

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

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>MIDWEST PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES - MIDWEST PENSION PLAN</u></p> <p><u>245 FENCL LANE</u> <u>245 FENCL LANE</u> <u>HILLSIDE, IL 60162-2001</u> <u>HILLSIDE, IL 60162-2001</u></p>	<p>1c Effective date of plan <u>07/01/1967</u></p> <p>2b Employer Identification Number (EIN) <u>36-6512748</u></p> <p>2c Plan Sponsor's telephone number <u>312-738-0822</u></p> <p>2d Business code (see instructions) <u>326100</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.	09/10/2025	ANTHONY LORI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/10/2025	NORM SOEP
	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	11349
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)	1725
	6a(2)	2093
	6b	3554
	6c	5373
	6d	11020
	6e	524
	6f	11544
	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	44

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

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE 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>MIDWEST PENSION PLAN</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BOARD OF TRUSTEES - MIDWEST PENSION PLAN</u>	D Employer Identification Number (EIN) <u>36-6512748</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>123507368</u>
(2) Actuarial value of assets for funding standard account	1b(2) <u>136272376</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1) <u>125139803</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>125139803</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>190435256</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) <u>1257519</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) <u>10246016</u>
(3) Expected plan disbursements for the plan year	1d(3) <u>11669160</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	
Signature of actuary	Date
<u>TIMOTHY J. HERMAN</u>	<u>08/06/2025</u>
Type or print name of actuary	Most recent enrollment number
<u>MILLIMAN</u>	<u>23-05628</u>
Firm name	Telephone number (including area code)
<u>17335 GOLF PARKWAY, SUITE 100</u> <u>BROOKFIELD, WI 53045</u>	<u>262-796-3318</u>
Address of the firm	

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	2.82 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input checked="" 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	5.3 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	2.9 %
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)	1423144
(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	100562	10319

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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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	1976975

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)	27938639	5359726
(2) Funding waivers	9c(2)		
(3) Certain bases for which the amortization period has been extended.....	9c(3)		
d Interest as applicable on lines 9a, 9b, and 9c.....	9d		513569
e Total charges. Add lines 9a through 9d.....	9e		7850270
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		32371296
g Employer contributions. Total from column (b) of line 3.....	9g		2363442
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	6699915	1417162
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		2446513
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	38499356	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	34348011	
(3) FFL credit	9j(3)		
k (1) Waived funding deficiency	9k(1)		
(2) Other credits	9k(2)		
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l		38598413
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		30748143
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)		
(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)		
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)		
(3) Total as of valuation date.....	9o(3)		
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10		
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 MIDWEST PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES - MIDWEST PENSION PLAN	D Employer Identification Number (EIN) 36-6512748	

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

HAMILTON LANE ADVISORS, LLC

23-2962336

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

ARISTOTLE PACIFIC CAPITAL, LLC

32-0710746

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

NEWTOWER TRUST COMPANY

30-0872552

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

GCM GROSVENOR LP

20-3979494

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

GLOBAL TRUST COMPANY

26-3761443

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

GLOUSTON CAPITAL PARTNERS, LLC

98-1445316

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

SEI GLOBAL TRUST SERVICES, INC.

85-1428697

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

WELLINGTON MANAGEMENT COMPANY LLP 280 CONGRESS STREET
BOSTON, MA 02210

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

CORBIN CAPITAL PARTNERS, L.P.

30-0299433

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

BROWN ADVISORY, LLC

26-4560299

(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)

CHEVY CHASE TRUST

52-2037618

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 28 51	NONE	146610	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AUTOMATIC DATA PROCESSING

13-3036745

(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	140209	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CENTRAL STATES JOINT BOARD

36-2224162

(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	AFFILIATED LABOR ORG	119969	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)

LOOMIS SAYLES & COMPANY, LP

04-3200030

(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	NONE	101437	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BRIDGEWAY BENEFIT TECHNOLOGIES

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	95899	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)

INGRID ESCOBAR

36-6512748

(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?
30	EMPLOYEE	86325	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)

NYDIA ORTIZ

36-6512748

(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?
30	EMPLOYEE	78393	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)

MILLIMAN, INC.

91-0675641

(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	78055	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)

INTERCONTINENTAL REAL ESTATE CORP

04-2895544

(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?
51 28	NONE	71698	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)

BOYD WATTERSON ASSET MANAGEMENT LLC

34-1922005

(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	NONE	70082	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)

WEAVER AND TIDWELL, LLP

75-0786316

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

HARDMAN JOHNSTON GLBAL ADVISORS LL

13-3257590

(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	NONE	69309	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)

GABRIELA RAMIREZ

36-6512748

(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?
30	EMPLOYEE	65559	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)

DEARBORN PARTNERS, LLC

36-4145621

(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	NONE	64606	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)

JOHNSON & KROL, LLC

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	58717	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)

INVESTMENT PERFORMANCE SERVICES LLC

58-2432390

(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	56215	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)

ARISTOTLE CREDIT PARTNERS

840 NEWPORT CENTER DR 600
NEWPORT BEACH, CA 92660

(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	NONE	52482	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)

LSV ASSET MANAGEMENT

23-2772200

(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	NONE	38533	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)

AMALGAMATED BANK OF CHICAGO

36-0721895

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 62 72	NONE	35186	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)

YIBEL MONARREZ

36-6512748

(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?
30	EMPLOYEE	27403	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)

EVERACTIVE SOLUTIONS, INC

27-0988892

(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?
16	NONE	27317	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)

NATIONAL INVESTMENT SERVICES

84-3937993

(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	NONE	7630	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)

NORTHERN TRUST CORPORATION

36-2723087

(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 52 62	NONE	1874	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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
AUTOMATIC DATA PROCESSING 13-3036745	49	DID NOT RESPOND TO PLAN'S REQUESTS FOR CONFIRMATION OF INDIRECT COMPENSATION.

(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:	WEAVER AND TIDWELL, LLP	b EIN:	75-0786316
c Position:	AUDITOR		
d Address:	ONE PENNSYLVANIA PLAZA SUITE 5335 NEW YORK, NY 10119-0219	e Telephone:	713-850-8787

Explanation: TERMINATED THROUGH COMPETITIVE BID PROCESS.

a Name:	KEVIN M. CAMPE	b EIN:	91-0675641
c Position:	ACTUARY		
d Address:	71 SOUTH WACKER DRIVE, SUITE 3100 CHICAGO, IL 60606	e Telephone:	312-726-0677

Explanation: NO LONGER WITH THE FIRM.

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.	OMB No. 1210-0110 <hr/> 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>MIDWEST PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES - MIDWEST PENSION PLAN</u>	D Employer Identification Number (EIN) <u>36-6512748</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>ASB ALLEGIANCE REAL ESTATE FUND</u>		
b Name of sponsor of entity listed in (a): <u>CHEVY CHASE TRUST COMPANY</u>		
c EIN-PN <u>52-6257033-006</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>14147372</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>NEWTOWER 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>3234619</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NIS INTERMEDIATE FIXED INCOME FUND</u>		
b Name of sponsor of entity listed in (a): <u>NATIONAL INVESTMENT SERVICES OF AMERICA, LLC</u>		
c EIN-PN <u>20-0065449-004</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>2984044</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>OPPORTUNISTIC INV ALLOCATION</u>		
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY</u>		
c EIN-PN <u>04-2767481-076</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>587031</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VICTORY TRIVALENT INTL SMALL-CAP</u>		
b Name of sponsor of entity listed in (a): <u>GLOBAL TRUST COMPANY</u>		
c EIN-PN <u>80-6249702-006</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>6086622</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>HARDMAN JOHNSTON INTL EQUITY CAP</u>		
b Name of sponsor of entity listed in (a): <u>HARDMAN JOHNSON GLOBAL ADVISORS</u>		
c EIN-PN <u>26-6493485-001</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>9467620</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NORTHERN TRUST RUSSELL 1000 GROWTH</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>45-6138589-007</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>13592075</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: LSV INTERNATIONAL VALUE EQUITY		
b Name of sponsor of entity listed in (a): LSV ASSET MANAGEMENT		
c EIN-PN 20-0726879-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4808500
a Name of MTIA, CCT, PSA, or 103-12 IE: APC HIGH YIELD BOND FUND, LP		
b Name of sponsor of entity listed in (a): APC HY BOND GP, LLC		
c EIN-PN 99-1332165-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11769350
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.	OMB No. 1210-0110 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 MIDWEST PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES - MIDWEST PENSION PLAN	D Employer Identification Number (EIN) 36-6512748

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	139315	1047692
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3336434	20678
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	965986	1600050
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1646588	2173031
(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)	11458192	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	26967067	21524194
(5) Partnership/joint venture interests	1c(5)	18924854	17899038
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	36562500	40631763
(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)	14749398	26045470
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	12398173	12196370

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	9422	3352
f Total assets (add all amounts in lines 1a through 1e).....	1f	127157929	123141638
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	145020	147316
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	181829	662787
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	326849	810103
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	126831080	122331535

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)	1529688	
(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)		1529688
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	97339	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)	478636	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		575975
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	350599	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		350599
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	21198975	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	17248990	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		3949985
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	46649	
(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)		25448
(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)		1442698
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		-1618670
d Total income. Add all income amounts in column (b) and enter total	2d		6302372

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8219332	
(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)		8219332
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)	296331	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	801	
(4) IQPA audit fees	2i(4)	70000	
(5) Investment advisory and investment management fees	2i(5)	1037062	
(6) Bank or trust company trustee/custodial fees	2i(6)	35186	
(7) Actuarial fees	2i(7)	78055	
(8) Legal fees	2i(8)	58717	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1006433	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2582585
j Total expenses. Add all expense amounts in column (b) and enter total	2j		10801917

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-4499545
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		750000
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 563904.

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 MIDWEST PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES - MIDWEST PENSION PLAN	D Employer Identification Number (EIN) 36-6512748	

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): 13-3036745

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	19
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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 **CHICAGO STEEL HOLDINGS**

b EIN **20-0836074** **c** Dollar amount contributed by employer **139698**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **10** Day **31** Year **2027**

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) **234.00**

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

a Name of contributing employer **HANDI-FOIL CORPORATION**

b EIN **36-3309158** **c** Dollar amount contributed by employer **120800**

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 **05** Day **31** Year **2028**

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

(1) Contribution rate (in dollars and cents) **40.00**

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

a Name of contributing employer **WERTHEIMER BOX**

b EIN **36-2096689** **c** Dollar amount contributed by employer **119775**

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 **05** Day **14** Year **2028**

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

(1) Contribution rate (in dollars and cents) **115.00**

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

a Name of contributing employer **FRESH EXPRESS CHIQUITA BR**

b EIN **94-2591533** **c** Dollar amount contributed by employer **119288**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **10** Day **27** 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) **31.00**

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

a Name of contributing employer **LA-CO INDUSTRIES, INC.**

b EIN **36-2278494** **c** Dollar amount contributed by employer **110685**

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 **11** Day **30** Year **2026**

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

(1) Contribution rate (in dollars and cents) **107.00**

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

a Name of contributing employer **BRETFORD FRANKLIN PARK**

b EIN **36-2113703** **c** Dollar amount contributed by employer **80620**

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 **02** Day **28** 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) **100.00**

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

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 GLOBAL MATERIAL TECHNOLOG

b EIN 04-2624726 **c** Dollar amount contributed by employer 76952

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 10 Day 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) 82.00

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

a Name of contributing employer TRELLEBORG SEALING SOLUTI

b EIN 95-1173005 **c** Dollar amount contributed by employer 67695

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 01 Day 31 Year 2028

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

(1) Contribution rate (in dollars and cents) 139.00

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

a Name of contributing employer MICHAEL LEWIS CO

b EIN 36-0905140 **c** Dollar amount contributed by employer 67288

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 14 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) 69.00

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

a Name of contributing employer AMERICAN METALCRAFT

b EIN 36-2095687 **c** Dollar amount contributed by employer 63240

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 03 Day 02 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) 85.00

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

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	
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	
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	15

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	1.04
b The corresponding number for the second preceding plan year.....	15b	0.98

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	
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: 47.0 % Private Equity: 8.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 4.0 %
 High-Yield Debt: 9.0 % Real Assets: 24.0 % Cash or Cash Equivalents: 1.0 % Other: 7.0 %

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 _____.

Midwest Pension Plan

Financial Statements

December 31, 2024

Midwest Pension Plan

Financial Statements with Supplementary Information

December 31, 2024 and 2023

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Report of Independent Auditors

To the Participants and Trustees of
Midwest Pension Plan

Opinion

We have audited the financial statements of Midwest Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets available for benefits as of December 31, 2024, and the related statement of changes in net assets available for benefits for the year 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 Midwest Pension Plan as of December 31, 2024, and the changes in its net assets available for benefits for the year 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 audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Other Matters

The financial statements of Midwest Pension Plan as of and for the year ended December 31, 2023 were audited by other auditors whose report dated June 28, 2024 expressed an unmodified opinion on those statements.

As part of our audit of the 2024 financial statements, we also audited the adjustments described in Note 13 that were applied to restate the Plan's net assets available for benefits as of January 1, 2024 and 2023. In our opinion, such adjustments are appropriate and have been properly applied. We were not engaged to audit, review or apply any procedures to the 2023 financial statements of the Plan other than with respect to the adjustments, and accordingly, we do not express an opinion or any other form of assurance on the 2023 financial statements as a whole.

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.

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.

Auditors' Responsibilities for the Audit of the Financial Statements (continued)

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

Legacy Professionals LLP

Westchester, Illinois

August 12, 2025

Midwest Pension Plan

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments - at fair value		
Corporate bonds and notes	\$ -	\$ 11,458,192
Common stocks	21,524,194	26,967,067
Common and collective trusts	40,631,763	36,562,500
Hedge funds	12,196,370	12,398,173
Limited partnerships	17,899,038	18,924,854
Pooled funds	26,045,470	14,749,398
Short-term investment funds	2,173,031	1,646,588
Total investments	<u>120,469,866</u>	<u>122,706,772</u>
Receivables		
Accrued interest and dividends	22,970	202,586
Employer contributions	20,678	13,481
Withdrawal liability assessments	814,385	3,322,953
Total receivables	<u>858,033</u>	<u>3,539,020</u>
Property and equipment - net	<u>3,352</u>	<u>9,422</u>
Cash	<u>1,047,692</u>	<u>139,315</u>
Prepaid expenses	<u>60,949</u>	<u>60,837</u>
Prepaid pension benefits	<u>701,746</u>	<u>702,563</u>
Total assets	<u>123,141,638</u>	<u>127,157,929</u>
Liabilities and Net Assets		
Liabilities		
Due to broker - net	563,248	100,046
Due to related organization	99,539	81,783
Accounts payable and accrued expenses	147,316	145,020
Total liabilities	<u>810,103</u>	<u>326,849</u>
Net assets available for benefits	<u>\$ 122,331,535</u>	<u>\$ 126,831,080</u>

See accompanying notes to financial statements.

Midwest Pension Plan

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	\$ 5,464,780	\$ 3,440,102
Interest and dividends	926,574	1,122,302
	<u>6,391,354</u>	<u>4,562,404</u>
Less investment expenses	(1,072,248)	(946,072)
Investment income - net	5,319,106	3,616,332
Employer contributions	1,529,688	1,313,161
Employer withdrawal liability assessments - net of write-offs	(1,674,814)	11,732
Other	56,144	5,105
Total additions	<u>5,230,124</u>	<u>4,946,330</u>
Deductions		
Pension benefits	8,219,332	8,232,823
Administrative expenses	1,510,337	1,497,509
Total deductions	<u>9,729,669</u>	<u>9,730,332</u>
Net (decrease)	(4,499,545)	(4,784,002)
Net assets available for benefits		
Beginning of year - as restated	<u>126,831,080</u>	<u>131,615,082</u>
End of year	<u>\$ 122,331,535</u>	<u>\$ 126,831,080</u>

See accompanying notes to financial statements.

Midwest Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

Note 1. Summary of Significant Accounting Policies

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

Contributions Receivable - Employer contributions due and not paid prior to year end are recorded as contributions receivable. Employer contributions due as determined by payroll compliance audits are recorded upon settlement with the employer. An allowance for uncertain collections is considered unnecessary and is not provided.

Withdrawal Liability Assessments - The Plan complies with the provisions of the Multiemployer Pension Plan Amendments Act of 1980 that require imposition of withdrawal liability on a contributing employer that partially or totally withdraws from the Plan. As set forth in the Employee Retirement Income Security Act of 1974 (ERISA), as amended, a portion of the Plan's actuarially determined unfunded vested liability is allocated to a withdrawing employer in proportion to the employer's contributions in the years before withdrawal compared with total employers' contributions during the same period. The Plan recognizes withdrawal liability assessment income when entitlement has been determined, net of amounts deemed uncollectible. No allowance for doubtful accounts was considered necessary at either December 31, 2024 or 2023. Previously recognized withdrawal liability assessment income may at times be written off as uncollectible.

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

Purchases and sales of 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.

Property and Equipment - Property and equipment are carried at cost. Major additions are capitalized while replacements, maintenance and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation and amortization are computed by the straight-line method over estimated useful lives of five to ten years.

Note 1. Summary of Significant Accounting Policies (continued)

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

Revenue Recognition - Revenue derived from employer contributions is recognized in the period in which covered work is performed, based on the number of participants covered and the contribution rates set forth in the collective bargaining agreements. Employers are required to remit contributions monthly. The Plan carries out its purpose described in Note 2 within a jurisdiction located primarily throughout the Chicagoland area.

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

Leases - Arrangements for shared office space with a related party are described in Note 9. The lease provides for a 30-day notice period of termination by either the lessor or lessee. The Plan has therefore determined that due to a mutual termination option, enforceable rights and obligations do not exist under the leasing arrangement beyond the 30-day notice period. Consequently, the Plan has elected the short-term lease recognition exemption, wherein neither an operating lease right-of-use asset nor a lease liability was recorded under the current arrangement.

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

Reclassifications - Certain prior year amounts have 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 August 12, 2025, which is the date the financial statements were available to be issued.

Note 2. Description of the Plan

The Plan was established July 1, 1967, as a result of collective bargaining agreements between various employers and Central States Joint Board, AFL-CIO (the Union) and its affiliated local unions. The purpose of the Plan is to provide retirement and disability benefits for eligible participants. The Plan is primarily funded by employer contributions as specified in the collective bargaining agreements. Participant contributions are not permitted under the Plan. The Plan is a multiemployer defined benefit pension plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Participation in the Plan commences at the time an employer is required to make contributions on a participant's behalf.

The Plan provides for a basic benefit. The amount of the basic benefit depends on the participant's years of credited service and the benefit accrual rate.

Under current provisions of the Plan, vesting of benefits is attained for participants who have five years of vesting credit, which is generally defined as 1,000 hours worked in a Plan year. Participants are eligible for a regular pension if they have accumulated five vesting credits and have reached normal retirement age, which is age 65.

The Plan also provides early retirement pensions to eligible participants based upon age and vesting service. Certain pre-retirement and post-retirement death benefits are provided for surviving spouses of deceased participants, subject to Plan provisions.

To earn a complete year of credited service, participants need to be credited with 1,710 hours of service in the Plan year. A partial year of credited service will be granted for Plan years between 1,000 and 1,710 hours of service. Credited service is limited to a maximum of 35 years.

Pension benefits generally are paid in equal installments for the participant's lifetime and, if applicable, to the participant's beneficiary in equal installments as determined by the elected form of benefit payment.

Participants with an accrued benefit of \$5,000 or less are entitled to a one-time lump sum benefit payment.

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 survivors' 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. Tax Status

The Plan's latest determination letter is dated September 17, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from federal income taxes under the provisions of Section 501(a). The Plan has been amended since receiving the 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. They therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date. The Plan is subject to tax, however, on the flow-through of partnership income through its investments structured as limited partnerships. Taxes paid on such income are not considered to be material to the financial statements.

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

Note 5. Funding Policy

The participating employers contribute such amounts as specified in their collective bargaining agreements. Rates ranged from \$30 to \$234 per month for 2024 and from \$30 to \$216 per month for 2023.

The Plan's actuary has advised that minimum funding requirements of ERISA were being met as of January 1, 2024.

Note 6. Actuarial Information

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

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 82,563,178
Other vested benefits	<u>53,303,104</u>
Total vested benefits	135,866,282
Nonvested benefits	<u>856,430</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 136,722,712</u>

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

Actuarial present value of accumulated plan benefits at beginning of year		\$ 137,473,675
Increase (decrease) during the year attributable to:		
Reduction in discount period	9,288,329	
Benefits accumulation and actuarial experience	(308,201)	
Benefits paid	(8,232,823)	
Administrative Expenses	<u>(1,498,268)</u>	
Net change		<u>(750,963)</u>
Actuarial present value of accumulated plan benefits at end of year		<u>\$ 136,722,712</u>

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:
 - Healthy - RP-2014 Blue Collar mortality tables adjusted to reflect Mortality Improvement Scale MP-2015 from the 2006 base year, and projected forward using MP-2015 on a generational basis, with employee rates before commencement and healthy annuitant rates after benefit commencement
 - Disabled - RP-2014 Disabled Annuitant table adjusted to reflect Mortality Improvement Scale MP-2015 from the 2006 base year, and projected forward using MP-2015

Note 6. Actuarial Information (continued)

- Retirement:

<u>Age</u>	<u>Rate</u>
55-59	1%
60-64	5%
65-69	20%
70 plus	100%

- Investment rate of return - 7.00% per annum

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, 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 only 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, as amended.

Note 7. 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 of identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The following describes the three levels of the fair value hierarchy:

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 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.

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.

Note 7. Fair Value Measurements (continued)

	Total	Fair Value Measurements at 12/31/24 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Common stocks	\$ 21,524,194	\$ 21,524,194	\$ -	\$ -
Short-term investment funds	2,173,031	-	2,173,031	-
	23,697,225	<u>\$ 21,524,194</u>	<u>\$ 2,173,031</u>	<u>\$ -</u>
Investments measured at net asset value:				
Common and collective trusts	40,631,763			
Hedge funds	12,196,370			
Limited partnerships	17,899,038			
Pooled funds	26,045,470			
Total	<u>\$ 120,469,866</u>			

	Total	Fair Value Measurements at 12/31/23 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Common stocks	\$ 26,967,067	\$ 26,967,067	\$ -	\$ -
Corporate bonds and notes	11,458,192	-	11,458,192	-
Short-term investment funds	1,646,588	-	1,646,588	-
	40,071,847	<u>\$ 26,967,067</u>	<u>\$ 13,104,780</u>	<u>\$ -</u>
Investments measured at net asset value:				
Common and collective trusts	36,562,500			
Hedge funds	12,398,173			
Limited partnerships	18,924,854			
Pooled funds	14,749,398			
Total	<u>\$ 122,706,772</u>			

Note 7. Fair Value Measurements (continued)

Level 1 Measurements

Common stocks are traded in active markets on national and international securities exchanges and are valued at closing prices as of the last business day of each period presented.

Level 2 Measurements

Corporate bonds and notes are generally valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. To the extent that quoted prices are not available, fair value is determined based on a valuation model that includes inputs such as interest rate yield curves and credit spreads. Securities traded in markets that are not considered active are valued based on quoted market prices, broker, or dealer quotations, or alternative pricing sources with reasonable levels of prices transparency. Securities that trade infrequently and therefore have little or no price transparency are valued using the investment manager's best estimates.

Short-term investment funds are valued at cost, which approximates fair value.

Measurements Using Net Asset Value as a Practical Expedient

Certain investments are valued at the net asset value per share (or its equivalent), 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 trusts and pooled funds 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. The redemption frequency of these investments are generally daily, monthly, or quarterly with notice periods up to 45 days.

The following table summarizes information regarding investments at fair value based on net asset value per share or its equivalent, excluding those that are DFEs, at December 31, 2024 and 2023:

Description	Fair Value		Underlying Assets/Strategy	Redemption	
	2024	2023		Frequency	Notice Period
Limited partnership	\$ 5,323,286	\$ 5,978,077	Direct real estate - value add	Quarterly	60 days
Limited partnership	\$ 6,046,234	\$ 6,568,543	Direct real estate - core plus	Quarterly	90 days
Limited partnership	\$ 2,250,989	\$ 2,477,958	Private equity	Redemptions not allowed	
Limited partnership	\$ 4,278,529	\$ 3,900,276	Opportunistic high yield fixed income	Quarterly	65
Hedge funds	\$ 9,286,921	\$ 9,257,006	High yield fixed income	Redemptions not allowed	
Hedge fund	\$ 2,909,449	\$ 3,141,167	Private equity	Redemptions not allowed	

Note 8. Capital Commitments

The Plan participates in certain investments with outstanding purchase commitments totaling approximately \$4,700,000 as of December 31, 2024.

Note 9. Related Organizations

The Plan is related through certain common governance with a joint board, an international union, a welfare plan and another pension plan, all of which are tax-exempt.

Shared Administrative Expenses

The Plan shares facilities, equipment and staff with Central States Joint Board, AFL-CIO (the Joint Board). Certain salaries, payroll taxes, benefits, occupancy and other expenses are initially paid by the Joint Board. On a monthly basis, the Plan reimburses the Joint Board for a portion of the expenses incurred on its behalf. Total expenses allocated to the Plan for the years ended December 31, 2024 and 2023 amounted to \$119,969 and \$98,943, respectively. Amounts owed to the Joint Board totaled \$99,539 and \$81,783 as of December 31, 2024 and 2023, respectively.

Lease - Office Space

The Plan leases office space from the Joint Board under an agreement that expires on November 30, 2027. The lease requires a monthly base rent of \$3,197 in addition to a proportionate share of payments made for real estate taxes.

The Plan has determined that due to a mutual termination option, enforceable rights and obligations do not exist under this leasing arrangement beyond the 30-day notice period. Consequently, the Plan has elected the short-term lease recognition exemption, wherein neither an operating lease right-of-use asset nor a lease liability was recorded under the current arrangement. However, the Plan is including informative disclosure about the operating lease, including relevant terms, monthly lease payments and a maturity analysis of lease liabilities, showing the undiscounted cash flows on an annual basis for the remaining years of the lease term.

The following is a summary by year of annual cash flows for the office lease at December 31, 2024:

Year ending December 31,	
2025	\$ 38,369
2026	38,369
2027	<u>35,172</u>
Total	<u>\$ 111,910</u>

Rent expense for the years ended December 31, 2024 and 2023 was \$44,009 and \$44,126, respectively.

Note 10. Property and Equipment

Property and equipment at December 31, 2024 and 2023 consisted of the following:

	<u>2024</u>	<u>2023</u>
Office equipment	\$ 15,596	\$ 15,596
Software	<u>578,221</u>	<u>578,221</u>
	593,817	593,817
Less accumulated depreciation and amortization	<u>(590,465)</u>	<u>(584,395)</u>
Net property and equipment	<u>\$ 3,352</u>	<u>\$ 9,422</u>

Depreciation and amortization expense was \$6,070 for each of the years ended December 31, 2024 and 2023.

Note 11. Participation in Multiemployer Plans

Multiemployer Defined Benefit Pension Plan

The Plan's full-time office employees are covered by a multiemployer defined benefit pension plan. The risk of participating in multiemployer defined benefit pension plans is different from single employer plans. Assets contributed to a multiemployer defined benefit pension plan by one employer may be used to provide benefits to employees of other participating employers. If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.

The Plan's shared participation in the multiemployer pension plan for the years ended December 31, 2024 and 2023 is outlined in the following table. Plans that are considered to be significant are required to be identified. The "EIN/PN" column provides the employer identification number (EIN) and the three-digit plan number (PN). The most recent Pension Protection Act (PPA) zone status provides an indication of the financial health of the plan. Among other factors, plans in the red zone are below 65 percent funded, plans in the yellow zone are between 65 percent and 80 percent funded, and plans in the green zone are at least 80 percent funded. The last column specifies the year end date of the plan to which the annual (Form 5500 relates)

Pension Plan	EIN/PN	Pension Protection Act		Contributions		Most Recently Available Annual Report (Form 5500)
		Zone Status				
		<u>2024</u>	<u>2023</u>	<u>2024</u>	<u>2023</u>	
Midwest Pension Plan	36-6512748/001	Green as of 1/1/2025	Green as of 1/1/2024	<u>\$ 6,996</u>	<u>\$ 10,494</u>	12/31/2023

Note 11. Participation in Multiemployer Plans (continued)

Multiemployer Defined Benefit Pension Plan (continued)

Contributions to the plan are made monthly under the terms of a participation agreement, which does not have an expiration date. The Plan's contributions do not represent more than 5% of total contributions to this plan as indicated in the plan's most recently available annual report.

Other Pension Plan

In addition, the Plan participates in the Central States Joint Board and Allied Organizations Staff Pension Plan (the Staff Plan, EIN/PN 36-3077317/333), a multiple-employer defined benefit pension plan covering substantially all of its employees. The plan is accounted for as a multiemployer plan because assets contributed by an employer are not segregated in a separate account or restricted to provide benefits only to employees of that employer. Contributions to the Staff Plan amounted to \$84,000 for each of the years ended December 31, 2024 and 2023.

The Staff Plan was at least 80% funded as of January 1, 2024 and 2023. A funding improvement or rehabilitation plan has not been implemented, nor has a surcharge been paid. The Plan's contributions to the Staff Plan represented approximately 8% of total contributions to the Staff Plan. The Plan expects a total minimum contribution of \$84,000 to the Staff Plan in 2025.

Note 12. 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 ready market for the underlying securities existed.

Certain limited partnership investments owned by the Plan invest in private investment funds which utilize a variety of trading strategies. These financial instruments contain various degrees of off-balance sheet risk, including both market risk and credit risk. Market risk is the risk of potential adverse changes to the value of the financial instruments and their derivatives because of changes in market conditions such as, but not limited to, interest and currency rate movements and volatility in commodity or security prices. Credit risk is the risk of the potential inability of counterparts to perform under the terms of contracts, which may be in excess of the amounts recorded in the respective investment fund's balance sheet.

Note 12. Risks and Uncertainties (continued)

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 13. Prior Period Restatements

Net assets available for benefits as of January 1, 2023 were restated to correct certain misstatements, as follows:

	As Previously <u>Reported</u>	<u>Adjustments</u>	<u>As Restated</u>
Operating lease right-of-use asset	\$ 209,137	\$ (209,137)	\$ -
Operating lease liability	\$ 209,137	\$ (209,137)	\$ -
Net assets available for benefits	\$ 131,615,082	\$ -	\$ 131,615,082

Net assets available for benefits as of January 1, 2024 were restated to correct certain misstatements, as follows:

	As Previously <u>Reported</u>	<u>Adjustments</u>	<u>As Restated</u>
Operating lease right-of-use asset	\$ 167,335	\$ (167,335)	\$ -
Operating lease liability	\$ 168,094	\$ (168,094)	\$ -
Net assets available for benefits	\$ 126,830,321	\$ 759	\$ 126,831,080

Note 14. Withdrawal Liability Assessments

Under federal law, employers who partially or completely withdraw from a multiemployer plan are assessed a withdrawal liability for their proportionate share of the Plan's unfunded vested liabilities as of the beginning of the year in which they withdrew. Withdrawal liability is usually paid in quarterly installments as determined by a statutory formula over a maximum of 20 years. As of December 31, 2024 and 2023, the Plan had various settlement agreements with employers who withdrew from the Plan and are subject to withdrawal liability assessments. Quarterly assessments are being paid through October 2041. The Trustees at times approve settlements and payment plan arrangements for assessments amounts owed to the Plan.

Because the remaining amounts will be received over an extended period of time, the withdrawal liability assessments receivable are shown net of present value discounts, which were estimated using an interest rate assumption of 7.50%. The following is a summary by year of the withdrawal liability assessments estimated to be received by the Plan:

Year ending December 31,	
2025	\$ 57,168
2026	66,336
2027	66,336
2028	66,336
2029	66,336
Thereafter	<u>491,873</u>
Total	<u>\$ 814,385</u>

REPORT OF INDEPENDENT AUDITORS ON SUPPLEMENTAL SCHEDULES

To the Participants and Trustees of
Midwest Pension Plan

We have audited the financial statements of Midwest Pension Plan (the Plan) as of and for the year ended December 31, 2024, and our report thereon dated August 12, 2025, which expressed an unmodified opinion on those financial statements, appears on pages 1 through 3. Our audit was 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 2024 information in the accompanying schedules is fairly stated, in all material respects, in relation to the 2024 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.

The financial statements of Midwest Pension Plan as of and for the year ended December 31, 2023, were audited by other auditors whose report dated June 28, 2024, expressed an unmodified opinion on those statements. Their report on the 2023 ERISA-required supplemental schedules stated that the information was fairly states, in all material respects, in relation to the 2023 financial statements as a whole.

Legacy Professionals LLP

Westchester, Illinois

August 12, 2025

Midwest Pension Plan
EIN 36-6512748, PN 001
2024 Schedule MB, Line 6 – Summary of Plan Provisions

This summary of plan provisions is intended to only describe the essential features of the Plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

Definitions

Accrued benefit: Sum of the accrued benefit earned prior to January 1, 2010 plus the accrued benefit earned after June 1, 2012. If a participant has more than 35 years of credited service, the 35 years resulting in the highest benefit shall be counted.

The accrued benefit earned after June 1, 2012 is determined for each period of credited service based on 0.05 times the first \$40 of the monthly employer contribution rate plus 0.20 times the amount of the monthly employer contribution rate in excess of \$40.

Effective January 1, 2010, the plan temporarily froze benefit accruals after December 31, 2009 through May 31, 2012.

The accrued benefit earned prior to January 1, 2010 is based on the applicable benefit formula rate multiplied by the applicable monthly employer contribution rate multiplied by years of credited service. Total years of credited service are limited to 35.

The applicable benefit formula rate and monthly employer contribution rate depend on the computation date in the following table:

Computation Date	Benefit Formula Rate	Monthly Employer Contribution Rate
1/1/1999 – 12/31/2009	0.2900	Monthly rate paid by the employer for at least six consecutive months immediately before the computation date
7/1/1985 – 12/31/1998	0.2772	
7/1/1983 – 6/30/1985	0.2772	Monthly rate paid by the employer immediately before the computation date
7/1/1967 – 6/30/1983	0.2310	

Credited service: Earned as shown in the following table.

Hours of service in plan year	Years of credited service
1,710 or more	1.0
1,530 – 1,709	0.9
1,350 – 1,529	0.8
1,170 – 1,349	0.7
1,000 – 1,169	0.6
Less than 1,000	0.0

No credited service can be earned after December 31, 2009 through May 31, 2012 due to the temporary benefit freeze.

Monthly contribution rate: Monthly contribution rate varies from \$30 to \$198 per month as of the valuation date, with a weighted average of \$65 per month.

Midwest Pension Plan
EIN 36-6512748, PN 001
2024 Schedule MB, Line 6 – Summary of Plan Provisions

Plan Effective Date: July 1, 1967. The plan document was amended and restated effective January 1, 2014. The first amendment was adopted in 2015. The second amendment was adopted in 2017.

Plan Year: The 12-month period beginning January 1 and ending December 31.

Vesting Service: Each plan year in which a participant completes 1,000 or more hours of service. A participant continues to receive vesting service during the temporary plan freeze effective January 1, 2010 through May 31, 2012.

Eligibility for Participation

Any employee becomes a participant when the first contribution to the plan is required to be made on the employee's behalf.

Normal Retirement

Normal Retirement Date: The first day of the month coincident with or next following the attainment of age 65 with 5 years of plan participation.

Normal Retirement Benefit: The accrued benefit as of normal retirement date.

Early Retirement

Early Retirement Date: The first day of the month coincident with or next following the attainment of age 55 and completion of 5 years of vesting service.

Early Retirement Benefit: The accrued benefit as of early retirement date reduced for each year of age less than 65 by either 4% a year for participants with 10 or more years of vesting service or 6% a year for participants with less than 10 years of vesting service.

Vested Retirement

Vested Retirement Date: The date of termination of service other than for reasons of retirement, disability, or death.

Vested Retirement Benefit: The accrued benefit, multiplied by the vested percentage in the following table, payable at the Normal Retirement Date, or payable as of the first day of any month coincident with or next following attainment of age 55 reduced in the same manner as an early retirement benefit.

Years of Vesting Service	Vested Percentage
Less than 5	0%
5 or more	100%

Preretirement Death

Preretirement Death Benefit Eligibility: Surviving spouses of participants with a vested accrued benefit who die before commencement of payments. In the absence of an eligible spouse, dependent children or dependent natural parents are eligible.

Preretirement Death Benefit: The benefit payable to the surviving spouses is 50% of the benefit which would have been payable had the deceased participant instead terminated service on the date of death, survived to his earliest possible benefit commencement date, elected a joint and 50% survivor annuity, and died on that same

Midwest Pension Plan
EIN 36-6512748, PN 001
2024 Schedule MB, Line 6 – Summary of Plan Provisions

date. The benefit is payable immediately unless the participant died prior to the earliest retirement age. If so, the benefit payable to the eligible spouse is deferred until the participant would have reached the earliest retirement age.

In the event participants die while vested and do not have an eligible spouse, their dependent children or dependent natural parents will receive 60 monthly payments. The monthly amount of the benefit is the amount the participant would have received as a single life pension had he or she retired on the day before death, or if later, his or her 55th birthday.

Disability Retirement

Disability Retirement Eligibility: Upon total and permanent disability preventing the participant from engaging in any gainful occupation or any related or similar occupation. To qualify, a participant must earn at least 15 years of vesting service.

Disability Retirement Benefit: The accrued benefit, determined as of the date the disability is determined to be total and permanent.

Forms of Payment

Normal Form: The accrued benefit defined above assumes payment in the form of a monthly life annuity with 5 years guaranteed.

Optional Forms: Actuarially adjusted 50% and 75% joint and survivor annuity for married participants

Changes in Principal Plan Provisions Since Prior Valuation

None.

Midwest Pension Plan
Schedule of Investments Held
12/31/2024

EIN: 36-6512748

	Cost at 12/31/2024	Market Value at 12/31/2024
Interest Bearing Cash		
Goldman Sachs Financial Sq Government #465	807,658	807,658
Goldman Sachs Financial Sq Government #468	1,365,373	1,344,866
Invested cash	14,745	14,745
NT Collective Short Term Inv Fd	5,762	5,762
	<u>2,173,031</u>	<u>2,173,031</u>
Other		
GCM Grosvenor Opportunistic Credit Fund V	3,200,000	4,181,943
GCM Grosvenore Secondary Opp Feeder Fund II	3,635,271	5,104,978
Glouston Private Equity Opportunity Fund VI	2,560,000	2,909,449
	<u>9,395,271</u>	<u>12,196,370</u>
Common Collective Trusts		
Chevy Chase Trust - ASB Allegiance Real Estate Fund	4,496,454	14,147,372
National Investment Services - Intermediate Fixed Income	2,787,643	2,984,044
Newtower Trust Company - Multi-Employer Property Trust Class E	1,356,761	3,234,619
Victory Trivalent International Small Cap - Collective Fund	6,429,986	6,086,622
Northern Trust Collective Russell 1000 Growth Index	10,998,125	13,592,075
Wellington Multiple Collective Investment Funds Trust	575,753	587,031
	<u>26,644,722</u>	<u>40,631,763</u>
103-12 Enitites		
LSV International Value Equity Trust	2,051,732	4,808,500
Aristotle High Yield	11,818,685	11,769,350
Hardman Johnston International Equity - Group Trust	9,743,622	9,467,620
	<u>23,614,039</u>	<u>26,045,470</u>
Corporate stocks		
<i>Amalgamated Bank of Chicago</i>		
Common	See attached	<u>21,524,194</u>
Limited Partnerships		
Hamilton Lane Secondary Feeder Fund V-A LP	1,212,300	2,250,989
Intercontinental U.S. Real Estate - Investment Fund LLC	6,357,691	6,046,234
Boyd Watterson State - Government Fund, LP	5,188,015	5,323,286
Corbin Erisa Opportunity Fund	3,200,000	4,278,529
	<u>15,958,006</u>	<u>17,899,038</u>
		<u>120,469,866</u>

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Statement Period

01/01/24 through 12/31/24

MIDWEST PENSION PLAN-COMBINED

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
COMMON STOCK						
1,474	AAR CORP COMMON STOCK 000361105	106,178.41	61.28	90,326.72	442	0.49
4,890	API GROUP COMMON STOCK 00187Y100	102,167.99	35.97	175,893.30	0	0.00
610	ADOBE SYSTEMS INC COMMON STOCK 00724F101	56,449.05	444.68	271,254.80	15	0.01
1,447	AECOM TECHNOLOGY COMMON STOCK 00766T100	60,122.70	106.82	154,568.54	1,331	0.86
1,331	AGREE REALTY CORP COMMON STOCK 008492100	90,138.23	70.45	93,768.95	4,041	4.31
2,494	AIR LEASE CORPORATION COMMON STOCK 00912X302	120,690.22	48.21	120,235.74	2,195	1.83
8,031	ALIGHT INC COMMON STOCK 01626W101	77,832.46	6.92	55,574.52	1,285	2.31
3,130	AMERICAN INTL GROUP COMMON STOCK 026874784	238,888.99	72.80	227,864.00	5,008	2.20
1,709	AMERICAN WATER WORKS CO. COMMON STOCK 030420103	200,808.48	124.49	212,753.41	5,230	2.46
740	AMERIPRISE FINANCIAL INC COMMON STOCK 03076C106	81,211.15	532.43	393,998.20	4,381	1.11
870	AMGEN INC COMMON STOCK 031162100	141,438.39	260.64	226,756.80	8,282	3.65
875	ANSYS INC COMMON STOCK 03662Q105	99,976.36	337.33	295,163.75	0	0.00
1,865	ANTERO RESOURCES CORP COMMON STOCK 03674X106	58,970.60	35.05	65,368.25	0	0.00

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Statement Period

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MIDWEST PENSION PLAN-COMBINED

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
1,848	ARCOSA INC COMMON STOCK 039653100	52,801.86	96.74	178,775.52	370	0.21
2,050	ATMOS ENERGY CORP COMMON STOCK 049560105	219,405.19	139.27	285,503.50	7,134	2.50
5,271	AVANTOR INC COMMON STOCK 05352A100	109,861.69	21.07	111,059.97	0	0.00
3,486	BATH & BODY WORKS COMMON STOCK 070830104	151,777.93	38.77	135,152.22	2,789	2.06
1,886	BEACON ROOFING SUPPLY INC COMMON STOCK 073685109	165,159.87	101.58	191,579.88	0	0.00
1,956	BERKLEY (WR) CORP COM 084423102	80,516.54	58.52	114,465.12	626	0.55
1,444	BLACKSTONE GROUP INC COMMON STOCK 09260D107	178,821.36	172.42	248,974.48	2,178	0.87
808	BOOT BARN HOLDINGS, INC. COMMON STOCK 099406100	105,557.24	151.82	122,670.56	0	0.00
7,730	CABOT OIL & GAS 127097103	137,525.53	25.54	197,424.20	6,493	3.29
1,730	CAPITAL ONE FINANCIAL CO COMMON STOCK 14040H105	158,685.15	178.32	308,493.60	4,152	1.35
722	CHART INDUSTRIES INC COMMON STOCK 16115Q308	59,586.01	190.84	137,786.48	0	0.00
328	CHEMED CORPORATION COMMON STOCK 16359R103	175,115.19	529.80	173,774.40	656	0.38
1,314	CHURCHILL DOWNS INC COMMON STOCK 171484108	70,641.36	133.54	175,471.56	537	0.31
707	CLEAN HARBORS INC COMMON STOCK 184496107	116,091.54	230.14	162,708.98	0	0.00
3,544	COCA COLA CO COMMON STOCK 191216100	154,520.76	62.26	220,649.44	6,875	3.12

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Statement Period

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MIDWEST PENSION PLAN-COMBINED

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
1,181	COLLIERS INTL COMMON STOCK 194693107	128,726.95	135.97	160,580.57	354	0.22
2,100	COMMERCE BANCSHARES INC COMMON STOCK 200525103	92,104.84	62.31	130,851.00	2,161	1.65
1,698	CONCENTRIX CORP COMMON STOCK 20602D101	113,265.15	43.27	73,472.46	2,106	2.87
760	CONSTELLATION BRANDS INC COMMON STOCK 21036P108	171,022.12	221.00	167,960.00	3,070	1.83
1,950	CORE & MAIN INC COMMON STOCK 21874C102	74,825.45	50.91	99,274.50	0	0.00
5,980	CORTEVA INC COMMON STOCK 22052L104	198,579.59	56.96	340,620.80	4,066	1.19
1,733	CRANE NXT CO COMMON STOCK 224441105	77,260.53	58.22	100,895.26	1,109	1.10
1,400	CULLEN/FROST BANKERS INC COMMON STOCK 229899109	110,778.10	134.25	187,950.00	5,320	2.83
8,116	DANA INCORPORATED COMMON STOCK 235825205	99,630.72	11.56	93,820.96	3,246	3.46
1,000	DANAHER CORP COMMON STOCK 235851102	91,140.25	229.55	229,550.00	1,080	0.47
730	EAGLE MATERIALS INC COMMON STOCK 26969P108	75,627.97	246.76	180,134.80	730	0.41
1,065	ECOLAB INC COMMON STOCK 278865100	226,183.68	234.32	249,550.80	2,769	1.11
2,693	EQUITY LIFESTYLE PROPERTIES COMMON STOCK 29472R108	148,866.10	66.60	179,353.80	5,144	2.87
711	EXPEDIA INC COMMON STOCK 30212P303	105,748.24	186.33	132,480.63	967	0.73
562	FEDERAL AGRIC MTG CORP-CL C COMMON STOCK 313148306	93,413.09	196.95	110,685.90	3,147	2.84

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Statement Period

01/01/24 through 12/31/24

MIDWEST PENSION PLAN-COMBINED

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
2,451	FIRST AMERICAN FINANCIAL CORP COMMON STOCK 31847R102	133,502.07	62.44	153,040.44	5,294	3.46
2,916	FIVE9 INC COMMON STOCK 338307101	124,648.46	40.64	118,506.24	0	0.00
1,551	FLUOR CORP COMMON STOCK 343412102	86,275.89	49.32	76,495.32	1,303	1.70
2,912	GFL ENVIRONMENTAL INC COMMON STOCK 36168Q104	102,671.46	44.54	129,700.48	163	0.13
780	GENERAL DYNAMICS CORP COMMON STOCK 369550108	65,448.05	263.49	205,522.20	4,430	2.16
1,531	HEALTH EQUITY INC COMMON STOCK 42226A107	123,546.23	95.95	146,899.45	0	0.00
685	HERC HOLDINGS, INC COMMON STOCK 42704L104	55,369.30	189.33	129,691.05	1,822	1.40
4,912	HOME BANCSHARES INC COMMON STOCK 436893200	105,836.37	28.30	139,009.60	3,831	2.76
1,048	HONEYWELL INTERNATIONAL INC COMMON STOCK 438516106	236,057.30	225.89	236,732.72	4,737	2.00
667	JB HUNT TRANSPORT SVCS INC COMMON STOCK 445658107	59,788.00	170.66	113,830.22	1,147	1.01
1,500	ITT INC COMMON STOCK 45073V108	134,427.89	142.88	214,320.00	1,914	0.89
989	INGERSOLL RAND INC COMMON STOCK 45687V106	29,075.58	90.46	89,464.94	79	0.09
2,016	INTAPP INC COMMON STOCK 45827U109	74,103.12	64.09	129,205.44	0	0.00
1,646	KBR INC COMMON STOCK 48242W106	103,378.19	57.93	95,352.78	988	1.04
476	KADANT INC COMMON STOCK 48282T104	22,276.29	344.99	164,215.24	609	0.37

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Statement Period

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MIDWEST PENSION PLAN-COMBINED

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
2,008	KORN/FERRY INTERNATIONAL COMMON STOCK 500643200	98,532.39	67.45	135,439.60	2,972	2.19
1,520	LANTHEUS HOLDINGS INC COMMON STOCK 516544103	121,588.51	89.46	135,979.20	0	0.00
2,048	LENNAR CORP COMMON STOCK 526057104	45,955.61	136.37	279,285.76	4,096	1.47
107	LENNAR CORP CLASS B,COMMON STOCK 526057302	1,531.55	132.15	14,140.05	214	1.51
325	LITHIA MOTORS INC-CL A COMMON STOCK 536797103	101,656.74	357.43	116,164.75	689	0.59
459	LITTLEFUSE INC COMMON STOCK 537008104	93,165.43	235.65	108,163.35	1,285	1.19
1,959	LIVE OAK BANCSHARES IN COMMON STOCK 53803X105	76,585.38	39.55	77,478.45	235	0.30
910	LOWE'S COS INC COMMON STOCK 548661107	209,088.32	246.80	224,588.00	4,186	1.86
567	MARTIN MARIETTA MATERIALS COMMON STOCK 573284106	79,127.76	516.50	292,855.50	1,792	0.61
2,135	MERCK & CO INC COMMON STOCK 58933Y105	189,983.23	99.48	212,389.80	6,917	3.26
11,550	MICHELIN (CGDE) UNSPONSORED ADR 59410T106	191,951.78	16.464	190,159.20	6,514	3.43
958	MICROSOFT CORP COMMON STOCK 594918104	44,522.68	421.50	403,797.00	3,181	0.79
3,343	MICROCHIP TECHNOLOGY INC COMMON STOCK 595017104	93,298.16	57.35	191,721.05	6,084	3.17
17,900	MITSUBISHI UFJ FINL GROUP INC COMMON STOCK -ADR 606822104	86,981.47	11.72	209,788.00	4,224	2.01

TRADE DATE - INCOME ACCRUALS Page 15

Statement Period

01/01/24 through 12/31/24

MIDWEST PENSION PLAN-COMBINED

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
825	MOOG INC - CL A COMMON STOCK 615394202	92,176.07	196.84	162,393.00	924	0.57
668	NEXSTAR MEDIA GROUP INC COMMON STOCK 65336K103	78,354.38	157.97	105,523.96	4,516	4.28
2,123	NORTHERN OIL AND GAS INC COMMON STOCK 665531307	69,032.76	37.16	78,890.68	3,567	4.52
5,100	OPTION CARE HEALTH INC COMMON STOCK 68404L201	156,780.83	23.20	118,320.00	0	0.00
1,415	OSHKOSH CORPORATION COMMON STOCK 688239201	157,686.69	95.07	134,524.05	2,604	1.94
1,240	PNC FINANCIAL SERVICES COMMON STOCK 693475105	160,554.59	192.85	239,134.00	7,936	3.32
555	PACKAGING CORP OF AMERICA COMMON STOCK 695156109	65,716.99	225.13	124,947.15	2,775	2.22
2,535	PAGERDUTY INC COMMON STOCK 69553P100	53,852.72	18.26	46,289.10	0	0.00
730	PARKER HANNIFAN CORP COMMON STOCK 701094104	130,044.17	636.03	464,301.90	4,760	1.03
3,476	PINTEREST INC COMMON STOCK 72352L106	105,033.60	29.00	100,804.00	0	0.00
1,668	POST HOLDINGS INC COMMON STOCK 737446104	133,312.66	114.46	190,919.28	0	0.00
1,377	PROCTER & GAMBLE CO COMMON STOCK 742718109	190,094.33	167.65	230,854.05	5,544	2.40
1,608	PROSPERITY BANCSHARES INC COMMON STOCK 743606105	105,961.32	75.35	121,162.80	3,731	3.08
1,123	PULTEGROUP INC COMMON STOCK 745867101	49,850.97	108.90	122,294.70	988	0.81

Statement Period

01/01/24 through 12/31/24

**MIDWEST PENSION PLAN-
COMBINED**

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
1,830	QUALCOMM INC 747525103	141,661.95	153.62	281,124.60	6,222	2.21
2,060	RPM INTL INC 749685103	134,492.72	123.06	253,503.60	4,202	1.66
713	REINSURANCE GROUP OF AMERICA INC COMMON STOCK 759351604	60,639.30	213.63	152,318.19	2,538	1.67
425	RELIANCE INC COMMON STOCK 759509102	30,439.86	269.26	114,435.50	1,870	1.63
2,327	SS&C TECHNOLOGIES HLDGS INC COMMON STOCK 78467J100	171,389.16	75.78	176,340.06	2,327	1.32
2,197	SKECHERS USA INC-CL A COMMON STOCK 830566105	75,004.30	67.24	147,726.28	0	0.00
13,175	SONY CORP SPONSORED ADR COMMON STOCK 835699307	137,987.08	21.16	278,783.00	1,080	0.39
1,636	SYNNEX CORP COMMON STOCK 87162W100	123,099.94	117.28	191,870.08	2,618	1.36
4,348	TTM TECHNOLOGIES COMMON STOCK 87305R109	78,551.06	24.75	107,613.00	0	0.00
902	TALEN ENERGY CORP COMMON STOCK 87422Q109	58,403.45	201.47	181,725.94	0	0.00
470	TELEDYNE TECHNOLOGIES INC COMMON STOCK 879360105	192,097.04	464.13	218,141.10	0	0.00
5,113	TELEPHONE & DATA COMMON STOCK 879433829	91,134.78	34.11	174,404.43	818	0.47
1,635	TEMPUR SEALY INTERNATIONAL INC COMMON STOCK 88023U101	80,784.70	56.69	92,688.15	850	0.92
881	TENET HEALTHCARE CORP COMMON STOCK 88033G407	52,979.25	126.23	111,208.63	0	0.00

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MIDWEST PENSION PLAN-COMBINED

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
1,397	WTS TIDEWATER INC COMMON STOCK 88642R109	66,459.87	54.71	76,429.87	0	0.00
3,620	TOTAL ENERGIES 89151E109	233,161.74	54.50	197,290.00	10,093	5.12
1,492	TRANSUNION COMMON STOCK 89400J107	101,454.24	92.71	138,323.32	627	0.45
2,648	TRAVEL LEISURE CO COMMON STOCK 894164102	105,426.87	50.45	133,591.60	5,296	3.96
335	UFP TECHNOLOGIES INC COMMON STOCK 902673102	53,718.09	244.51	81,910.85	0	0.00
2,074	UGI CORP NEW COMMON STOCK 902681105	56,451.76	28.23	58,549.02	3,111	5.31
1,149	PRINCE GEORGE COMMON STOCK 90278Q108	67,897.58	112.65	129,434.85	1,517	1.17
5,381	U.S. BANCORP (NEW) COMMON STOCK 902973304	196,288.87	47.83	257,373.23	10,762	4.18
2,380	US CELLULAR CORP COMMON STOCK 911684108	69,239.04	62.72	149,273.60	0	0.00
429	UNITED THERAPEUTICS CORP COMMON STOCK 91307C102	101,811.91	352.84	151,368.36	0	0.00
5,597	VERIZON COMMUNICATIONS COMMON STOCK SERIES B 92343V104	246,239.60	39.99	223,824.03	15,168	6.78
1,563	VISTRA COMMON STOCK 92840M102	35,530.80	137.87	215,490.81	1,385	0.64
4,160	VONTIER CORP COMMON STOCK 928881101	128,405.44	36.47	151,715.20	416	0.27
2,030	WESTERN ALLIANCE BANCORP COMMON STOCK 957638109	134,537.51	83.54	169,586.20	3,086	1.82
2,560	WESTERN DIGITAL CORP COMMON STOCK 958102105	165,598.10	59.63	152,652.80	5,120	3.35

TRADE DATE - INCOME ACCRUALS Page 18

Statement Period

01/01/24 through 12/31/24

MIDWEST PENSION PLAN-COMBINED

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
814	WEX INC COMMON STOCK 96208T104	53,407.62	175.32	142,710.48	0	0.00
3,220	XCEL ENERGY INC COMMON STOCK 98389B100	217,905.92	67.52	217,414.40	7,052	3.24
1,823	XYLEM INC COMMON STOCK 98419M100	153,835.31	116.02	211,504.46	2,625	1.24
6,482	FIDELIS INS HLDGS LTD COMMON STOCK G3398L118	103,712.00	18.13	117,518.66	2,593	2.21
648	ICON PLC COMMON STOCK G4705A100	54,482.05	209.71	135,892.08	0	0.00
2,153	WEATHERFORD INTERNATIONAL PL COMMON STOCK G48833118	198,741.24	71.63	154,219.39	2,153	1.40
1,577	JAZZ PHARMACEUTICALS PLC COMMON STOCK G50871105	200,591.87	123.15	194,207.55	0	0.00
1,960	MEDTRONIC PLC COMMON STOCK G5960L103	154,124.81	79.88	156,564.80	5,488	3.51
8,362	NOMAD FOODS LTD COMMON STOCK G6564A105	157,337.04	16.78	140,314.36	5,017	3.58
11,452	ROIVANT SCIENCES LTD COMMON STOCK G76279101	122,963.34	11.83	135,477.16	0	0.00
2,883	SENSATA TECHNOLOGIES HLDG PLC COMMON STOCK G8060N102	114,784.85	27.40	78,994.20	1,384	1.75
4,010	TECHNIPFMC LTD COMMON STOCK G87110105	123,512.21	28.94	116,049.40	802	0.69
2,548	ALCON INC COMMON STOCK H01301128	145,187.87	84.89	216,299.72	673	0.31
606	CHECK POINT SOFTWARE TECH COMMON STOCK M22465104	95,820.42	186.70	113,140.20	0	0.00

TRADE DATE - INCOME ACCRUALS Page 19

Statement Period

01/01/24 through 12/31/24

**MIDWEST PENSION PLAN-
COMBINED**

Investment Review - Detail Of General Investments

SHARES/FACE	ASSET	CARRYING VALUE	CURRENT PRICE	MARKET VALUE	EST ANN INC	YIELD TO MKT
1,828	INTERNATIONAL SEAWAYS, INC. COMMON STOCK Y41053102	30,265.96	35.94	65,698.32	877	1.34
	TOTAL COMMON STOCK	14,734,496.84		21,524,194.35	313,110	1.45

Midwest Pension Plan
EIN 36-6512748, PN 001
2024 Schedule MB, Line 8b(2) – Schedule of Active Participant Data

The number of active participants, summarized by attained age and years of credited service as of January 1, 2024, is shown below.

Age	Years of Credited Service										Total	
	0	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40+		
0–24	29	75	-	-	-	-	-	-	-	-	-	104
25–29	22	39	14	1	-	-	-	-	-	-	-	76
30–34	22	52	32	8	-	-	-	-	-	-	-	114
35–39	7	50	14	19	1	-	-	-	-	-	-	91
40–44	16	49	39	29	11	5	-	-	-	-	-	149
45–49	11	46	43	49	26	17	7	-	-	-	-	199
50–54	12	71	34	62	54	22	16	1	1	-	-	273
55–59	16	56	46	55	54	31	15	6	5	-	-	284
60–64	12	43	39	57	40	26	13	8	7	-	-	245
65–69	4	23	27	22	28	10	10	8	15	-	-	147
70+	1	5	9	11	7	3	4	-	3	-	-	43
Total	152	509	297	313	221	114	65	23	31	-	-	1,725

Midwest Pension Plan
EIN 36-6512748, PN 001

2024 Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases

The amortization charges and credits for the Funding Standard Account for the plan year beginning are determined below.

1. Charges as of January 1, 2024

	Date <u>Established</u>	<u>Description</u>	Amortization <u>Amount</u>	Years <u>Remaining</u>	Outstanding <u>Balance</u>
a.	January 1, 1995	Plan amendment	\$64,487	1	\$64,487
b.	January 1, 1996	Plan amendment	110,404	2	213,584
c.	January 1, 1997	Plan amendment	247,022	3	693,643
d.	January 1, 1998	Plan amendment	144,000	4	521,903
e.	January 1, 1998	Change in assumptions	381,842	4	1,383,919
f.	January 1, 1999	Plan amendment	568,206	5	2,492,841
g.	January 1, 2000	Plan amendment	134,485	6	685,902
h.	January 1, 2001	Plan amendment	182,118	7	1,050,191
i.	January 1, 2006	Plan amendment	89,573	12	761,255
j.	January 1, 2007	Plan amendment	25,553	13	228,511
k.	January 1, 2010	Actuarial loss	487,275	1	487,275
l.	January 1, 2012	Actuarial loss	207,027	3	581,336
m.	January 1, 2013	Actuarial loss	208,348	4	755,118
n.	January 1, 2013	Plan amendment	34,214	4	124,002
o.	January 1, 2015	Actuarial loss	42,029	6	214,354
p.	January 1, 2016	Change in assumptions	188,498	7	1,086,984
q.	January 1, 2016	Actuarial loss	584,102	7	3,368,246
r.	January 1, 2017	Actuarial loss	290,652	8	1,857,059
s.	January 1, 2018	Actuarial loss	149,554	9	1,042,581
t.	January 1, 2019	Actuarial loss	310,898	10	2,336,475
u.	January 1, 2020	Actuarial loss	239,375	11	1,920,644
v.	January 1, 2021	Actuarial loss	8,901	12	75,650
w.	January 1, 2022	Change in assumptions	477,743	13	4,272,302
x.	January 1, 2023	Actuarial loss	173,101	14	1,619,815
y.	January 1, 2024	Actuarial loss	<u>10,319</u>	15	<u>100,562</u>
z.	Total		5,359,726		27,938,638

2. Credits as of January 1, 2024

	Date <u>Established</u>	<u>Description</u>	Amortization <u>Amount</u>	Years <u>Remaining</u>	Outstanding <u>Balance</u>
aa.	January 1, 2011	Actuarial gain	\$30,858	2	\$59,698

**Midwest Pension Plan
EIN 36-6512748, PN 001**

2024 Schedule MB, Lines 9c and 9h – Schedule of Funding Standard Account Bases

Date <u>Established</u>	<u>Description</u>	Amortization <u>Amount</u>	Years <u>Remaining</u>	Outstanding <u>Balance</u>
b. January 1, 2011	Change in assumptions	697,432	2	1,349,238
c. January 1, 2014	Actuarial gain	190,844	5	837,274
d. January 1, 2022	Actuarial gain	<u>498,028</u>	13	<u>4,453,705</u>
e. Total		1,417,162		6,699,915
3. Net outstanding balance [(1z) - (2e)]				21,238,724
4. Credit Balance as of January 1, 2024				32,371,296
5. Waived funding deficiency				0
6. Balance test result [(3) - (4) - (5)]				(11,132,573)
7. Unfunded Actuarial Accrued Liability as of January 1, 2024				(11,132,573)

**Midwest Pension Plan
EIN 36-6512748, PN 001**

2024 Schedule MB, Line 6 – Statement of Actuarial Assumptions / Methods

Summary of Actuarial Methods

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. A plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that a plan will be adequately and systematically funded. Annual contributions are also affected by a plan's "asset valuation method" (as well as plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

Actuarial Cost Method

The actuarial cost method used for determining the Plan's ERISA funding requirements, FASB ASC Topic 960 values and current liability (RPA '94) values is the Unit Credit method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The Plan's Normal Cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The Plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's benefits, plus (c) for FASB ASC Topic 960 plan accounting, the present value of the administrative expenses. The present value of the administrative expenses for FASB ASC Topic 960 plan accounting was calculated by projecting the payment of expected administrative expenses for the duration of the Plan's liabilities. The duration of the Plan's liabilities was calculated to be 10 years at January 1, 2024 and 10 years at January 1, 2023.

The Actuarial Value of Assets is the market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected market return, and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.

Amortization Method

The amortization method for determining the current annual cost is the method used to determine the amount, timing, and pattern of recognizing changes in the unfunded actuarial accrued liability. We apply the amortization schedule defined in Section 431 of the Internal Revenue Code.

Experience gains and losses: After the enactment of the Pension Protection Act of 2006 (PPA), changes in the unfunded actuarial accrued liability related to changes in plan amendments, actuarial assumptions, and experience gains and losses are amortized over 15 years. Prior to PPA, these changes were amortized over 30 years. Certain exceptions apply as noted below.

Method changes: Changes related to the actuarial cost method or asset valuation method are amortized over 10 years.

Changes in Actuarial Methods Since Prior Valuation

None.

**Midwest Pension Plan
EIN 36-6512748, PN 001**

2024 Schedule MB, Line 6 – Statement of Actuarial Assumptions / Methods

Summary of Actuarial Assumptions

ECONOMIC ASSUMPTIONS

Investment Return

ERISA minimum funding: 7.00% per year (net of investment-related administrative expenses)

FASB ASC Topic 960: Discount rate of 7.00% per year

Withdrawal liability: To the extent the present value of benefits is matched by the market value of plan assets, the interest assumption is the PBGC interest rates for December of 2023 of 5.06% for the first 20 years and 4.37% thereafter. To the extent the present value of vested benefits is not matched by the market value of plan assets, the interest assumption utilized is the same as used for minimum funding.

Current Liability (RPA '94): 2.82% per year

Administrative Expenses

Average of actual administrative expenses paid in prior two years, increased by 2% and assumed to be payable in the middle of the year. For FASB ASC Topic 960 plan accounting, the present value of the administrative expenses was calculated by projecting the payment of expected administrative expenses for the duration of the Plan's liabilities. The duration of the Plan's liabilities was calculated to be 10 years at January 1, 2024 and 10 years at January 1, 2023.

Mortality

ERISA minimum funding, FASB ASC Topic 960, and withdrawal liability: Healthy participant: RP-2014 blue collar mortality tables adjusted to reflect Mortality Improvement Scale MP-2015 from the 2006 base year, and projected forward using MP-2015 on a generational basis, with employee rates before commencement and healthy annuitant rates after benefit commencement. Disabled participant: RP-2014 disabled annuitant table adjusted to reflect Mortality Improvement Scale MP-2015 from the 2006 base year, and projected forward using MP-2015

Current Liability (RPA '94): IRS 2024 Non-annuitant/annuitant Mortality Table. This table is based on the Pri-2012 Mortality Table with projection for mortality improvement.

Retirement

Annual rates of retirement are shown in the following table for active participants who are eligible to retire.

Age	Rate
55-59	1%
60-64	5
65-69	20
70+	100

The weighted average retirement age for active participants is 66.

Terminated vested participants are assumed to retire at age 65.

Midwest Pension Plan
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2024 Schedule MB, Line 6 – Statement of Actuarial Assumptions / Methods

Termination

Annual rates of termination are based on age. Sample rates are shown in the following table.

Age	Rate
20	30%
25	30
30	20
35	20
40	10
45	10
50	10
55	10
60	10

Disability

Annual rates of disability are based on age. Sample rates are shown in the following table.

Age	Rate
20	0.037%
25	0.037
30	0.037
35	0.043
40	0.100
45	0.213
50	0.370
55	0.633
60	1.150

Decrement Timing

Decrements are assumed to occur at the middle of the year, except that 100% retirement (see above) is assumed to occur at the beginning of the year.

Form of Payment

Single life annuity with 60 months guaranteed.

Midwest Pension Plan
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2024 Schedule MB, Line 6 – Statement of Actuarial Assumptions / Methods

Hours of Service

1,710 hours per year

Marital Characteristics

For participants not in pay status: 80% of participants are assumed to be married to a spouse of the opposite sex. Males are assumed to be 3 years older than females.

For participants in pay status: Actual birth dates of beneficiaries are included in the census data, where relevant.

For beneficiaries: Actual birth dates are included in the census data, where relevant.

Missing Participants

Terminated vested participants age 80 or older as of the valuation date are excluded from the valuation. Pre-retirement death benefits for deceased former participants who would have been age 72 or older as of the valuation date are excluded from the valuation.

Changes In Actuarial Assumptions Since Prior Valuation

PBGC Interest rates for withdrawal liability: From 3.90% for the first 20 years and 3.65% thereafter to 5.06% for the first 20 years and 4.37% thereafter.

Interest rates for current liability: From 2.19% per year to 2.82% per year, as required by statute.

Mortality for current liability: From statutory tables for 2023 to statutory tables for 2024.

Rational for Significant Assumptions

Investment return for ERISA minimum funding: Selected based on the Plan's target asset allocation as of the valuation date, capital market assumptions from several sources, including published studies summarizing the expectations of various investment experts. This information was used to develop forward-looking long-term expected returns, producing a range of reasonable expectations according to industry experts. Based on the resulting range of potential assumptions, in our professional judgement the selected investment return assumption is reasonable and is not expected to have any significant bias.

Investment return for withdrawal liability: First, the PBGC rates are used to value those liabilities presently funded by plan assets. The PBGC rates are based on returns for fixed income securities. Second, the Fund's remaining liabilities are valued under the ERISA minimum funding investment return used to value the Fund on an ongoing basis which is currently 7.0%. The decision to use a blended investment return rate assumption for withdrawal liability rests on all relevant actuarial considerations, including the Fund's financial health and contribution levels.

Mortality rates: Based on recent pension mortality research conducted by the Society of Actuaries. This assumption includes a margin for future mortality improvement relative to recent experience.

Missing participants: Based on the missing participant policy adopted by the Board of Trustees.

Other demographic assumptions: Except where noted, demographic assumptions are based on Milliman's experience study dated October 20, 2016.

SCHEDULE C	OTHER SERVICE PROVIDER SERVICE CODES	STATEMENT 1
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NAME	SERVICE CODES
AMALGAMATED BANK OF CHICAGO	19
AMALGAMATED BANK OF CHICAGO	28
AMALGAMATED BANK OF CHICAGO	62
AMALGAMATED BANK OF CHICAGO	72
CHEVY CHASE TRUST	20
CHEVY CHASE TRUST	21
CHEVY CHASE TRUST	51
CHEVY CHASE TRUST	28
NORTHERN TRUST CORPORATION	51
NORTHERN TRUST CORPORATION	52
NORTHERN TRUST CORPORATION	28
NORTHERN TRUST CORPORATION	62

CODES TO SCHEDULE C, LINE 2(B)

SCHEDULE H	OTHER RECEIVABLES	STATEMENT 2
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DESCRIPTION	BEGINNING	ENDING
WITHDRAWAL LIABILITY	0.	814,385.
ACCRUED INTEREST AND DIVIDENDS	202,586.	22,970.
PREPAID EXPENSES	60,837.	60,949.
PREPAID PENSION BENEFITS	702,563.	701,746.
TOTAL TO SCHEDULE H, LINE 1B(3)	965,986.	1,600,050.

SCHEDULE H	OTHER GENERAL INVESTMENTS	STATEMENT 3
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DESCRIPTION	BEGINNING	ENDING
HEDGE FUNDS	12,398,173.	12,196,370.
TOTAL TO SCHEDULE H, LINE 1C(15)	12,398,173.	12,196,370.

SCHEDULE H	OTHER PLAN LIABILITIES	STATEMENT 4
DESCRIPTION	BEGINNING	ENDING
DUE TO RELATED ENTITIES	81,783.	99,539.
DUE TO BROKER	100,046.	563,248.
TOTAL TO SCHEDULE H, LINE 1J	181,829.	662,787.

SCHEDULE H	OTHER INCOME	STATEMENT 5
DESCRIPTION		AMOUNT
MISCELLANEOUS INCOME		56,144.
WITHDRAWAL LIABILITY ASSESSMENTS - NET OF WRITE OFFS		-1,674,814.
TOTAL TO SCHEDULE H, LINE 2C		-1,618,670.

SCHEDULE H	OTHER ADMINISTRATIVE EXPENSES	STATEMENT 6
DESCRIPTION		AMOUNT
PAYROLL TAXES		11,165.
REIMBURSEMENT OF JOINT EXPENSES		119,969.
PBGC FEES		422,207.
STATIONERY, PRINTING, AND OFFICE EXPENSES		187,701.
INSURANCE		91,311.
DEPRECIATION AND AMORTIZATION		6,070.
COMPUTER CONSULTING		101,886.
RENT		44,009.
DATA PROCESSING		10,573.
TELEPHONE		10,267.
DUES AND SUBSCRIPTIONS		1,275.
TOTAL TO SCHEDULE H, LINE 2I(11)		1,006,433.

Midwest Pension Plan
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2024 Schedule MB, Line 3 – Contributions Made to the Plan

The employer contributions shown in line 3 of the Schedule MB are assumed to be made evenly throughout the year. The interest credited in the Funding Standard Account is therefore assumed to be equivalent to a July 2 contribution date.

Midwest Pension Plan
EIN 36-6512748, PN 001
2024 Schedule MB, Line 3(d) – Withdrawal Liability Amount

The following table contains the withdrawal liability payments, broken down between periodic and lump sum amounts, that were made to the plan for the current plan year.

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
1/5/2024	34,074	0	34,074
3/6/2024	9,168	0	9,168
3/26/2024	7,416	0	7,416
4/5/2024	9,168	0	9,168
4/17/2024	9,168	0	9,168
7/15/2024	0	733,344	733,344
7/17/2024	7,416	0	7,416
10/2/2024	7,416	0	7,416
10/29/2024	9,168	0	9,168
12/27/2024	7,416	0	7,416
Total	100,410	733,344	833,754

**Midwest Pension Plan
EIN 36-6512748, PN 001**

2024 Schedule MB, Line 6(f)(1) – Description of Withdrawal Liability Interest Rate

To the extent the present value of benefits is matched by the market value of plan assets, the interest assumption is the PBGC interest rates for December of 2023 of 5.06% for the first 20 years and 4.37% thereafter. To the extent the present value of vested benefits is not matched by the market value of plan assets, the interest assumption utilized is the same as used for minimum funding.

Midwest Pension Plan
EIN 36-6512748, PN 001

2024 Schedule MB, Line 8b(1) – Schedule of Projection of Expected Benefit Payments

The following table provides the projected benefit payments in each of the next fifty years starting with the current plan year of this filing assuming (1) no additional accruals, (2) experience (e.g., termination, mortality, and retirement) is in line with valuation assumptions, and (3) no new entrants are covered by the plan. Expected expenses are not included.

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	85,209	1,593,327	8,572,089	10,250,625
2025	166,430	1,828,052	8,336,956	10,331,438
2026	263,813	2,117,328	8,084,822	10,465,963
2027	352,395	2,398,500	7,803,562	10,554,457
2028	416,590	2,652,232	7,510,375	10,579,197
2029	472,162	2,847,164	7,128,205	10,447,531
2030	523,878	3,030,522	6,848,857	10,403,257
2031	570,422	3,217,547	6,566,928	10,354,897
2032	610,261	3,381,133	6,280,133	10,271,527
2033	658,572	3,516,337	5,989,170	10,164,079
2034	700,144	3,651,402	5,694,848	10,046,394
2035	737,379	3,771,622	5,398,081	9,907,082
2036	767,382	3,893,106	5,099,863	9,760,351
2037	804,577	3,979,741	4,801,237	9,585,555
2038	839,071	4,033,639	4,503,332	9,376,042
2039	867,946	4,076,713	4,207,360	9,152,019
2040	884,832	4,102,778	3,914,578	8,902,188
2041	897,775	4,103,591	3,626,287	8,627,653
2042	911,476	4,077,507	3,343,760	8,332,743
2043	913,517	4,021,090	3,068,251	8,002,858
2044	907,435	3,927,196	2,801,005	7,635,636
2045	896,783	3,830,936	2,543,255	7,270,974
2046	879,910	3,717,295	2,296,182	6,893,387
2047	862,108	3,590,885	2,060,846	6,513,839
2048	847,542	3,448,415	1,838,162	6,134,119
2049	819,888	3,299,113	1,628,912	5,747,913
2050	791,235	3,143,437	1,433,745	5,368,417
2051	758,178	2,988,453	1,253,111	4,999,742
2052	725,213	2,825,336	1,087,239	4,637,788

**Midwest Pension Plan
EIN 36-6512748, PN 001**

2024 Schedule MB, Line 8b(1) – Schedule of Projection of Expected Benefit Payments

2053	692,743	2,660,681	936,157	4,289,581
2054	661,333	2,498,728	799,695	3,959,756
2055	631,796	2,339,938	677,537	3,649,271
2056	600,291	2,180,747	569,220	3,350,258
2057	567,667	2,025,174	474,113	3,066,954
2058	534,777	1,871,867	391,447	2,798,091
2059	506,850	1,724,124	320,357	2,551,331
2060	474,596	1,581,919	259,888	2,316,403
2061	442,322	1,442,207	209,026	2,093,555
2062	411,542	1,308,447	166,725	1,886,714
2063	380,037	1,181,910	131,928	1,693,875
2064	351,234	1,062,669	103,614	1,517,517
2065	322,648	950,006	80,822	1,353,476
2066	295,952	844,965	62,666	1,203,583
2067	269,673	747,614	48,347	1,065,634
2068	245,467	657,892	37,158	940,517
2069	222,885	575,715	28,485	827,085
2070	201,385	500,986	21,812	724,183
2071	181,355	433,445	16,711	631,511
2072	162,935	372,800	12,829	548,564
2073	146,018	318,716	9,885	474,619

Midwest Pension Plan
EIN 36-6512748, PN 001
Schedule MB, Line 8b(3) – Schedule of Projection of Employer Contributions and
Withdrawal Liability Payments

The following table provides the projected employer contributions and withdrawal liability payments expected to be received for the entire plan in each of the next ten plan years starting with the current plan year of this filing based on the assumptions used to determine the plan's status reported in Line 4b.

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$1,357,404	\$202,632	\$1,560,036
2025	1,357,404	202,632	1,560,036
2026	1,357,404	202,632	1,560,036
2027	1,357,404	202,632	1,560,036
2028	1,357,404	202,632	1,560,036
2029	1,357,404	202,632	1,560,036
2030	1,357,404	202,632	1,560,036
2031	1,357,404	202,632	1,560,036
2032	1,357,404	202,632	1,560,036
2033	1,357,404	202,632	1,560,036

<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>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.)

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 MIDWEST PENSION PLAN	1b Three-digit plan number (PN) ▶	001
	1c Effective date of plan	07/01/1967
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES - MIDWEST PENSION PLAN	2b Employer Identification Number (EIN)	36-6512748
	2c Plan Sponsor's telephone number	312-738-0822
245 FENCL LANE HILLSIDE IL 60162	2d Business code (see instructions)	326100

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

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

SIGN HERE	<i>Anthony Iori</i>	9/10/2025 6:10 AM PDT	Anthony Iori
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Norm Soep</i>	9/10/2025 7:46 AM PDT	Norm Soep
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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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
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5 Total number of participants at the beginning of the plan year	5	11,349
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	1,725
a (2) Total number of active participants at the end of the plan year	6a(2)	2,093
b Retired or separated participants receiving benefits	6b	3,554
c Other retired or separated participants entitled to future benefits	6c	5,373
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	11,020
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	524
f Total. Add lines 6d and 6e	6f	11,544
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	44

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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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TRADE DATE - INCOME ACCRUALS Page 907

Statement Period

01/01/24 through 12/31/24

MIDWEST PENSION PLAN-COMBINED

Schedule Of Reportable Transactions

PLAN NUMBER:

EIN NUMBER:

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
BEGINNING MARKET VALUE:	123,762,867.84			
SECURITY TRANSACTIONS EXCEEDING 5%:				
SHORT TERM INVESTMENTS				
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 4.47%				
TOTAL ACTIVITY FROM 01/01/24 TO 12/31/24				
DEPOSIT	7,264,917.94	7,264,917.94	7,264,917.94	
WITHDRAWAL	7,549,923.56	7,549,923.56	7,549,923.56	
TOTAL	14,814,841.50	14,814,841.50	14,814,841.50	
CUSIP # U38141W34 GOLDMAN FINANCIAL SQUARE TREAS OBLIGATIONS-A FD# 468 (AMALFTRSY) MASTER#2839100 4.44%				
TOTAL ACTIVITY FROM 01/01/24 TO 12/31/24				
DEPOSIT	12,654,374.09	12,654,374.09	12,654,374.09	
WITHDRAWAL	11,590,560.15	11,590,560.15	11,590,560.15	
TOTAL	24,244,934.24	24,244,934.24	24,244,934.24	
TOTAL SHORT TERM INVESTMENTS	39,059,775.74	39,059,775.74	39,059,775.74	
TOTAL SECURITY TRANSACTIONS EXCEEDING 5%		39,059,775.74		

TRADE DATE - INCOME ACCRUALS Page 908

Statement Period

01/01/24 through 12/31/24

MIDWEST PENSION PLAN-COMBINED

Schedule Of Reportable Transactions

PLAN NUMBER:

EIN NUMBER:

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
BEGINNING MARKET VALUE:	123,762,867.84			
SINGLE TRANSACTIONS EXCEEDING 5%:				
10/16/24 DEPOSIT GOLDMAN FINANCIAL SQUARE TREAS OBLIGATIONS-A FD# 468 (AMALFTRSY) MASTER#2839100 4.44%			6,589,504.61	
TOTAL SINGLE TRANSACTIONS EXCEEDING 5%			6,589,504.61	

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 MIDWEST PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES - MIDWEST PENSION PLAN	D Employer Identification Number (EIN) 36-6512748	

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)	123,507,368
(2) Actuarial value of assets for funding standard account	1b(2)	136,272,376
c (1) Accrued liability for plan using immediate gain methods	1c(1)	125,139,803
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	0
(b) Accrued liability under entry age normal method	1c(2)(b)	0
(c) Normal cost under entry age normal method	1c(2)(c)	0
(3) Accrued liability under unit credit cost method	1c(3)	125,139,803
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)	190,435,256
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	1,257,519
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	10,246,016
(3) Expected plan disbursements for the plan year.....	1d(3)	11,669,160

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		8/6/2025
	Signature of actuary	Date
	Timothy J. Herman	23-05628
	Type or print name of actuary	Most recent enrollment number
	MILLIMAN	(262) 796-3318
	Firm name	Telephone number (including area code)
	17335 Golf Parkway Suite 100 Brookfield WI 53045	
	Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	123,507,368
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	4,469	101,464,633
(2) For terminated vested participants	5,160	73,187,775
(3) For active participants:		
(a) Non-vested benefits		844,349
(b) Vested benefits		14,938,499
(c) Total active	1,725	15,782,848
(4) Total	11,354	190,435,256
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	64.86%

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
07/02/2024	2,363,442	0			
Totals ▶			3(b)	2,363,442	3(c)
					0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)
					833,754

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	108.9%
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	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:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		<input type="checkbox"/>
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	2.82 %
	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 type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	<input type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input checked="" 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	5.3 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	2.9 %
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)	1,423,144
(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	100,562	10,319

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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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	1,976,975

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)	27,938,639	5,359,726
(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		513,569
e Total charges. Add lines 9a through 9d.....	9e		7,850,270
Credits to funding standard account:			
f Prior year credit balance, if any.....	9f		32,371,296
g Employer contributions. Total from column (b) of line 3.....	9g		2,363,442
		Outstanding balance	
h Amortization credits as of valuation date.....	9h	6,699,915	1,417,162
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		2,446,513
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	38,499,356	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	34,348,011	
(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		38,598,413
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m		30,748,143
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