16,570-	16,570	
02/01/24 R	1,671	9.480	0	15,842-	15,842	
03/01/24 R	1,687	9.290	0	15,671-	15,671	
04/01/24 R	1,766	9.360	0	16,527-	16,527	
05/01/24 R	1,803	9.010	0	16,242-	16,242	
06/03/24 R	1,959	9.160	0	17,948-	17,948	
07/01/24 R	1,635	9.190	0	15,029-	15,029	
08/01/24 R	1,797	9.370	0	16,835-	16,835	

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	ABV ADJUSTMENT -----	ABV REAL GAIN/LOSS -----
09/03/24 R	1,910	9.460	0	18,067-	18,067	
10/01/24 R	1,689	9.560	0	16,142-	16,142	
11/01/24 R	1,930	9.220	0	17,794-	17,794	
12/02/24 R	1,948	9.310	0	18,140-	18,140	
12/26/24 B	192,944	9.070	0	1,750,000-*	1,750,000	
12/27/24 B	33,149	9.050	0	300,000-	300,000	
			-----	-----	-----	-----
	SUB-TOTAL		0	2,250,807	2,250,807	0
	GRAND TOTAL		0	27,486,812	27,373,616	113,195

DATE BOUGHT/SOLD -----	SHARES/ PAR VALUE -----	UNIT PRICE -----	EXPENSE INCURRED -----	PRINCIPAL CASH -----	ABV ADJUSTMENT -----	ABV REAL GAIN/LOSS -----
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CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

*** NO TRANSACTIONS QUALIFIED FOR THIS SECTION ***

F O O T N O T E S

* = SINGLE TRANSACTION IS 5% REPORTABLE
B = BUY TRANSACTION
S = SELL TRANSACTION
R = REINVESTMENT TRANSACTION

D I S C L A I M E R S

**SCHEDULE MB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2024

**This Form is Open to Public
Inspection**

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

▶ **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 Chicagoland Race Meet Operators and Local 134 I.B.E.W. Joint Pension Trust	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 Chicagoland Race Meet Operators & Local Union 134 IBEW	D Employer Identification Number (EIN) 36-3825845
---	---

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

1a Enter the valuation date: Month 1 Day 1 Year 2024

b Assets

(1) Current value of assets	1b(1)	26,021,316
(2) Actuarial value of assets for funding standard account	1b(2)	27,408,297

c (1) Accrued liability for plan using immediate gain methods	1c(1)	19,963,817
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(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)	19,963,817
---	--------------	------------

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)	25,075,651
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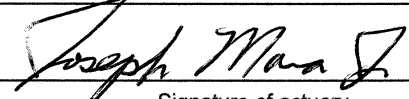
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	29,945
--	-----------------	--------

(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	2,177,140
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(3) Expected plan disbursements for the plan year	1d(3)	2,447,610
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Statement by Enrolled Actuary

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

SIGN HERE		<u>7/16/2025</u>
----------------------	---	------------------

Signature of actuary

Date

JOSEPH MARA JR.

23-06992

Type or print name of actuary

Most recent enrollment number

CHEIRON, INC.

(312) 629-8401

Firm name

Telephone number (including area code)

230 W. MONROE STREET

SUITE 650

CHICAGO

IL 60606

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

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- ▶ **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 Chicagoland Race Meet Operators and Local 134 I.B.E.W. Joint Pension Trust	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Trustees of Chicagoland Race Meet Operators & Local Union 134 IBEW	D Employer Identification Number (EIN) 36-3825845	

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

1a Enter the valuation date: Month 1 Day 1 Year 2024

b Assets

(1) Current value of assets.....	1b(1)	26,021,316
(2) Actuarial value of assets for funding standard account	1b(2)	27,408,297
c (1) Accrued liability for plan using immediate gain methods	1c(1)	19,963,817
(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)	19,963,817
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)	25,075,651
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	29,945
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	2,177,140
(3) Expected plan disbursements for the plan year.....	1d(3)	2,447,610

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 JOSEPH MARA JR. Type or print name of actuary CHEIRON, INC. Firm name 230 W. MONROE STREET SUITE 650 CHICAGO IL 60606 Address of the firm	Date 23-06992 Most recent enrollment number (312) 629-8401 Telephone number (including area code)
------------------	--	---

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	26,021,316
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	394	21,075,876
(2) For terminated vested participants	91	2,267,146
(3) For active participants:		
(a) Non-vested benefits		0
(b) Vested benefits		1,732,629
(c) Total active	25	1,732,629
(4) Total	510	25,075,651
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
01/15/2024	4,590	0	10/15/2024	11,630	0
02/15/2024	6,772	0	12/15/2024	22,132	0
04/15/2024	17,785	0			
05/15/2024	11,209	0			
07/15/2024	16,163	0			
Totals ▶			3(b)	90,281	3(c)
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	137.3 %
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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here <input type="checkbox"/> • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	

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

- | | | | |
|--|--|--|---|
| a <input type="checkbox"/> Attained age normal | b <input type="checkbox"/> Entry age normal | c <input checked="" type="checkbox"/> Accrued benefit (unit credit) | d <input type="checkbox"/> Aggregate |
| e <input type="checkbox"/> Frozen initial liability | f <input type="checkbox"/> Individual level premium | g <input type="checkbox"/> Individual aggregate | h <input type="checkbox"/> Shortfall |
| i <input type="checkbox"/> Other (specify): | | | |

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	7P
(2) Females	6c(2)	7FP
d Valuation liability interest rate	6d	6.00 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input type="checkbox"/> Single rate <input checked="" type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	7.2 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	10.5 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	233,109
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1,851,991	179,893
1	-220,819	-21,449

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(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	253,145

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)	15,370,074	1,764,536
(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		121,061
e Total charges. Add lines 9a through 9d.....	9e		2,138,742
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		8,358,042
g Employer contributions. Total from column (b) of line 3.....	9g		90,281
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	7,012,032	1,316,514
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		582,915
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	2,706,909	
(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		10,347,752
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		8,209,010
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			

Yes No