

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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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			
1a	Name of plan MCS SUPPLEMENTARY PENSION PLAN	1b	Three-digit plan number (PN) ▶	001
		1c	Effective date of plan	12/31/1969
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 MCS SUPPLEMENTARY PENSION PLAN 5201 CAPITAL GATEWAY DRIVE CAMP SPRINGS, MD 20746-4211	2b	Employer Identification Number (EIN)	51-6097856
		2c	Plan Sponsor's telephone number	301-899-0675
		2d	Business code (see instructions)	483000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/29/2025	NICHOLAS MARRONE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/29/2025	DANNY DEFANTI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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	5 650
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) 277 6a(2) 280 6b 179 6c 112 6d 571 6e 49 6f 620 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 0

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

1B

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ 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) ☒ **R** (Retirement Plan Information)
- (2) ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 MCS SUPPLEMENTARY PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES MCS SUPPLEMENTARY PENSION PLAN	D Employer Identification Number (EIN) 51-6097856	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
EMPOWER ANNUITY INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	780479-E1	650	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier

c Premiums due but unpaid at the end of the year

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.
Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	3622711
c Additions: (1) Contributions deposited during the year (2) Dividends and credits..... (3) Interest credited during the year..... (4) Transferred from separate account (5) Other (specify below)..... ▶	7c(1)	
	7c(2)	
	7c(3)	101102
	7c(4)	
	7c(5)	
(6) Total additions	7c(6)	101102
d Total of balance and additions (add lines 7b and 7c(6))	7d	3723813
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier.....	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)..... ▶ DISBURSEMENTS/REDEMPTIONS	7e(4)	3723813
(5) Total deductions	7e(5)	3723813
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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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 MCS SUPPLEMENTARY 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 MCS SUPPLEMENTARY PENSION PLAN	D Employer Identification Number (EIN) 51-6097856

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) 6439497
(2) Actuarial value of assets for funding standard account	1b(2) 6437750
c (1) Accrued liability for plan using immediate gain methods	1c(1) 2599661
(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) 2478424
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) 3334779
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 376281
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 419240
(3) Expected plan disbursements for the plan year	1d(3) 608240

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	08/25/2025
Signature of actuary GREGORY J. PASTINO	Date 23-03916
Type or print name of actuary FOSTER & FOSTER, INC	Most recent enrollment number 630-620-0200
Firm name 184 SHUMAN BLVD SUITE 305 NAPERVILLE, IL 60563	Telephone number (including area code)
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	6439497
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	236	1068590
(2) For terminated vested participants	137	1027241
(3) For active participants:		
(a) Non-vested benefits		295578
(b) Vested benefits		943370
(c) Total active	277	1238948
(4) Total	650	3334779
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			3(b)	3(c)	0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	259.8 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?	☐ Yes ☐ No	
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?	☐ Yes ☐ No	
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a		3.29 %
	Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☒ No ☐ N/A		☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:			
(1) Males	6c(1)	A	A
(2) Females	6c(2)	A	A
d Valuation liability interest rate	6d	6.00 %	6.00 %
e Salary scale	6e	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.00 %	
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	8.8 %	
i Expense load included in normal cost reported in line 9b	6i	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	189000	
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐	

7 New amortization bases established in the current plan year:

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

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	8a	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.	☐ Yes ☒ No	
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).	☒ Yes ☐ No	
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.	☐ Yes ☒ No	
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?	☐ Yes ☒ No	
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?	☐ Yes ☐ No	
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..	8d(2)	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☐ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or 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	294448

c Amortization charges as of valuation date:

(1) All bases except funding waivers and certain bases for which the amortization period has been extended

(2) Funding waivers

(3) Certain bases for which the amortization period has been extended.....

Outstanding balance

9c(1)**9c(2)****9c(3)****d** Interest as applicable on lines 9a, 9b, and 9c.....**9d**

17667

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

312115

Credits to funding standard account:**f** Prior year credit balance, if any.....**9f**

3439954

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

Outstanding balance

h Amortization credits as of valuation date.....**9h****i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i**

206397

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....

(2) "RPA '94" override (90% current liability FFL)

(3) FFL credit

9j(1)**9j(2)****9j(3)**

312115

k (1) Waived funding deficiency

(2) Other credits

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

3958466

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

3646351

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.....

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))

(3) Total as of valuation date

9o(1)**9o(2)(a)****9o(2)(b)****9o(3)****10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions

Yes



No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

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

A Name of plan MCS SUPPLEMENTARY PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES MCS SUPPLEMENTARY PENSION PLAN	D Employer Identification Number (EIN) 51-6097856

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

Yes

☒

No
- b

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

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

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

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

SEAFARERS VACATION PLAN

13-5602047

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 64		50000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FOSTER & FOSTER

184 SHUMAN BLVD, SUITE 305
NAPERVILLE, IL 60563

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50		35000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 50		27840	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MORGAN STANLEY SMITH BARNEY LLC

20-8764829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 50 71		19143	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

PRUDENTIAL RET INS & ANNUITY CO.

06-1050034

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50		14334	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPOWER ANNUITY INSURANCE COMPANY

06-1050034

(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		13948	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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

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

A Name of plan MCS SUPPLEMENTARY PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES MCS SUPPLEMENTARY PENSION PLAN	D Employer Identification Number (EIN) 51-6097856

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	20363	36960
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	48196	73259
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	493928	3386065
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	270359	255285
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1390305	1749586
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	622067	1187528
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	3622711	
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	6467929	6688683
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	28432	28158
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	28432	28158
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	6439497	6660525

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)		
(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)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	48	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		48
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	92216	
(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)		92216
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1968867	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1909092	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	308564	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		81452
c Other income	2c		37942
d Total income. Add all income amounts in column (b) and enter total	2d		579997

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	138704	
(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)		138704
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	27840	
(5) Investment advisory and investment management fees	2i(5)	33726	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	36300	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	5171	
(11) Other expenses	2i(11)	117228	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		220265
j Total expenses. Add all expense amounts in column (b) and enter total	2j		358969

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		221028
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **WEAVER AND TIDWELL, LLP**

(2) EIN: **75-0786316**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 552180.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan MCS SUPPLEMENTARY PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES MCS SUPPLEMENTARY PENSION PLAN		D Employer Identification Number (EIN) 51-6097856
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 6
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

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

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

381

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

329

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

324

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

0.98

b The corresponding number for the second preceding plan year.....

15b

1.13

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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

MCS Supplementary Pension Plan

Financial Report

December 31, 2024

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ERISA-Required Supplementary Information

Schedule H, Line 4i – Schedule of Assets (Held at End of Year).....	14
Schedule H, Line 4j – Schedule of Reportable Transactions.....	20

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

Independent Auditor's Report

To the Board of Trustees
MCS Supplementary Pension Plan

Opinion

We have audited the financial statements of MCS Supplementary Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with US GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with US GAAS we:

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

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

Supplementary Information Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplementary information listed on the table of contents as of and for the years ended December 31, 2024 and 2023 is presented for purposes of additional analysis and is not a required part of the financial statements, but certain supplementary information is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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 US GAAS.

In forming our opinion on the supplementary information, we evaluated whether the supplementary information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplementary information is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Weaver and Tidwell, L.L.P.

WEAVER AND TIDWELL, L.L.P.

Bethesda, Maryland
September 29, 2025

MCS Supplementary Pension Plan

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	2024	2023
ASSETS		
Investments, at fair value		
U.S. government	\$ 3,386,065	\$ 493,928
Corporate bonds	255,285	270,359
Stocks	1,749,586	1,390,305
Registered investment companies	1,187,528	622,067
	<u>6,578,464</u>	<u>2,776,659</u>
Investments, at contract value		
Guaranteed deposit account	<u>-</u>	<u>3,622,711</u>
Total investments	6,578,464	6,399,370
Receivables and other assets		
Interest and dividends	33,794	7,276
Prepaid expenses	39,465	38,956
Due from related fund	<u>-</u>	<u>1,964</u>
Total receivables and other assets	73,259	48,196
Cash	<u>36,960</u>	<u>20,363</u>
Total assets	6,688,683	6,467,929
LIABILITIES		
Accrued expenses	<u>28,158</u>	<u>28,432</u>
Total liabilities	<u>28,158</u>	<u>28,432</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 6,660,525</u></u>	<u><u>\$ 6,439,497</u></u>

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

MCS Supplementary Pension Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2024 and 2023

	2024	2023
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 449,811	\$ 426,827
Interest and dividends	92,264	54,318
Net earnings on guaranteed deposit account	37,922	87,163
	<u>579,997</u>	<u>568,308</u>
Less investment expenses	<u>33,726</u>	<u>30,965</u>
Net investment income	546,271	537,343
DEDUCTIONS		
Pension benefits		
Lump-sum payments	25,250	74,326
Monthly payments	113,454	107,327
	<u>138,704</u>	<u>181,653</u>
Administrative expenses		
Headquarters office	183,059	183,646
San Francisco, California office	3,480	5,009
	<u>186,539</u>	<u>188,655</u>
Total administrative expenses	<u>186,539</u>	<u>188,655</u>
Total deductions	<u>325,243</u>	<u>370,308</u>
Net increase	221,028	167,035
NET ASSETS AVAILABLE FOR BENEFITS, beginning of year	<u>6,439,497</u>	<u>6,272,462</u>
NET ASSETS AVAILABLE FOR BENEFITS, end of year	<u><u>\$ 6,660,525</u></u>	<u><u>\$ 6,439,497</u></u>

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

MCS Supplementary Pension Plan

Notes to Financial Statements

Note 1. Description of the Plan

The following description of the MCS Supplementary Pension Plan (the Plan) provides only general information. Participants should refer to the Plan regulations for a more complete description of the Plan's provisions.

General

The Plan is a multiemployer defined benefit pension plan for members covered by the collective bargaining agreement between the Seafarers International Union of North America - Atlantic, Gulf, Lakes and Inland Waters (the Union) and certain participating employers. The purpose of the Plan is to provide supplementary pension benefit payments to eligible employees who retire in accordance with conditions thereunder. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Administration of the Plan is the responsibility of the Board of Trustees and is governed by a joint board consisting of equal representation from the participating employers and the Union.

Funding Policy

The Plan's actuary has certified that the minimum funding requirements of ERISA have been met as of January 1, 2024 and that there is no accumulated funding deficiency.

The Plan is in a "fully funded" position based on current funding rules. There is no minimum required contribution for the 2024 or 2023 Plan years.

Pension Protection Act Funding Status

As required by ERISA under the Pension Protection Act of 2006 (PPA), the Plan's actuary has completed the Plan's actuarial funding status certification as of January 1, 2024, in accordance with generally accepted actuarial principles and practices. The certification was based on projections using the actuarial present value of accumulated benefit obligations as of January 1, 2024, and audited financial information as of December 31, 2023, as well as other financial information, including estimated cash flows for the year ended December 31, 2024 and the rate of market value return as reported by the investment consultant. The funded (zone) status provides an indication of the financial health of the Plan. Beginning January 1, 2024, based on actuarial assumptions, participant and financial data, and plan provisions, the Plan's actuary certified that the Plan was neither critical (red zone) nor endangered (yellow zone) status as defined in the Pension Protection Act of 2006.

Benefits

The regulations of the Plan, as amended, provide for the establishment of four types of pensions: a basic pension, a reduced pension, a disability pension, and a deferred vested pension.

The type of pension and the amount of benefits are based on years of qualifying time, the minimum age requirement for reduced pensions and the status of the applicant's health for disability pensions. The value of the benefit is expressed as a lump-sum actuarial equivalent amount. The benefit is then converted into an annuity based upon the participant's attained age. In addition, qualified retiring members are entitled to receive a monthly benefit.

MCS Supplementary Pension Plan

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared using the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (US GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value, except for the fully-benefit responsive investment, which is reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Investment income derived from the guaranteed deposit account, including interest income is included in "net earnings on guaranteed deposit account" in the accompanying financial statements.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

All administrative fees are paid by the Plan. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value in investments presented in the accompanying statement of changes in net assets available for benefits.

Plan Management's Review of Subsequent Events

The Plan has evaluated subsequent events and transactions through September 29, 2025, the date the financial statements were available to be issued.

MCS Supplementary Pension Plan

Notes to Financial Statements

Note 3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service 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. Benefits under the Plan are based on the number of years of qualifying time. The accumulated plan benefits for active employees are based on their estimated years of qualifying time, on the date as of which the benefit information is presented.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The accumulated plan benefits information as of January 1, 2024 was as follows:

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants and beneficiaries currently receiving payments	\$ 832,705
Participants entitled to deferred benefits	808,056
Other participants	609,320
Total vested benefits	2,250,081
Non-vested benefits	228,343
Total actuarial present value of accumulated plan benefits	\$ 2,478,424

The change in the actuarial present value of accumulated plan benefits from January 1, 2023 to January 1, 2024 is attributable to the following:

Actuarial present value of accumulated plan benefits	
at January 1, 2023	\$ 2,119,791
Decrease (increase) during the year attributed to	
decrease in discount period at 6%	121,817
Assumption changes	150,654
Additional benefits earned, including experience	
gains and losses	56,168
Plan amendments	211,647
Benefits paid	(181,653)
Net Increase	358,633
Actuarial present value of accumulated plan benefits	
at January 1, 2024	\$ 2,478,424

MCS Supplementary Pension Plan

Notes to Financial Statements

The significant actuarial assumptions used in the Plan valuation as of January 1, 2024 were as follows:

Investment Return:	6.00% for Funding 3.29% for Current Liability
Mortality:	Healthy Lives: RP-2014 Adjusted to 2006 Blue Collar Mortality Table projected generationally using Scale MP-2021 Disabled Lives: RP-2014 Adjusted to 2006 Disable Mortality Table projected generationally using Scale MP-2021 Current Liability: the sex distinct combined mortality table as specified in IRS Regulation 1.430(h)(3) – 1(e). The mortality table used reflects the anticipated mortality experience at the valuation date as well as anticipated future mortality improvements.
Valuation Method:	Entry Age Normal Cost Method
Expenses:	Annual operating expenses are assumed to be \$189,000 based on reasonable expectations of future expenses.

MCS Supplementary Pension Plan

Notes to Financial Statements

Retirement Rates:

Rates vary by age as follows:

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

Terminated vested participants are assumed to retire at age 65.

Assumed retirement rates are based on plan provisions and experience under the Plan, supplemented with professional judgement.

Rates of Disability:

Rates vary by age as follows:

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

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

Valuation of Assets:

The portion of Plan assets held under the group insurance contract are reflected at fair market value. Gains and losses are determined annually on the remainder of Plan assets as the difference between the actual return and the expected return (calculated using the funding interest rate). Gains and losses are recognized 20% per year over a five year period. The actuarial value of assets is further adjusted, if necessary, so that it is at least 80% but no more than 120% of market value.

These 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 the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuations been performed as of December 31, there would be no material differences.

MCS Supplementary Pension Plan

Notes to Financial Statements

Note 4. Fair Value Measurements

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

- | | |
|---------|---|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. |
| Level 2 | <p>Inputs to the valuation methodology include:</p> <ul style="list-style-type: none">• Quoted prices for similar assets or liabilities in active markets;• Quoted prices for identical or similar assets or liabilities in in active markets.• Inputs other than quoted prices that are observable for the asset or liability; and;• Inputs that are derived principally from or corroborated by observable market data by correlation or other means. <p>If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.</p> |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. |

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

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

Corporate bonds: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments from certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

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

MCS Supplementary Pension Plan

Notes to Financial Statements

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

	2024	2023
Level 1:		
U.S. government	\$ 3,386,065	\$ 493,928
Stocks	1,749,586	1,390,305
Registered investment companies	1,187,528	622,067
	6,323,179	2,506,300
Level 2:		
Corporate bonds	255,285	270,359
Investments at fair value	<u>\$ 6,578,464</u>	<u>\$ 2,776,659</u>

Note 5. Guaranteed Investment Contract with Empower

During 2024 and 2023, the Plan held a fully benefit-responsive guaranteed investment contract (GIC) with Empower. The GIC maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The GIC issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The GIC provides an annualized interest rate of 4.20% on New Money from 01/01/2024 through 12/31/2024 and an interest rate of 3.85% on Old Money for the same period. The interest rate is reviewed on an annual basis for resetting. The GIC does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan sponsor or other Plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Such events include (1) a breach of material obligation under the contract, (2) a material misrepresentation, or (3) a material amendment to the agreement without the consent of the issuer. During 2024, this contract was liquidated.

MCS Supplementary Pension Plan

Notes to Financial Statements

Note 6. Plan on Termination

In the event the Plan terminates, the net assets available for benefit of the Plan will be used by the Trustees for the benefit of participants and beneficiaries in the manner prescribed by Section 4041A of ERISA. Any residual assets of the Plan remaining after such allocation shall be distributed to any qualified employee benefit fund that benefits individuals who were participants or beneficiaries of the Plan, provided that such a distribution does not contravene any provision of law. In no event shall any assets of the Plan revert to or be paid to any contributing employer.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC). Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under covered plans, and the amount of benefit protection is subject to certain limitations.

Note 7. Risk and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Market values of investments may decline for a number of reasons, including changes in prevailing market and interest rates, increases in defaults and credit rating downgrades. Market risks include global events, which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities it is at least reasonably possible that changes in 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 actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Note 8. Plan Amendment

Effective January 1, 2024, the Plan was amended to increase the pension benefit monthly benefit amounts. The effect of the amendment was an increase in the actuarial present value of accumulated plan benefits of \$211,647 for the year ended December 31, 2024.

Note 9. Tax Status

The Plan obtained its latest determination letter on February 9, 2016, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, Plan Management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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

MCS Supplementary Pension Plan

Notes to Financial Statements

Note 10. Related-Party and Party-in-Interest Transactions

The Plan is related to a family of jointly-administered, collectively-bargained employee benefit plans connected to the Union through one or more of its divisions, regions, or other jurisdictions. Since these plans co-exist in the same premises, utilizing mutual resources, equipment, and personnel to effectuate cost-savings and to minimize duplication of effort, interfund relationships have been established on a continuing basis as approved by their respective Board of Trustees.

The Seafarers Vacation Fund charged the Plan \$50,000 for its share of allocated administrative expenses for each of the years ended December 31, 2024 and 2023.

Certain Plan investments are held by Comerica Bank and Trust, the custodian for the Plan. The actuary provides actuarial and related services for the Plan. As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

Note 11. Reconciliation of Financial Statements to Form 5500

Investment expenses amounting to \$33,726 are shown as a reduction of investment income for financial statement purposes and are classified as investment advisory and management fees on Form 5500, Schedule H, Part II, Line 2i(5).

Supplementary Information

MCS Supplementary Pension Plan

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

Plan #001 / EIN: 51-6097856

December 31, 2024

(a)	(b)	(c)				(d)	(e)	
		Description of investment including collateral, maturity date, rate of interest, par/maturity value or shares						
	Identity of issue, borrower, lessor or similar party	Description	Collateral	Maturity date	Rate of interest	Par/maturity value or shares	Cost	Current value
	U.S. government:							
	United States Treas Nts	Notes	N/A	11/15/15	2.250%	20,000	\$ 20,577	\$ 19,658
	United States Treas Nts	Notes	N/A	08/31/20	0.250%	20,000	19,946	19,479
	United States Treas Nts	Notes	N/A	10/31/22	4.000%	15,000	15,127	14,748
	United States Treas Nts	Notes	N/A	05/15/33	3.380%	5,000	4,723	4,595
	United States Treas Nts	Notes	N/A	02/15/15	2.000%	30,000	30,455	29,914
	United States Treas Nts	Notes	N/A	02/15/17	2.250%	20,000	19,407	19,193
	United States Treas Nts	Notes	N/A	02/15/19	2.630%	30,000	31,519	28,048
	United States Treas Nts	Notes	N/A	02/15/20	1.500%	30,000	26,486	26,050
	United States Treas Nts	Notes	N/A	02/16/23	4.630%	500,000	500,547	500,140
	United States Treas Nts	Notes	N/A	03/31/23	3.880%	500,000	498,945	499,490
	United States Treas Nts	Notes	N/A	08/18/22	3.130%	10,000	9,881	9,712
	United States Treas Nts	Notes	N/A	09/22/22	4.130%	5,000	4,938	4,980
	United States Treas Nts	Notes	N/A	01/31/21	0.380%	10,000	9,961	9,595
	United States Treas Nts	Notes	N/A	11/15/24	0.000%	375,000	373,096	373,346
	United States Treas Nts	Notes	N/A	08/15/31	1.250%	15,000	15,004	12,241
	United States Treas Nts	Notes	N/A	05/05/21	1.630%	20,000	17,849	16,873
	United States Treas Nts	Notes	N/A	03/03/22	1.750%	20,000	19,639	19,899
	United States Treas Nts	Notes	N/A	02/15/32	1.880%	10,000	9,183	8,411
	United States Treas Nts	Notes	N/A	05/15/17	2.380%	25,000	24,068	23,942
	United States Treas Nts	Notes	N/A	05/19/22	2.750%	25,000	24,280	23,374
	United States Treas Nts	Notes	N/A	05/15/22	2.880%	25,000	24,521	22,453
	United States Treas Nts	Notes	N/A	08/15/18	2.880%	5,000	4,886	4,756
	United States Treas Nts	Notes	N/A	06/30/22	3.250%	10,000	10,084	9,542
	United States Treas Nts	Notes	N/A	11/30/22	3.880%	20,000	20,191	19,551
	United States Treas Nts	Notes	N/A	01/31/23	4.130%	500,000	499,297	499,885
	United States Treas Nts	Notes	N/A	10/06/22	4.250%	50,000	50,012	50,013
	United States Treas Nts	Notes	N/A	11/15/22	4.500%	500,000	501,055	500,930
	United States Treas Nts	Notes	N/A	01/31/24	4.000%	5,000	4,928	4,878
	United States Treas Nts	Notes	N/A	02/29/24	4.250%	5,000	5,005	4,943
	United States Treas Nts	Notes	N/A	05/15/24	4.380%	5,000	4,962	4,923
	United States Treas Nts	Notes	N/A	10/15/24	0.000%	50,000	49,885	49,474
	United States Treas Nts	Notes	N/A	10/31/23	4.880%	10,000	10,045	10,221
	United States Treas Nts	Notes	N/A	03/31/24	4.130%	10,000	9,769	9,816
	US Government Obligations	Notes	N/A	05/31/23	4.240%	500,000	499,434	499,875
	US Government Obligations	Notes	N/A	08/15/23	3.880%	15,000	14,113	14,276
	US Government Obligations	Notes	N/A	11/15/33	0.000%	12,000	12,270	11,946
	US Government Obligations	Notes	N/A	07/31/30	4.000%	5,000	4,914	4,895
	Total U.S. government						3,401,002	3,386,065
	Corporate bonds:							
	3M Co	Bond	N/A	10/15/27	2.880%	15,000	14,484	14,361
	Becton Dickinson & Co	Bond	N/A	02/08/29	4.870%	15,000	15,206	14,959
	Carrier Global Corporation	Bond	N/A	02/15/30	2.720%	5,000	4,413	4,473
	Cisco Sys Inc Sr Gbl	Bond	N/A	02/26/31	4.950%	5,000	4,942	5,018
	Dte Energy Co Sr	Bond	N/A	03/01/29	5.100%	5,000	4,973	5,012
	Duke Energy Corp	Bond	N/A	09/15/25	0.900%	25,000	24,841	24,323
	Florida Pwr & Lt Co Sr Gbl Fl	Bond	N/A	05/18/23	4.630%	15,000	15,159	14,861
	Hewlett Packard	Bond	N/A	09/25/27	4.400%	15,000	14,971	14,843
	Humana Inc	Bond	N/A	04/01/25	4.500%	30,000	34,375	29,957
	Intercontinentalexchange Group I	Bond	N/A	09/01/28	3.630%	15,000	14,571	14,387
	Lowes Companies Inc	Bond	N/A	05/03/27	3.100%	15,000	14,546	14,501
	Marriott Intl Inc New	Bond	N/A	10/15/28	5.550%	5,000	5,021	5,109
	Norfolk Southn Corp Sr	Bond	N/A	08/01/30	5.050%	5,000	4,916	5,051
	Rockwell	Bond	N/A	03/01/29	3.500%	15,000	14,549	14,247
	Simon Property Group Inc	Bond	N/A	09/01/25	3.500%	30,000	32,864	29,788
	The Cigna Group Sr	Bond	N/A	05/15/31	5.130%	5,000	4,934	4,976
	Thermo Fisher Sr	Bond	N/A	08/10/30	4.980%	5,000	5,020	5,043
	Union Pacific	Bond	N/A	01/20/33	4.500%	15,000	14,790	14,420
	Verizon Comms Inc	Bond	N/A	12/03/29	4.020%	5,000	4,744	4,799
	Wec Energy Group Inc	Bond	N/A	10/01/27	5.150%	15,000	15,312	15,157
	Total corporate bonds						264,631	255,285

MCS Supplementary Pension Plan

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

Plan #001 / EIN: 51-6097856

December 31, 2024

(a)	(b)	(c)				(d)	(e)
		Description of investment including collateral, maturity date, rate of interest, par/maturity value or shares					
	Identity of issue, borrower, lessor or similar party	Description	Collateral	Maturity date	Rate of interest	Par/maturity value or shares	Current value
Stocks:							
	Alphabet Inc Cl A	Stock	N/A	N/A	N/A	281	53,193
	Alphabet Inc Cl C	Stock	N/A	N/A	N/A	237	45,134
	At&T Inc	Stock	N/A	N/A	N/A	304	6,922
	Charter Communications Inc New	Stock	N/A	N/A	N/A	5	1,714
	Comcast Corp Cl A	Stock	N/A	N/A	N/A	183	6,866
	Electronic Arts	Stock	N/A	N/A	N/A	11	1,609
	Facebook Inc	Stock	N/A	N/A	N/A	106	62,064
	Match Group Inc New Com	Stock	N/A	N/A	N/A	8	262
	Netflix.Com Inc	Stock	N/A	N/A	N/A	21	18,718
	T-Mobile Us Inc	Stock	N/A	N/A	N/A	30	6,622
	Verizon Commns Inc	Stock	N/A	N/A	N/A	197	7,878
	Walt Disney Co	Stock	N/A	N/A	N/A	95	10,578
	Warner Bros. Discovery Inc.	Stock	N/A	N/A	N/A	87	920
	Airbnb Inc Com Cl A	Stock	N/A	N/A	N/A	15	1,971
	Amazon Com Inc	Stock	N/A	N/A	N/A	453	99,384
	Best Buy	Stock	N/A	N/A	N/A	7	601
	Booking Hldgs Inc	Stock	N/A	N/A	N/A	2	9,937
	Chipotle Mexican Grill Inc Cl A	Stock	N/A	N/A	N/A	60	3,618
	D R Horton Inc	Stock	N/A	N/A	N/A	8	1,119
	Darden Restaurants Inc	Stock	N/A	N/A	N/A	7	1,307
	Dominos Pizza Inc	Stock	N/A	N/A	N/A	3	1,259
	Expedia Inc Del	Stock	N/A	N/A	N/A	7	1,304
	Ford Motor Co	Stock	N/A	N/A	N/A	195	1,931
	General Motors Co	Stock	N/A	N/A	N/A	51	2,717
	Hilton Worldwide Hldgs Inc	Stock	N/A	N/A	N/A	17	4,202
	Home Depot Inc	Stock	N/A	N/A	N/A	51	19,838
	Lennar Corp Cl A	Stock	N/A	N/A	N/A	7	955
	Lowes Companies Inc Cos Inc	Stock	N/A	N/A	N/A	33	8,144
	Lululemon Athletica Inc	Stock	N/A	N/A	N/A	4	1,530
	Marriott Intl Inc New Cl A	Stock	N/A	N/A	N/A	11	3,068
	Mcdonalds Corp	Stock	N/A	N/A	N/A	35	10,146
	Nike Inc Cl B	Stock	N/A	N/A	N/A	60	4,540
	O Reilly Automotive Inc New	Stock	N/A	N/A	N/A	1	1,186
	Ross Stores Inc	Stock	N/A	N/A	N/A	10	1,513
	Starbucks Corp	Stock	N/A	N/A	N/A	47	4,289
	Tesla Mtrs Inc	Stock	N/A	N/A	N/A	128	51,692
	Tjx Companies Inc New	Stock	N/A	N/A	N/A	68	8,215
	Tractor Supply Co	Stock	N/A	N/A	N/A	15	796
	Altria Group Inc	Stock	N/A	N/A	N/A	43	2,248
	Coca Cola Co	Stock	N/A	N/A	N/A	124	7,720
	Colgate Palmolive Co	Stock	N/A	N/A	N/A	12	1,091
	Constellation Brands Inc Cl A	Stock	N/A	N/A	N/A	7	1,547
	Costco Wholesale Corp	Stock	N/A	N/A	N/A	10	9,163
	Estee Lauder Companies	Stock	N/A	N/A	N/A	5	375
	General Mills Inc	Stock	N/A	N/A	N/A	12	765
	Hershey Co	Stock	N/A	N/A	N/A	5	847
	Keurig Dr Pepper Inc Com	Stock	N/A	N/A	N/A	23	739
	Kimberly Clark Corp	Stock	N/A	N/A	N/A	5	655
	Kroger Co	Stock	N/A	N/A	N/A	13	795
	Pepsico Inc	Stock	N/A	N/A	N/A	47	7,147
	Philip Morris Intl Inc	Stock	N/A	N/A	N/A	46	5,536
	Procter & Gamble Co	Stock	N/A	N/A	N/A	76	12,741
	Sysco	Stock	N/A	N/A	N/A	15	1,147
	Target Corp	Stock	N/A	N/A	N/A	6	811
	Tyson Foods Inc Class A	Stock	N/A	N/A	N/A	8	460
	Energy Chevron Corporation	Stock	N/A	N/A	N/A	78	11,298
	Conocophillips	Stock	N/A	N/A	N/A	54	5,355
	Devon Energy Corporation	Stock	N/A	N/A	N/A	7	229
	Eog Resources Inc	Stock	N/A	N/A	N/A	30	3,677

MCS Supplementary Pension Plan

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

Plan #001 / EIN: 51-6097856

December 31, 2024

(a)	(b)	(c)				(d)	(e)	
		Description of investment including collateral, maturity date, rate of interest, par/maturity value or shares						
	Identity of issue, borrower, lessor or similar party	Description	Collateral	Maturity date	Rate of interest	Par/maturity value or shares	Cost	Current value
	Stocks - continued:							
	Exxon Mobil Corporation	Stock	N/A	N/A	N/A	204	18,717	21,944
	Halliburton Co	Stock	N/A	N/A	N/A	58	2,660	1,577
	Marathon Pete Corp	Stock	N/A	N/A	N/A	15	944	2,093
	Occidental Petroleum Corp	Stock	N/A	N/A	N/A	27	2,219	1,334
	Oneok Inc	Stock	N/A	N/A	N/A	8	724	803
	Phillips 66	Stock	N/A	N/A	N/A	19	1,461	2,165
	Schlumberger Ltd	Stock	N/A	N/A	N/A	63	4,267	2,415
	Targa Res Corp	Stock	N/A	N/A	N/A	5	738	893
	Valero Energy Corp Corp New	Stock	N/A	N/A	N/A	13	930	1,594
	Williams Co Inc	Stock	N/A	N/A	N/A	25	1,129	1,353
	Aflac Inc	Stock	N/A	N/A	N/A	30	1,018	3,103
	Allstate Corp	Stock	N/A	N/A	N/A	10	501	1,928
	American Express Co	Stock	N/A	N/A	N/A	28	2,008	8,310
	American Intl Group Inc	Stock	N/A	N/A	N/A	30	1,692	2,184
	Ameriprise Finl Inc	Stock	N/A	N/A	N/A	3	723	1,597
	Bank New York Mellon Corp	Stock	N/A	N/A	N/A	35	1,628	2,689
	Bank Of America Corp	Stock	N/A	N/A	N/A	310	5,510	13,625
	Berkshire Hathaway Inc Cl B	Stock	N/A	N/A	N/A	70	11,487	31,730
	Blackrock Funding	Stock	N/A	N/A	N/A	6	1,651	6,151
	Blackstone Group Inc Com	Stock	N/A	N/A	N/A	31	5,064	5,345
	Capital One Finl Corp Gbl Flt	Stock	N/A	N/A	N/A	17	1,124	3,031
	Citigroup Inc	Stock	N/A	N/A	N/A	63	3,886	4,435
	Citizens Finl Group Inc	Stock	N/A	N/A	N/A	24	1,155	1,050
	Cme Group Inc	Stock	N/A	N/A	N/A	14	1,968	3,251
	Discover Finl Svcs	Stock	N/A	N/A	N/A	8	751	1,386
	Fidelity Natl Information Svcs	Stock	N/A	N/A	N/A	24	3,246	1,938
	Fifth Third Bancorp Com	Stock	N/A	N/A	N/A	29	1,012	1,226
	Fiserv Inc	Stock	N/A	N/A	N/A	25	2,518	5,136
	Gallagher Arthur J & Co	Stock	N/A	N/A	N/A	3	589	852
	Global Markets Inc	Stock	N/A	N/A	N/A	4	478	782
	Global Payments Inc	Stock	N/A	N/A	N/A	8	1,495	896
	Goldman Sachs Group Inc	Stock	N/A	N/A	N/A	15	2,751	8,589
	Intercontinental Exchange Group I	Stock	N/A	N/A	N/A	21	1,987	3,129
	Jpmorgan Chase & Co	Stock	N/A	N/A	N/A	114	6,314	27,327
	Kkr Co Inc Cl- A	Stock	N/A	N/A	N/A	32	4,004	4,733
	M & T Bank Corp	Stock	N/A	N/A	N/A	4	667	752
	Marsh & McLennan Cos Inc	Stock	N/A	N/A	N/A	14	1,560	2,974
	Mastercard Inc	Stock	N/A	N/A	N/A	34	3,180	17,903
	Metlife Inc	Stock	N/A	N/A	N/A	42	1,945	3,439
	Moody'S Corporation	Stock	N/A	N/A	N/A	6	1,554	2,840
	Msci Inc Cl A	Stock	N/A	N/A	N/A	3	814	1,800
	Nasdaq Stock Market Inc	Stock	N/A	N/A	N/A	15	534	1,160
	Paypal Hldgs Inc	Stock	N/A	N/A	N/A	35	1,209	2,987
	Pnc Finl Svcs Group Inc	Stock	N/A	N/A	N/A	15	1,293	2,893
	Progressive Corp	Stock	N/A	N/A	N/A	22	1,701	5,271
	Prudential Finl Inc Jr Sb Gbl	Stock	N/A	N/A	N/A	15	1,217	1,778
	Raymond James Finl Inc	Stock	N/A	N/A	N/A	18	1,976	2,796
	Regions Finl Corp	Stock	N/A	N/A	N/A	79	1,327	1,858
	S&P Global Inc	Stock	N/A	N/A	N/A	13	3,195	6,474
	Schwab Charles Corp	Stock	N/A	N/A	N/A	57	2,946	4,219
	Synchrony Finl	Stock	N/A	N/A	N/A	12	512	780
	Travelers Cos Inc	Stock	N/A	N/A	N/A	13	1,351	3,132
	Truist Financial Corp Com	Stock	N/A	N/A	N/A	46	1,526	1,995
	Us Bancorp Del	Stock	N/A	N/A	N/A	53	2,503	2,535
	Visa Inc Cl A	Stock	N/A	N/A	N/A	70	2,896	22,123
	Wells Fargo & Co & Co New	Stock	N/A	N/A	N/A	126	4,767	8,850
	Abbott Labs	Stock	N/A	N/A	N/A	47	2,006	5,316
	Abbvie Inc	Stock	N/A	N/A	N/A	83	4,847	14,749
	Agilent Technologies Inc	Stock	N/A	N/A	N/A	9	804	1,209

MCS Supplementary Pension Plan

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

Plan #001 / EIN: 51-6097856

December 31, 2024

(a)	(b)	(c)				(d)	(e)
		Description of investment including collateral, maturity date, rate of interest, par/maturity value or shares					
	Identity of issue, borrower, lessor or similar party	Description	Collateral	Maturity date	Rate of interest	Par/maturity value or shares	Current value
Stocks - continued:							
	Amgen Inc	Stock	N/A	N/A	N/A	18	4,692
	Baxter Intl Inc	Stock	N/A	N/A	N/A	18	525
	Becton Dickinson & Co	Stock	N/A	N/A	N/A	11	2,496
	Biogen Idec Inc	Stock	N/A	N/A	N/A	3	459
	Boston Scientific Corp	Stock	N/A	N/A	N/A	57	5,091
	Bristol Myers Squibb Co	Stock	N/A	N/A	N/A	104	5,882
	Cardinal Health Inc	Stock	N/A	N/A	N/A	15	1,774
	Cencora Inc.	Stock	N/A	N/A	N/A	7	1,573
	Centene Corp	Stock	N/A	N/A	N/A	27	1,636
	Cvs/Caremark Corp	Stock	N/A	N/A	N/A	65	2,918
	Health Care Danaher Corp	Stock	N/A	N/A	N/A	31	7,116
	Dexcom Inc	Stock	N/A	N/A	N/A	13	1,065
	Edwards Lifesciences Corp	Stock	N/A	N/A	N/A	14	1,111
	Elevance Health Inc	Stock	N/A	N/A	N/A	11	3,056
	Ge Healthcare Technologies Inc.	Stock	N/A	N/A	N/A	7	814
	Gilead Scienes Inc	Stock	N/A	N/A	N/A	20	1,419
	Hca Hldgs Inc Com	Stock	N/A	N/A	N/A	8	2,119
	Humana Inc	Stock	N/A	N/A	N/A	7	2,054
	Idexx Laboratories Inc	Stock	N/A	N/A	N/A	1	290
	Intuitive Surgical Inc	Stock	N/A	N/A	N/A	10	1,405
	Iqvia Hldgs Inc	Stock	N/A	N/A	N/A	7	1,081
	Johnson & Johnson	Stock	N/A	N/A	N/A	116	8,501
	Labcorp Holdings Inc Com	Stock	N/A	N/A	N/A	2	429
	Lilly Eli & Co	Stock	N/A	N/A	N/A	38	2,685
	Mckesson Corp	Stock	N/A	N/A	N/A	6	1,624
	Merck & Co Inc	Stock	N/A	N/A	N/A	120	4,961
	Pfizer Inc	Stock	N/A	N/A	N/A	230	5,149
	Quest Diagnostics Inc	Stock	N/A	N/A	N/A	4	590
	Regeneron Pharmaceuticals Inc	Stock	N/A	N/A	N/A	3	2,168
	Solventum Corp Com	Stock	N/A	N/A	N/A	5	458
	Health Care Stryker Corp	Stock	N/A	N/A	N/A	9	1,246
	The Cigna Group	Stock	N/A	N/A	N/A	14	2,944
	Thermo Fisher Scientific Inc Sr	Stock	N/A	N/A	N/A	20	4,187
	Unitedhealth Group Inc	Stock	N/A	N/A	N/A	44	2,408
	Vertex Pharmaceuticals Inc	Stock	N/A	N/A	N/A	5	1,482
	Zimmer Biomet Holdings, Inc	Stock	N/A	N/A	N/A	5	726
	Zoetis Inc	Stock	N/A	N/A	N/A	21	1,591
	3M Co	Stock	N/A	N/A	N/A	21	2,557
	Automatic Data Processing Inc	Stock	N/A	N/A	N/A	18	1,584
	Axon Enterprise Inc	Stock	N/A	N/A	N/A	1	613
	Boeing Co	Stock	N/A	N/A	N/A	22	2,713
	Carrier Global Corporation Com	Stock	N/A	N/A	N/A	30	497
	Caterpillar Inc	Stock	N/A	N/A	N/A	20	1,732
	Cintas Corp	Stock	N/A	N/A	N/A	4	674
	Csx Corp	Stock	N/A	N/A	N/A	78	1,728
	Cummins Inc	Stock	N/A	N/A	N/A	5	1,174
	Deere & Co	Stock	N/A	N/A	N/A	10	1,754
	Industrials Delta Air Lines Inc	Stock	N/A	N/A	N/A	35	1,763
	Dover Corp	Stock	N/A	N/A	N/A	3	546
	Emerson Electric	Stock	N/A	N/A	N/A	26	1,670
	Fastenal Co	Stock	N/A	N/A	N/A	20	1,000
	Fedex Corp	Stock	N/A	N/A	N/A	9	801
	Fortive Corp	Stock	N/A	N/A	N/A	10	676
	Ge Aerospace	Stock	N/A	N/A	N/A	46	5,085
	General Dynamics Corp	Stock	N/A	N/A	N/A	5	532
	Grainger W W Inc	Stock	N/A	N/A	N/A	1	1,015
	Honeywell International Inc	Stock	N/A	N/A	N/A	28	1,003
	Howmet Aerospace Inc Com	Stock	N/A	N/A	N/A	13	1,439
	Illinois Tool Works Inc Wks Inc	Stock	N/A	N/A	N/A	10	1,530

MCS Supplementary Pension Plan

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

Plan #001 / EIN: 51-6097856

December 31, 2024

(a)	(b)	(c)				(d)	(e)
		Description of investment including collateral, maturity date, rate of interest, par/maturity value or shares					
	Identity of issue, borrower, lessor or similar party	Description	Collateral	Maturity date	Rate of interest	Par/maturity value or shares	Current value
	Stocks - continued:						
	Ingersoll Rand Inc Com	Stock	N/A	N/A	N/A	14	1,266
	Jacobs Engineering Group Inc.	Stock	N/A	N/A	N/A	6	802
	L3 Harris Technologies Inc Com	Stock	N/A	N/A	N/A	6	1,262
	Lockheed Martin Corp	Stock	N/A	N/A	N/A	10	4,859
	Masco Corp	Stock	N/A	N/A	N/A	7	508
	Norfolk Southern Corp	Stock	N/A	N/A	N/A	4	939
	Northrop Grumman Corp	Stock	N/A	N/A	N/A	7	3,285
	Otis Worldwide Corp Com	Stock	N/A	N/A	N/A	15	1,389
	Industrials Paccar Inc	Stock	N/A	N/A	N/A	17	1,768
	Parker Hannifin Corp	Stock	N/A	N/A	N/A	5	3,180
	Paychex Inc	Stock	N/A	N/A	N/A	5	701
	Quanta Svcs Inc	Stock	N/A	N/A	N/A	6	1,896
	Rockwell Automation Inc	Stock	N/A	N/A	N/A	3	857
	Rtx Corporation	Stock	N/A	N/A	N/A	56	6,480
	Stanley Black & Decker Inc	Stock	N/A	N/A	N/A	8	642
	Transdigm Group Inc	Stock	N/A	N/A	N/A	1	1,267
	Uber Technologies Inc	Stock	N/A	N/A	N/A	35	2,111
	Union Pacific Corp	Stock	N/A	N/A	N/A	23	5,245
	United Parcel Service	Stock	N/A	N/A	N/A	23	2,938
	United Rentals Inc	Stock	N/A	N/A	N/A	3	781
	Veralto Corp Com	Stock	N/A	N/A	N/A	10	1,019
	Vertiv Holdings, Llc	Stock	N/A	N/A	N/A	7	795
	Wabtec Corp	Stock	N/A	N/A	N/A	7	1,327
	Waste Management Inc	Stock	N/A	N/A	N/A	15	3,027
	Adobe Sys Inc	Stock	N/A	N/A	N/A	12	5,336
	Advanced Micro Devices Inc	Stock	N/A	N/A	N/A	47	5,677
	Amphenol Corp Cl A	Stock	N/A	N/A	N/A	42	2,917
	Analog Devices Inc	Stock	N/A	N/A	N/A	14	2,974
	Apple Inc	Stock	N/A	N/A	N/A	602	150,753
	Applied Matls Inc	Stock	N/A	N/A	N/A	25	4,066
	Arista Networks Inc Com	Stock	N/A	N/A	N/A	28	3,095
	Autodesk Inc (Del)	Stock	N/A	N/A	N/A	4	1,182
	Broadcom Inc	Stock	N/A	N/A	N/A	171	39,645
	Cadence Design Sys	Stock	N/A	N/A	N/A	7	2,103
	Cisco Sys Inc	Stock	N/A	N/A	N/A	125	7,400
	Corning Incorporated	Stock	N/A	N/A	N/A	25	1,188
	Crowdstrike Holdings Inc -A	Stock	N/A	N/A	N/A	6	2,053
	Dell Technologies Inc -C	Stock	N/A	N/A	N/A	7	807
	Hewlett Packard Enterprise Co	Stock	N/A	N/A	N/A	80	1,708
	Ibm Corp	Stock	N/A	N/A	N/A	29	6,375
	Intel Corp	Stock	N/A	N/A	N/A	133	2,667
	Intuit Inc	Stock	N/A	N/A	N/A	9	5,657
	Kla-Tencor Corp	Stock	N/A	N/A	N/A	4	2,520
	Lam Research Corporation Com	Stock	N/A	N/A	N/A	40	2,889
	Micron Technology Inc	Stock	N/A	N/A	N/A	31	2,609
	Microsoft Corp	Stock	N/A	N/A	N/A	293	123,500
	Motorola Solutions Inc.	Stock	N/A	N/A	N/A	2	924
	Netapp Inc	Stock	N/A	N/A	N/A	10	1,161
	Nvidia Corp	Stock	N/A	N/A	N/A	980	131,604
	Oracle Corporation	Stock	N/A	N/A	N/A	58	9,665
	Palantir Technologies Inc Cl A	Stock	N/A	N/A	N/A	50	3,782
	Palo Alto Networks Inc	Stock	N/A	N/A	N/A	18	3,275
	Qualcomm Inc	Stock	N/A	N/A	N/A	33	5,069
	Roper Inds Inc New	Stock	N/A	N/A	N/A	3	1,560
	Salesforce Inc	Stock	N/A	N/A	N/A	28	9,361
	Servicenow Inc	Stock	N/A	N/A	N/A	5	5,301
	Synopsys Inc	Stock	N/A	N/A	N/A	6	2,912
	Texas Instrs Inc	Stock	N/A	N/A	N/A	28	5,250
	Air Products & Chemical Inc	Stock	N/A	N/A	N/A	5	1,494

MCS Supplementary Pension Plan

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

Plan #001 / EIN: 51-6097856

December 31, 2024

(a)	(b)	(c)				(d)	(e)
		Description of investment including collateral, maturity date, rate of interest, par/maturity value or shares					
	Identity of issue, borrower, lessor or similar party	Description	Collateral	Maturity date	Rate of interest	Par/maturity value or shares	Current value
Stocks - continued:							
	Corteva Inc	Stock	N/A	N/A	N/A	8	456
	Dow Inc	Stock	N/A	N/A	N/A	26	1,043
	Dupont De Nemours Inc	Stock	N/A	N/A	N/A	10	763
	Materials Ecolab Inc	Stock	N/A	N/A	N/A	5	1,172
	Freeport- Mcmoran Copper & Gold B	Stock	N/A	N/A	N/A	38	1,447
	Martin Marietta Materials Inc	Stock	N/A	N/A	N/A	3	1,082
	Newmont Mng Corp	Stock	N/A	N/A	N/A	30	1,202
	Sherwin Williams Co	Stock	N/A	N/A	N/A	4	1,004
	Vulcan Materials Matls Co	Stock	N/A	N/A	N/A	6	1,430
	Accenture Plc Cl A	Foreign stock	N/A	N/A	N/A	19	6,684
	Aon Plc Shs Cl A	Foreign stock	N/A	N/A	N/A	8	2,873
	Aptiv Plc Com	Foreign stock	N/A	N/A	N/A	7	423
	Carnival Corp	Foreign stock	N/A	N/A	N/A	45	1,015
	Chubb Ltd	Foreign stock	N/A	N/A	N/A	15	4,144
	Crh Plc Ord	Foreign stock	N/A	N/A	N/A	22	2,035
	Eaton Corp Plc	Foreign stock	N/A	N/A	N/A	18	5,974
	Johnson Controls Internation	Foreign stock	N/A	N/A	N/A	30	2,368
	Linde Plc Shs	Foreign stock	N/A	N/A	N/A	8	3,349
	Medtronic Plc	Foreign stock	N/A	N/A	N/A	48	3,694
	Nxp Semiconductors Nv	Foreign stock	N/A	N/A	N/A	8	1,469
	Foreign Stock Royal Caribbean Cruises Ltd	Foreign stock	N/A	N/A	N/A	10	2,096
	Te Connectivity Plc Ord Shs	Foreign stock	N/A	N/A	N/A	4	534
	Trane Technologies Plc	Foreign stock	N/A	N/A	N/A	8	826
	American Tower	REIT	N/A	N/A	N/A	10	1,445
	Digital Realty Trust Inc	REIT	N/A	N/A	N/A	6	697
	Equinix Inc	REIT	N/A	N/A	N/A	2	885
	Extra Space Storage Inc	REIT	N/A	N/A	N/A	4	512
	Real Estate Investment Trusts Prologis Inc	REIT	N/A	N/A	N/A	15	1,673
	Public Storage Inc	REIT	N/A	N/A	N/A	2	485
	Sba Communications Corp	REIT	N/A	N/A	N/A	4	1,010
	Simon Property Group Inc	REIT	N/A	N/A	N/A	9	996
	Welltower Inc	REIT	N/A	N/A	N/A	19	1,665
	GE Vernova LLC Com	Partnership	N/A	N/A	N/A	10	1,232
	Total stocks						714,818
	Registered investment companies:						1,749,586
	Alps Etf Tr	ETF	N/A	N/A	N/A	91	5,976
	First Tr Exchange-Traded Fd Ii	ETF	N/A	N/A	N/A	42	2,098
	Invesco Exchange-Traded Fd Tr	ETF	N/A	N/A	N/A	132	4,625
	Invesco Qqq Tr Series 1	ETF	N/A	N/A	N/A	39	14,298
	Ishares Dj Us Medical Device	ETF	N/A	N/A	N/A	423	11,107
	Ishares Dow Jones Us Home	ETF	N/A	N/A	N/A	63	3,654
	Ishares Tr Dj Us Technology Sec	ETF	N/A	N/A	N/A	90	13,434
	Ishares Tr Nasdaq Biotech Indx	ETF	N/A	N/A	N/A	130	8,875
	Select Sector Spdr Consumer	ETF	N/A	N/A	N/A	799	47,710
	Select Sector Spdr Energy	ETF	N/A	N/A	N/A	40	3,372
	Select Sector Spdr Financial	ETF	N/A	N/A	N/A	1,338	40,639
	Select Sector Spdr Industrial	ETF	N/A	N/A	N/A	468	36,829
	Select Sector Spdr Materials	ETF	N/A	N/A	N/A	327	20,866
	Select Sector Spdr Real Estate	ETF	N/A	N/A	N/A	870	31,502
	Select Sector Spdr Technology	ETF	N/A	N/A	N/A	757	102,303
	Select Sector Spdr Utilities	ETF	N/A	N/A	N/A	715	39,577
	Spdr Bloomberg Barclays Kbw Bank	ETF	N/A	N/A	N/A	180	10,041
	Spdr Bloomberg Barclays S&P	ETF	N/A	N/A	N/A	24	2,340
	Spdr Bloomberg Barclays S&P	ETF	N/A	N/A	N/A	102	7,469
	Spdr S&P 500 Etf Trust	ETF	N/A	N/A	N/A	23	10,697
	Spdr Ser Tr Ssga Gnder Etf S&P	ETF	N/A	N/A	N/A	60	7,320
	Goldman Sachs Financial Square	Mutual Fund	N/A	N/A	N/A	565,530	565,530
	Total registered investment companies						990,262
	Total investments					\$	5,370,713
						\$	6,578,464

MCS Supplementary Pension Plan
Schedule H, Line 4j – Schedule of Reportable Transactions
Plan #001 / EIN: 51-6097856
December 31, 2024

(b)	(c)	(d)	(g)	(h)	(i)
Description of asset	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Goldman Sachs FIN SQ Treas INST	\$ 5,890,717	\$ -	\$ 5,890,717	\$ -	\$ -
Goldman Sachs FIN SQ Treas INST	-	5,370,108	5,370,108	-	-
Empower Group Annuity Contract	-	3,646,685	3,646,685	-	-
United States Treas NTS 10/31/2024 4.375%	499,785	-	499,785	-	-
United States Treas NTS 11/30/2024 4.500%	499,863	-	499,863	-	-
United States Treas NTS 02/28/2025 4.625%	500,547	-	500,547	-	-
United States Treas NTS 03/31/2025 3.875%	498,945	-	498,945	-	-
United States Treas NTS 11/15/2024 0.000%	373,096	-	373,096	-	-
United States Treas NTS 01/31/2025 4.125%	499,297	-	499,297	-	-
United States Treas NTS 12/31/2024 4.250%	499,492	-	499,492	-	-
United States Treas NTS 11/15/2025 4.500%	501,055	-	501,055	-	-
United States Treas NTS 05/31/2025 4.250%	499,434	-	499,434	-	-
United States Treas NTS 10/31/2024 4.375%	-	500,000	499,785	-	215
United States Treas NTS 11/30/2024 4.500%	-	500,000	499,863	-	137
United States Treas NTS 12/31/2024 4.250%	-	500,000	499,492	-	508

MCS SUPPLEMENTARY PENSION PLAN

EIN: 51-6097856; Plan Number: 001

Schedule MB, line 6 – Summary of Plan Provisions

Type of Plan:

The Plan is a defined benefit plan.

Effective Date:

December 31, 1969.

Retirement Benefits:

Basic Pension

Eligibility: Age 55 (no age requirement if at least 10 years of Qualifying Time as of 7/1/78) and 20 years of Qualifying Time.

Pension Amount: The value of the benefit is expressed as a lump-sum actuarial equivalent amount. The benefit is then converted into an annuity based upon the participant's attained age. The lump-sum value depends on the years of service as follows:

Years	Lump-Sum Value
20 – 24	\$9,584.30
25 - 29	\$11,979.00
30 & Over	\$14,375.90

In addition, the retiring member receives \$64.38 per month (or \$71.53 if the Qualifying Time equals 25 years or more).

Reduced Pension

Eligibility: Age 65 (age 62 if at least 15 years of Qualifying Time as of 12/31/78) and 15 years of Qualifying Time.

Pension Amount: Lump-sum value of \$7,187.40. In addition, the retiring member receives the following amount:

Years	Monthly Amount
15	\$48.29
16	\$51.50
17	\$54.72
18	\$57.94
19	\$61.17

MCS SUPPLEMENTARY PENSION PLAN
EIN: 51-6097856; Plan Number: 001

Schedule MB, line 6 – Summary of Plan Provisions

Disability Benefits

Eligibility: 10 years of Qualifying Time.

Pension Amount: Lump-sum value of \$4,791.60. In addition, the retiring member receives the following amount:

Years	Lump-Sum Value
10 – 14	\$46.49
15 - 19	\$55.45
20 & Over	\$64.38

Terminated Vested Pension

Eligibility: 10 years of Vesting Service or 5 years of Vesting Service if last shipped after 1998.

Pension Amount: An amount equal to \$5.71 per month for each year (200 days or more) after December 31, 1975 and \$2.86 for such years prior to January 1, 1976. A pro-rata amount is paid (based on 200 days) for years of 125 days or more. The benefit is payable at Normal Retirement Age (Age 65).

Normal Retirement Age:

Normal Retirement Age is (a) age 65 with 5 years of Vesting Service or (b) the later of age 65 or the 60-month anniversary of participation without a break in service.

Spouse Benefit:

Eligibility: Entitlement to a Basic, Reduced, or Deferred Vested Pension.

Pension Amount: 50% of the benefit that the member would have received had he retired on the later of (a) the day before he died, or (b) the day after the earliest date on which he could have retired (and elected the Husband-and-Wife option). There is no cost to the participant for this coverage.

Husband and Wife Pension:

All retirements are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the member and spouse, if married. If not rejected, the benefit amount is reduced to reflect the joint and survivor coverage. If rejected, benefits are payable for the life of the employee without reduction.

MCS SUPPLEMENTARY PENSION PLAN
EIN: 51-6097856; Plan Number: 001

Schedule MB, line 6 – Summary of Plan Provisions

Optional Forms of Payment:

Life Annuity; 50% and 75% Joint and Survivor Annuity; Lump Sum.

For retirements on and after January 1, 1994, the monthly benefit under a Joint and Survivor Annuity will pop-up to the Life Annuity benefit if the spouse dies within 60 months of benefit commencement.

Qualifying Time:

Based on 200 days in a Calendar Year.

Vesting Service:

Based on 125 days in a Calendar Year.

Break in Service:

An employee incurs a One-Year Break in Service if he fails to work at least 62 days in a Calendar Year.

A non-vested employee incurs a permanent Break in Service if he has a One-Year Break in Service after 1975 and the number of consecutive One-Year Breaks in Service is at least 5 and it equals or exceeds the number of full years of Vesting Service which he had previously accumulated.

Plan Year:

The Plan Year is the Calendar Year ending December 31.

Reciprocity:

This plan is not signatory to any reciprocity agreements.

MCS SUPPLEMENTARY PENSION PLAN
EIN: 51-6097856; Plan Number: 001

Schedule MB, line 6 – Summary of Plan Provisions

Plan Amendments Since July 1, 1987

1. In December 1987, the Board approved a one-time only payment of \$500 to pensioners on the rolls on December 1, 1987.
2. In December 1988, the Board approved a one-time only payment of \$500 to pensioners on the rolls on December 1, 1988.
3. In December 1989, the Board approved a one-time only payment of \$400 to pensioners on the rolls on December 1, 1989.
4. Effective January 1, 1990, all benefits (other than lump sums) increased by 90%. This increase applies to all annuity benefits in pay status on January 1, 1990 and all annuity benefits commencing on or after January 1, 1990.
5. In December 1992, the Board approved a one-time only payment of \$200 to pensioners on the rolls on December 1, 1992.
6. Effective January 1, 1992, all benefits were increased by 6%. This increase applies to all annuity benefits in pay status on January 1, 1992, and to all lump sums payable on or after January 1, 1992, and all annuity benefits commencing on or after January 1, 1992.
7. Effective October 21, 1996, the Board approved a one-time only payment of \$500 to pensioners on the rolls on December 1, 1996.
8. Effective December 1, 1997, the Board approved a one-time only payment of \$500 to pensioners on the rolls on December 1, 1997.
9. The normal retirement age was changed from age 65 and 10 years of vesting service to age 65 and 5 years of vesting service (recognized in 1/1/98 valuation).
10. Effective January 1, 1999, the vesting requirement was changed from 10 years of vesting service to 5 years of vesting service provided the member has shipping time after 1998.
11. Effective January 1, 2000 all benefits increased by 14%. This increase applies to all annuity benefits in pay status on January 1, 2000, and to all lump sums payable on and after January 1, 2000, and all annuities commencing on or after January 1, 2000.
12. Effective February 1, 2000, the Board approved a one-time only payment of \$500 to pensioners on the rolls on December 1, 1999.
13. Effective December 1, 2000 the Board approved a one-time only payment of \$500 to pensioners on the rolls on December 1, 2000.
14. Effective April 3, 2002 the Board approved a one-time only payment of \$500 to pensioners on the rolls on April 1, 2002.

MCS SUPPLEMENTARY PENSION PLAN
EIN: 51-6097856; Plan Number: 001

Schedule MB, line 6 – Summary of Plan Provisions

15. Effective January 1, 2014 all benefits increased by 3%. This increase applies to all annuity benefits in pay status on January 1, 2014, and to all lump sums payable on and after January 1, 2014, and all annuities commencing on or after January 1, 2014.
16. Effective January 1, 2024 all benefits increased by 10%. This increase applies to all annuity benefits in pay status on January 1, 2024, and to all lump sums payable on and after January 1, 2024, and all annuities commencing on or after January 1, 2024.

MCS Supplementary Pension Plan

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

Plan #001 / EIN: 51-6097856

December 31, 2024

(a)	(b)	(c)				(d)	(e)	
		Description of investment including collateral, maturity date, rate of interest, par/maturity value or shares						
	Identity of issue, borrower, lessor or similar party	Description	Collateral	Maturity date	Rate of interest	Par/maturity value or shares	Cost	Current value
	U.S. government:							
	United States Treas Nts	Notes	N/A	11/15/15	2.250%	20,000	\$ 20,577	\$ 19,658
	United States Treas Nts	Notes	N/A	08/31/20	0.250%	20,000	19,946	19,479
	United States Treas Nts	Notes	N/A	10/31/22	4.000%	15,000	15,127	14,748
	United States Treas Nts	Notes	N/A	05/15/33	3.380%	5,000	4,723	4,595
	United States Treas Nts	Notes	N/A	02/15/15	2.000%	30,000	30,455	29,914
	United States Treas Nts	Notes	N/A	02/15/17	2.250%	20,000	19,407	19,193
	United States Treas Nts	Notes	N/A	02/15/19	2.630%	30,000	31,519	28,048
	United States Treas Nts	Notes	N/A	02/15/20	1.500%	30,000	26,486	26,050
	United States Treas Nts	Notes	N/A	02/16/23	4.630%	500,000	500,547	500,140
	United States Treas Nts	Notes	N/A	03/31/23	3.880%	500,000	498,945	499,490
	United States Treas Nts	Notes	N/A	08/18/22	3.130%	10,000	9,881	9,712
	United States Treas Nts	Notes	N/A	09/22/22	4.130%	5,000	4,938	4,980
	United States Treas Nts	Notes	N/A	01/31/21	0.380%	10,000	9,961	9,595
	United States Treas Nts	Notes	N/A	11/15/24	0.000%	375,000	373,096	373,346
	United States Treas Nts	Notes	N/A	08/15/31	1.250%	15,000	15,004	12,241
	United States Treas Nts	Notes	N/A	05/05/21	1.630%	20,000	17,849	16,873
	United States Treas Nts	Notes	N/A	03/03/22	1.750%	20,000	19,639	19,899
	United States Treas Nts	Notes	N/A	02/15/32	1.880%	10,000	9,183	8,411
	United States Treas Nts	Notes	N/A	05/15/17	2.380%	25,000	24,068	23,942
	United States Treas Nts	Notes	N/A	05/19/22	2.750%	25,000	24,280	23,374
	United States Treas Nts	Notes	N/A	05/15/22	2.880%	25,000	24,521	22,453
	United States Treas Nts	Notes	N/A	08/15/18	2.880%	5,000	4,886	4,756
	United States Treas Nts	Notes	N/A	06/30/22	3.250%	10,000	10,084	9,542
	United States Treas Nts	Notes	N/A	11/30/22	3.880%	20,000	20,191	19,551
	United States Treas Nts	Notes	N/A	01/31/23	4.130%	500,000	499,297	499,885
	United States Treas Nts	Notes	N/A	10/06/22	4.250%	50,000	50,012	50,013
	United States Treas Nts	Notes	N/A	11/15/22	4.500%	500,000	501,055	500,930
	United States Treas Nts	Notes	N/A	01/31/24	4.000%	5,000	4,928	4,878
	United States Treas Nts	Notes	N/A	02/29/24	4.250%	5,000	5,005	4,943
	United States Treas Nts	Notes	N/A	05/15/24	4.380%	5,000	4,962	4,923
	United States Treas Nts	Notes	N/A	10/15/24	0.000%	50,000	49,885	49,474
	United States Treas Nts	Notes	N/A	10/31/23	4.880%	10,000	10,045	10,221
	United States Treas Nts	Notes	N/A	03/31/24	4.130%	10,000	9,769	9,816
	US Government Obligations	Notes	N/A	05/31/23	4.240%	500,000	499,434	499,875
	US Government Obligations	Notes	N/A	08/15/23	3.880%	15,000	14,113	14,276
	US Government Obligations	Notes	N/A	11/15/33	0.000%	12,000	12,270	11,946
	US Government Obligations	Notes	N/A	07/31/30	4.000%	5,000	4,914	4,895
	Total U.S. government						3,401,002	3,386,065
	Corporate bonds:							
	3M Co	Bond	N/A	10/15/27	2.880%	15,000	14,484	14,361
	Becton Dickinson & Co	Bond	N/A	02/08/29	4.870%	15,000	15,206	14,959
	Carrier Global Corporation	Bond	N/A	02/15/30	2.720%	5,000	4,413	4,473
	Cisco Sys Inc Sr Gbl	Bond	N/A	02/26/31	4.950%	5,000	4,942	5,018
	Dte Energy Co Sr	Bond	N/A	03/01/29	5.100%	5,000	4,973	5,012
	Duke Energy Corp	Bond	N/A	09/15/25	0.900%	25,000	24,841	24,323
	Florida Pwr & Lt Co Sr Gbl FI	Bond	N/A	05/18/23	4.630%	15,000	15,159	14,861
	Hewlett Packard	Bond	N/A	09/25/27	4.400%	15,000	14,971	14,843
	Humana Inc	Bond	N/A	04/01/25	4.500%	30,000	34,375	29,957
	Intercontinentalexchange Group I	Bond	N/A	09/01/28	3.630%	15,000	14,571	14,387
	Lowes Companies Inc	Bond	N/A	05/03/27	3.100%	15,000	14,546	14,501
	Marriott Intl Inc New	Bond	N/A	10/15/28	5.550%	5,000	5,021	5,109
	Norfolk Southn Corp Sr	Bond	N/A	08/01/30	5.050%	5,000	4,916	5,051
	Rockwell	Bond	N/A	03/01/29	3.500%	15,000	14,549	14,247
	Simon Property Group Inc	Bond	N/A	09/01/25	3.500%	30,000	32,864	29,788
	The Cigna Group Sr	Bond	N/A	05/15/31	5.130%	5,000	4,934	4,976
	Thermo Fisher Sr	Bond	N/A	08/10/30	4.980%	5,000	5,020	5,043
	Union Pacific	Bond	N/A	01/20/33	4.500%	15,000	14,790	14,420
	Verizon Comms Inc	Bond	N/A	12/03/29	4.020%	5,000	4,744	4,799
	Wec Energy Group Inc	Bond	N/A	10/01/27	5.150%	15,000	15,312	15,157
	Total corporate bonds						264,631	255,285

MCS Supplementary Pension Plan

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

Plan #001 / EIN: 51-6097856

December 31, 2024

(a)	(b)	(c)				(d)	(e)
		Description of investment including collateral, maturity date, rate of interest, par/maturity value or shares					
	Identity of issue, borrower, lessor or similar party	Description	Collateral	Maturity date	Rate of interest	Par/maturity value or shares	Current value
Stocks:							
	Alphabet Inc Cl A	Stock	N/A	N/A	N/A	281	53,193
	Alphabet Inc Cl C	Stock	N/A	N/A	N/A	237	45,134
	At&T Inc	Stock	N/A	N/A	N/A	304	6,922
	Charter Communications Inc New	Stock	N/A	N/A	N/A	5	1,714
	Comcast Corp Cl A	Stock	N/A	N/A	N/A	183	6,866
	Electronic Arts	Stock	N/A	N/A	N/A	11	1,609
	Facebook Inc	Stock	N/A	N/A	N/A	106	62,064
	Match Group Inc New Com	Stock	N/A	N/A	N/A	8	262
	Netflix.Com Inc	Stock	N/A	N/A	N/A	21	18,718
	T-Mobile Us Inc	Stock	N/A	N/A	N/A	30	6,622
	Verizon Commns Inc	Stock	N/A	N/A	N/A	197	7,878
	Walt Disney Co	Stock	N/A	N/A	N/A	95	10,578
	Warner Bros. Discovery Inc.	Stock	N/A	N/A	N/A	87	920
	Airbnb Inc Com Cl A	Stock	N/A	N/A	N/A	15	1,971
	Amazon Com Inc	Stock	N/A	N/A	N/A	453	99,384
	Best Buy	Stock	N/A	N/A	N/A	7	601
	Booking Hldgs Inc	Stock	N/A	N/A	N/A	2	9,937
	Chipotle Mexican Grill Inc Cl A	Stock	N/A	N/A	N/A	60	3,618
	D R Horton Inc	Stock	N/A	N/A	N/A	8	1,119
	Darden Restaurants Inc	Stock	N/A	N/A	N/A	7	1,307
	Dominos Pizza Inc	Stock	N/A	N/A	N/A	3	1,259
	Expedia Inc Del	Stock	N/A	N/A	N/A	7	1,304
	Ford Motor Co	Stock	N/A	N/A	N/A	195	1,931
	General Motors Co	Stock	N/A	N/A	N/A	51	2,717
	Hilton Worldwide Hldgs Inc	Stock	N/A	N/A	N/A	17	4,202
	Home Depot Inc	Stock	N/A	N/A	N/A	51	19,838
	Lennar Corp Cl A	Stock	N/A	N/A	N/A	7	955
	Lowes Companies Inc Cos Inc	Stock	N/A	N/A	N/A	33	8,144
	Lululemon Athletica Inc	Stock	N/A	N/A	N/A	4	1,530
	Marriott Intl Inc New Cl A	Stock	N/A	N/A	N/A	11	3,068
	Mcdonalds Corp	Stock	N/A	N/A	N/A	35	10,146
	Nike Inc Cl B	Stock	N/A	N/A	N/A	60	4,540
	O Reilly Automotive Inc New	Stock	N/A	N/A	N/A	1	1,186
	Ross Stores Inc	Stock	N/A	N/A	N/A	10	1,513
	Starbucks Corp	Stock	N/A	N/A	N/A	47	4,289
	Tesla Mtrs Inc	Stock	N/A	N/A	N/A	128	51,692
	Tjx Companies Inc New	Stock	N/A	N/A	N/A	68	8,215
	Tractor Supply Co	Stock	N/A	N/A	N/A	15	796
	Altria Group Inc	Stock	N/A	N/A	N/A	43	2,248
	Coca Cola Co	Stock	N/A	N/A	N/A	124	7,720
	Colgate Palmolive Co	Stock	N/A	N/A	N/A	12	1,091
	Constellation Brands Inc Cl A	Stock	N/A	N/A	N/A	7	1,547
	Costco Wholesale Corp	Stock	N/A	N/A	N/A	10	9,163
	Estee Lauder Companies	Stock	N/A	N/A	N/A	5	375
	General Mills Inc	Stock	N/A	N/A	N/A	12	765
	Hershey Co	Stock	N/A	N/A	N/A	5	847
	Keurig Dr Pepper Inc Com	Stock	N/A	N/A	N/A	23	739
	Kimberly Clark Corp	Stock	N/A	N/A	N/A	5	655
	Kroger Co	Stock	N/A	N/A	N/A	13	795
	Pepsico Inc	Stock	N/A	N/A	N/A	47	7,147
	Philip Morris Intl Inc	Stock	N/A	N/A	N/A	46	5,536
	Procter & Gamble Co	Stock	N/A	N/A	N/A	76	12,741
	Sysco	Stock	N/A	N/A	N/A	15	1,147
	Target Corp	Stock	N/A	N/A	N/A	6	811
	Tyson Foods Inc Class A	Stock	N/A	N/A	N/A	8	460
	Energy Chevron Corporation	Stock	N/A	N/A	N/A	78	11,298
	Conocophillips	Stock	N/A	N/A	N/A	54	5,355
	Devon Energy Corporation	Stock	N/A	N/A	N/A	7	229
	Eog Resources Inc	Stock	N/A	N/A	N/A	30	3,677

MCS Supplementary Pension Plan

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

Plan #001 / EIN: 51-6097856

December 31, 2024

(a)	(b)	(c)				(d)	(e)
		Description of investment including collateral, maturity date, rate of interest, par/maturity value or shares					
	Identity of issue, borrower, lessor or similar party	Description	Collateral	Maturity date	Rate of interest	Par/maturity value or shares	Current value
	Stocks - continued:						
	Exxon Mobil Corporation	Stock	N/A	N/A	N/A	204	21,944
	Halliburton Co	Stock	N/A	N/A	N/A	58	1,577
	Marathon Pete Corp	Stock	N/A	N/A	N/A	15	2,093
	Occidental Petroleum Corp	Stock	N/A	N/A	N/A	27	1,334
	Oneok Inc	Stock	N/A	N/A	N/A	8	803
	Phillips 66	Stock	N/A	N/A	N/A	19	2,165
	Schlumberger Ltd	Stock	N/A	N/A	N/A	63	2,415
	Targa Res Corp	Stock	N/A	N/A	N/A	5	893
	Valero Energy Corp Corp New	Stock	N/A	N/A	N/A	13	1,594
	Williams Co Inc	Stock	N/A	N/A	N/A	25	1,353
	Aflac Inc	Stock	N/A	N/A	N/A	30	3,103
	Allstate Corp	Stock	N/A	N/A	N/A	10	1,928
	American Express Co	Stock	N/A	N/A	N/A	28	8,310
	American Intl Group Inc	Stock	N/A	N/A	N/A	30	2,184
	Ameriprise Finl Inc	Stock	N/A	N/A	N/A	3	1,597
	Bank New York Mellon Corp	Stock	N/A	N/A	N/A	35	2,689
	Bank Of America Corp	Stock	N/A	N/A	N/A	310	13,625
	Berkshire Hathaway Inc Cl B	Stock	N/A	N/A	N/A	70	31,730
	Blackrock Funding	Stock	N/A	N/A	N/A	6	6,151
	Blackstone Group Inc Com	Stock	N/A	N/A	N/A	31	5,345
	Capital One Finl Corp Gbl Flt	Stock	N/A	N/A	N/A	17	3,031
	Citigroup Inc	Stock	N/A	N/A	N/A	63	4,435
	Citizens Finl Group Inc	Stock	N/A	N/A	N/A	24	1,050
	Cme Group Inc	Stock	N/A	N/A	N/A	14	3,251
	Discover Finl Svcs	Stock	N/A	N/A	N/A	8	1,386
	Fidelity Natl Information Svcs	Stock	N/A	N/A	N/A	24	1,938
	Fifth Third Bancorp Com	Stock	N/A	N/A	N/A	29	1,226
	Fiserv Inc	Stock	N/A	N/A	N/A	25	5,136
	Gallagher Arthur J & Co	Stock	N/A	N/A	N/A	3	852
	Global Markets Inc	Stock	N/A	N/A	N/A	4	782
	Global Payments Inc	Stock	N/A	N/A	N/A	8	896
	Goldman Sachs Group Inc	Stock	N/A	N/A	N/A	15	8,589
	Intercontinental Exchange Group I	Stock	N/A	N/A	N/A	21	3,129
	Jpmorgan Chase & Co	Stock	N/A	N/A	N/A	114	27,327
	Kkr Co Inc Cl- A	Stock	N/A	N/A	N/A	32	4,733
	M & T Bank Corp	Stock	N/A	N/A	N/A	4	752
	Marsh & McLennan Cos Inc	Stock	N/A	N/A	N/A	14	2,974
	Mastercard Inc	Stock	N/A	N/A	N/A	34	17,903
	Metlife Inc	Stock	N/A	N/A	N/A	42	3,439
	Moody'S Corporation	Stock	N/A	N/A	N/A	6	2,840
	Msci Inc Cl A	Stock	N/A	N/A	N/A	3	1,800
	Nasdaq Stock Market Inc	Stock	N/A	N/A	N/A	15	1,160
	Paypal Hldgs Inc	Stock	N/A	N/A	N/A	35	2,987
	Pnc Finl Svcs Group Inc	Stock	N/A	N/A	N/A	15	2,893
	Progressive Corp	Stock	N/A	N/A	N/A	22	5,271
	Prudential Finl Inc Jr Sb Gbl	Stock	N/A	N/A	N/A	15	1,778
	Raymond James Finl Inc	Stock	N/A	N/A	N/A	18	2,796
	Regions Finl Corp	Stock	N/A	N/A	N/A	79	1,858
	S&P Global Inc	Stock	N/A	N/A	N/A	13	6,474
	Schwab Charles Corp	Stock	N/A	N/A	N/A	57	4,219
	Synchrony Finl	Stock	N/A	N/A	N/A	12	780
	Travelers Cos Inc	Stock	N/A	N/A	N/A	13	3,132
	Truist Financial Corp Com	Stock	N/A	N/A	N/A	46	1,995
	Us Bancorp Del	Stock	N/A	N/A	N/A	53	2,535
	Visa Inc Cl A	Stock	N/A	N/A	N/A	70	22,123
	Wells Fargo & Co & Co New	Stock	N/A	N/A	N/A	126	8,850
	Abbott Labs	Stock	N/A	N/A	N/A	47	5,316
	Abbvie Inc	Stock	N/A	N/A	N/A	83	14,749
	Agilent Technologies Inc	Stock	N/A	N/A	N/A	9	1,209

MCS Supplementary Pension Plan

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

Plan #001 / EIN: 51-6097856

December 31, 2024

(a)	(b)	(c)				(d)	(e)
		Description of investment including collateral, maturity date, rate of interest, par/maturity value or shares					
	Identity of issue, borrower, lessor or similar party	Description	Collateral	Maturity date	Rate of interest	Par/maturity value or shares	Current value
Stocks - continued:							
	Amgen Inc	Stock	N/A	N/A	N/A	18	4,692
	Baxter Intl Inc	Stock	N/A	N/A	N/A	18	525
	Becton Dickinson & Co	Stock	N/A	N/A	N/A	11	2,496
	Biogen Idec Inc	Stock	N/A	N/A	N/A	3	459
	Boston Scientific Corp	Stock	N/A	N/A	N/A	57	5,091
	Bristol Myers Squibb Co	Stock	N/A	N/A	N/A	104	5,882
	Cardinal Health Inc	Stock	N/A	N/A	N/A	15	1,774
	Cencora Inc.	Stock	N/A	N/A	N/A	7	1,573
	Centene Corp	Stock	N/A	N/A	N/A	27	1,636
	Cvs/Caremark Corp	Stock	N/A	N/A	N/A	65	2,918
	Health Care Danaher Corp	Stock	N/A	N/A	N/A	31	7,116
	Dexcom Inc	Stock	N/A	N/A	N/A	13	1,065
	Edwards Lifesciences Corp	Stock	N/A	N/A	N/A	14	1,111
	Elevance Health Inc	Stock	N/A	N/A	N/A	11	3,056
	Ge Healthcare Technologies Inc.	Stock	N/A	N/A	N/A	7	814
	Gilead Scienes Inc	Stock	N/A	N/A	N/A	20	1,419
	Hca Hldgs Inc Com	Stock	N/A	N/A	N/A	8	2,119
	Humana Inc	Stock	N/A	N/A	N/A	7	2,054
	Idexx Laboratories Inc	Stock	N/A	N/A	N/A	1	290
	Intuitive Surgical Inc	Stock	N/A	N/A	N/A	10	1,405
	Iqvia Hldgs Inc	Stock	N/A	N/A	N/A	7	1,081
	Johnson & Johnson	Stock	N/A	N/A	N/A	116	8,501
	Labcorp Holdings Inc Com	Stock	N/A	N/A	N/A	2	429
	Lilly Eli & Co	Stock	N/A	N/A	N/A	38	2,685
	Mckesson Corp	Stock	N/A	N/A	N/A	6	1,624
	Merck & Co Inc	Stock	N/A	N/A	N/A	120	4,961
	Pfizer Inc	Stock	N/A	N/A	N/A	230	5,149
	Quest Diagnostics Inc	Stock	N/A	N/A	N/A	4	590
	Regeneron Pharmaceuticals Inc	Stock	N/A	N/A	N/A	3	2,168
	Solventum Corp Com	Stock	N/A	N/A	N/A	5	458
	Health Care Stryker Corp	Stock	N/A	N/A	N/A	9	1,246
	The Cigna Group	Stock	N/A	N/A	N/A	14	2,944
	Thermo Fisher Scientific Inc Sr	Stock	N/A	N/A	N/A	20	4,187
	Unitedhealth Group Inc	Stock	N/A	N/A	N/A	44	2,408
	Vertex Pharmaceuticals Inc	Stock	N/A	N/A	N/A	5	1,482
	Zimmer Biomet Holdings, Inc	Stock	N/A	N/A	N/A	5	726
	Zoetis Inc	Stock	N/A	N/A	N/A	21	1,591
	3M Co	Stock	N/A	N/A	N/A	21	2,557
	Automatic Data Processing Inc	Stock	N/A	N/A	N/A	18	1,584
	Axon Enterprise Inc	Stock	N/A	N/A	N/A	1	613
	Boeing Co	Stock	N/A	N/A	N/A	22	2,713
	Carrier Global Corporation Com	Stock	N/A	N/A	N/A	30	497
	Caterpillar Inc	Stock	N/A	N/A	N/A	20	1,732
	Cintas Corp	Stock	N/A	N/A	N/A	4	674
	Csx Corp	Stock	N/A	N/A	N/A	78	1,728
	Cummins Inc	Stock	N/A	N/A	N/A	5	1,174
	Deere & Co	Stock	N/A	N/A	N/A	10	1,754
	Industrials Delta Air Lines Inc	Stock	N/A	N/A	N/A	35	1,763
	Dover Corp	Stock	N/A	N/A	N/A	3	546
	Emerson Electric	Stock	N/A	N/A	N/A	26	1,670
	Fastenal Co	Stock	N/A	N/A	N/A	20	1,000
	Fedex Corp	Stock	N/A	N/A	N/A	9	801
	Fortive Corp	Stock	N/A	N/A	N/A	10	676
	Ge Aerospace	Stock	N/A	N/A	N/A	46	5,085
	General Dynamics Corp	Stock	N/A	N/A	N/A	5	532
	Grainger W W Inc	Stock	N/A	N/A	N/A	1	1,015
	Honeywell International Inc	Stock	N/A	N/A	N/A	28	1,003
	Howmet Aerospace Inc Com	Stock	N/A	N/A	N/A	13	1,439
	Illinois Tool Works Inc Wks Inc	Stock	N/A	N/A	N/A	10	1,530

MCS Supplementary Pension Plan

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

Plan #001 / EIN: 51-6097856

December 31, 2024

(a)	(b)	(c)				(d)	(e)
		Description of investment including collateral, maturity date, rate of interest, par/maturity value or shares					
	Identity of issue, borrower, lessor or similar party	Description	Collateral	Maturity date	Rate of interest	Par/maturity value or shares	Current value
Stocks - continued:							
	Ingersoll Rand Inc Com	Stock	N/A	N/A	N/A	14	1,266
	Jacobs Engineering Group Inc.	Stock	N/A	N/A	N/A	6	802
	L3 Harris Technologies Inc Com	Stock	N/A	N/A	N/A	6	1,262
	Lockheed Martin Corp	Stock	N/A	N/A	N/A	10	4,859
	Masco Corp	Stock	N/A	N/A	N/A	7	508
	Norfolk Southern Corp	Stock	N/A	N/A	N/A	4	939
	Northrop Grumman Corp	Stock	N/A	N/A	N/A	7	3,285
	Otis Worldwide Corp Com	Stock	N/A	N/A	N/A	15	1,389
	Industrials Paccar Inc	Stock	N/A	N/A	N/A	17	1,768
	Parker Hannifin Corp	Stock	N/A	N/A	N/A	5	3,180
	Paychex Inc	Stock	N/A	N/A	N/A	5	701
	Quanta Svcs Inc	Stock	N/A	N/A	N/A	6	1,896
	Rockwell Automation Inc	Stock	N/A	N/A	N/A	3	857
	Rtx Corporation	Stock	N/A	N/A	N/A	56	6,480
	Stanley Black & Decker Inc	Stock	N/A	N/A	N/A	8	642
	Transdigm Group Inc	Stock	N/A	N/A	N/A	1	1,267
	Uber Technologies Inc	Stock	N/A	N/A	N/A	35	2,111
	Union Pacific Corp	Stock	N/A	N/A	N/A	23	5,245
	United Parcel Service	Stock	N/A	N/A	N/A	23	2,938
	United Rentals Inc	Stock	N/A	N/A	N/A	3	781
	Veralto Corp Com	Stock	N/A	N/A	N/A	10	1,019
	Vertiv Holdings, Llc	Stock	N/A	N/A	N/A	7	795
	Wabtec Corp	Stock	N/A	N/A	N/A	7	1,327
	Waste Management Inc	Stock	N/A	N/A	N/A	15	3,027
	Adobe Sys Inc	Stock	N/A	N/A	N/A	12	5,336
	Advanced Micro Devices Inc	Stock	N/A	N/A	N/A	47	5,677
	Amphenol Corp Cl A	Stock	N/A	N/A	N/A	42	2,917
	Analog Devices Inc	Stock	N/A	N/A	N/A	14	2,974
	Apple Inc	Stock	N/A	N/A	N/A	602	150,753
	Applied Matls Inc	Stock	N/A	N/A	N/A	25	4,066
	Arista Networks Inc Com	Stock	N/A	N/A	N/A	28	3,095
	Autodesk Inc (Del)	Stock	N/A	N/A	N/A	4	1,182
	Broadcom Inc	Stock	N/A	N/A	N/A	171	39,645
	Cadence Design Sys	Stock	N/A	N/A	N/A	7	2,103
	Cisco Sys Inc	Stock	N/A	N/A	N/A	125	7,400
	Corning Incorporated	Stock	N/A	N/A	N/A	25	1,188
	Crowdstrike Holdings Inc -A	Stock	N/A	N/A	N/A	6	2,053
	Dell Technologies Inc -C	Stock	N/A	N/A	N/A	7	807
	Hewlett Packard Enterprise Co	Stock	N/A	N/A	N/A	80	1,708
	Ibm Corp	Stock	N/A	N/A	N/A	29	6,375
	Intel Corp	Stock	N/A	N/A	N/A	133	2,667
	Intuit Inc	Stock	N/A	N/A	N/A	9	5,657
	Kla-Tencor Corp	Stock	N/A	N/A	N/A	4	2,520
	Lam Research Corporation Com	Stock	N/A	N/A	N/A	40	2,889
	Micron Technology Inc	Stock	N/A	N/A	N/A	31	2,609
	Microsoft Corp	Stock	N/A	N/A	N/A	293	123,500
	Motorola Solutions Inc.	Stock	N/A	N/A	N/A	2	924
	Netapp Inc	Stock	N/A	N/A	N/A	10	1,161
	Nvidia Corp	Stock	N/A	N/A	N/A	980	131,604
	Oracle Corporation	Stock	N/A	N/A	N/A	58	9,665
	Palantir Technologies Inc Cl A	Stock	N/A	N/A	N/A	50	3,782
	Palo Alto Networks Inc	Stock	N/A	N/A	N/A	18	3,275
	Qualcomm Inc	Stock	N/A	N/A	N/A	33	5,069
	Roper Inds Inc New	Stock	N/A	N/A	N/A	3	1,560
	Salesforce Inc	Stock	N/A	N/A	N/A	28	9,361
	Servicenow Inc	Stock	N/A	N/A	N/A	5	5,301
	Synopsys Inc	Stock	N/A	N/A	N/A	6	2,912
	Texas Instrs Inc	Stock	N/A	N/A	N/A	28	5,250
	Air Products & Chemical Inc	Stock	N/A	N/A	N/A	5	1,494

MCS Supplementary Pension Plan

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

Plan #001 / EIN: 51-6097856

December 31, 2024

(a)	(b)	(c)				(d)	(e)
		Description of investment including collateral, maturity date, rate of interest, par/maturity value or shares					
	Identity of issue, borrower, lessor or similar party	Description	Collateral	Maturity date	Rate of interest	Par/maturity value or shares	Current value
Stocks - continued:							
	Corteva Inc	Stock	N/A	N/A	N/A	8	456
	Dow Inc	Stock	N/A	N/A	N/A	26	1,043
	Dupont De Nemours Inc	Stock	N/A	N/A	N/A	10	763
	Materials Ecolab Inc	Stock	N/A	N/A	N/A	5	1,172
	Freeport- Mcmoran Copper & Gold B	Stock	N/A	N/A	N/A	38	1,447
	Martin Marietta Materials Inc	Stock	N/A	N/A	N/A	3	1,550
	Newmont Mng Corp	Stock	N/A	N/A	N/A	30	1,116
	Sherwin Williams Co	Stock	N/A	N/A	N/A	4	1,360
	Vulcan Materials Matls Co	Stock	N/A	N/A	N/A	6	1,543
	Accenture Plc Cl A	Foreign stock	N/A	N/A	N/A	19	6,684
	Aon Plc Shs Cl A	Foreign stock	N/A	N/A	N/A	8	2,873
	Aptiv Plc Com	Foreign stock	N/A	N/A	N/A	7	423
	Carnival Corp	Foreign stock	N/A	N/A	N/A	45	1,121
	Chubb Ltd	Foreign stock	N/A	N/A	N/A	15	4,144
	Crh Plc Ord	Foreign stock	N/A	N/A	N/A	22	2,035
	Eaton Corp Plc	Foreign stock	N/A	N/A	N/A	18	5,974
	Johnson Controls Internation	Foreign stock	N/A	N/A	N/A	30	2,368
	Linde Plc Shs	Foreign stock	N/A	N/A	N/A	8	3,349
	Medtronic Plc	Foreign stock	N/A	N/A	N/A	48	3,834
	Nxp Semiconductors Nv	Foreign stock	N/A	N/A	N/A	8	1,663
	Foreign Stock Royal Caribbean Cruises Ltd	Foreign stock	N/A	N/A	N/A	10	2,307
	Te Connectivity Plc Ord Shs	Foreign stock	N/A	N/A	N/A	4	572
	Trane Technologies Plc	Foreign stock	N/A	N/A	N/A	8	2,955
	American Tower	REIT	N/A	N/A	N/A	10	1,834
	Digital Realty Trust Inc	REIT	N/A	N/A	N/A	6	1,064
	Equinix Inc	REIT	N/A	N/A	N/A	2	1,885
	Extra Space Storage Inc	REIT	N/A	N/A	N/A	4	598
	Real Estate Investment Trusts Prologis Inc	REIT	N/A	N/A	N/A	15	1,586
	Public Storage Inc	REIT	N/A	N/A	N/A	2	599
	Sba Communications Corp	REIT	N/A	N/A	N/A	4	815
	Simon Property Group Inc	REIT	N/A	N/A	N/A	9	1,550
	Welltower Inc	REIT	N/A	N/A	N/A	19	2,395
	GE Vernova LLC Com	Partnership	N/A	N/A	N/A	10	3,290
	Total stocks					714,818	1,749,586
Registered investment companies:							
	Alps Etf Tr	ETF	N/A	N/A	N/A	91	4,383
	First Tr Exchange-Traded Fd Ii	ETF	N/A	N/A	N/A	42	2,714
	Invesco Exchange-Traded Fd Tr	ETF	N/A	N/A	N/A	132	4,939
	Invesco Qqq Tr Series 1	ETF	N/A	N/A	N/A	39	19,938
	Ishares Dj Us Medical Device	ETF	N/A	N/A	N/A	423	24,682
	Ishares Dow Jones Us Home	ETF	N/A	N/A	N/A	63	6,514
	Ishares Tr Dj Us Technology Sec	ETF	N/A	N/A	N/A	90	14,357
	Ishares Tr Nasdaq Biotech Indx	ETF	N/A	N/A	N/A	130	17,187
	Select Sector Spdr Consumer	ETF	N/A	N/A	N/A	799	62,809
	Select Sector Spdr Energy	ETF	N/A	N/A	N/A	40	3,426
	Select Sector Spdr Financial	ETF	N/A	N/A	N/A	1,338	64,666
	Select Sector Spdr Industrial	ETF	N/A	N/A	N/A	468	61,664
	Select Sector Spdr Materials	ETF	N/A	N/A	N/A	327	27,514
	Select Sector Spdr Real Estate	ETF	N/A	N/A	N/A	870	35,383
	Select Sector Spdr Technology	ETF	N/A	N/A	N/A	757	176,018
	Select Sector Spdr Utilities	ETF	N/A	N/A	N/A	715	54,118
	Spdr Bloomberg Barclays Kbw Bank	ETF	N/A	N/A	N/A	180	9,985
	Spdr Bloomberg Barclays S&P	ETF	N/A	N/A	N/A	24	2,161
	Spdr Bloomberg Barclays S&P	ETF	N/A	N/A	N/A	102	8,118
	Spdr S&P 500 Etf Trust	ETF	N/A	N/A	N/A	23	13,480
	Spdr Ser Tr Ssga Gnder Etf S&P	ETF	N/A	N/A	N/A	60	7,942
	Goldman Sachs Financial Square	Mutual Fund	N/A	N/A	N/A	565,530	565,530
	Total registered investment companies					990,262	1,187,528
Total investments						\$ 5,370,713	\$ 6,578,464

MCS SUPPLEMENTARY PENSION PLAN
EIN: 51-6097856; Plan Number: 001

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

Attained Age:	Years of service:										Total
	<u><1</u>	<u>1-4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40+</u>	
Under 25	0	4	0	0	0	0	0	0	0	0	4
25 to 29	0	2	0	0	0	0	0	0	0	0	2
30 to 34	0	12	0	0	0	0	0	0	0	0	12
35 to 39	0	10	5	0	0	0	0	0	0	0	15
40 to 44	0	16	5	1	0	0	0	0	0	0	22
45 to 49	0	14	8	3	0	0	0	0	0	0	25
50 to 54	0	21	12	7	3	1	0	0	0	0	44
55 to 59	0	22	21	5	2	0	0	0	0	0	50
60 to 64	0	23	26	11	4	3	2	0	0	0	69
65 to 69	0	11	8	4	4	0	0	0	0	0	27
70 & up	<u>0</u>	<u>2</u>	<u>2</u>	<u>2</u>	<u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>7</u>
Total	0	137	87	33	14	4	2	0	0	0	277

	<u>1/1/2023</u>	<u>1/1/2024</u>
Active Average Age	55.0	54.3
Active Average Service	6.8	6.7

MCS SUPPLEMENTARY PENSION PLAN
EIN: 51-6097856; Plan Number: 001

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

Since the prior report, the mortality rates were changed from the RP-2000 Mortality Table with Blue Collar adjustment (105% for males, 90% for females) projected generationally using 25% of Mortality Improvement Scale MP-2021 to the RP-2014 Adjusted to 2006 Blue Collar Mortality Table projected generationally using Scale MP-2021. This change has been made so that each assumption used is reasonably related to the experience of the plan and to reasonable expectations of anticipated experience.

The interest rate used to value current liability under RPA '94 was updated from 2.55% to 3.29% as mandated by the IRS.

MCS SUPPLEMENTARY PENSION PLAN
EIN: 51-6097856; Plan Number: 001

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

Interest Rates:

Funding:

6.00% annual compound interest in the future, based on expected earnings from portfolio analysis.

Current Liability:

3.29% per year, compounded annually.

Mortality:

RP-2014 Adjusted to 2006 Blue Collar Mortality Table projected generationally using Scale MP-2021 is used for healthy lives.

RP-2014 Adjusted to 2006 Disabled Mortality Table projected generationally using Scale MP-2021 is used for disabled lives.

The mortality table used reflects the anticipated mortality experiences at the valuation date as well as anticipated future mortality improvements.

For determination of Current Liability – the sex distinct combined mortality table as specified in IRS Regulation 1.430(h)(3) – 1(e).

Rates of Washout and Dropout:

None assumed

Retirement:

Retirement Rates vary by age as follows:

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

Terminated vested participants are assumed to retire at age 65.

MCS SUPPLEMENTARY PENSION PLAN
EIN: 51-6097856; Plan Number: 001

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

Assumed retirement rates are based on plan provisions and experience under the plan, supplemented with professional judgement.

Disability:

Disability Rates vary by age as follows:

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

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

Expenses:

Annual operating expenses are assumed to be \$189,000 based on reasonable expectations of future expenses. Investment related expenses are netted against investment income.

Form of Payment:

Participants are assumed to elect the normal form.

Marital Status:

Spouses are assumed to be 3 years younger than participants. 60% of participants are assumed to be married. This assumption is based on professional judgement.

Dependents of Active Members:

It is assumed that 10% of disabled actives have children, that the average number of children is two and that benefits are payable for 18 years.

Reciprocity:

None assumed.

Actuarial Value of Assets:

Effective January 1, 2011, the method was changed to a modified five-year smoothing method with phase-in. As of January 1, 2011, the actuarial value of assets is set equal to the market value. In

MCS SUPPLEMENTARY PENSION PLAN
EIN: 51-6097856; Plan Number: 001

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

subsequent years, the portion of Plan assets held under the group insurance contract are reflected at fair market value. Gains and losses are determined annually on the remainder of Plan assets as the difference between the actual return and the expected return (calculated using the funding interest rate). Gains and losses are recognized 20% per year over a five year period. The actuarial value of assets is further adjusted, if necessary, so that it is at least 80% but no more than 120% of market value.

Actuarial Valuation Method:

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

Changes Since Prior Year

Since the prior report, the mortality rates were changed from the RP-2000 Mortality Table with Blue Collar adjustment (105% for males, 90% for females) projected generationally using 25% of Mortality Improvement Scale MP-2021 to the RP-2014 Adjusted to 2006 Blue Collar Mortality Table projected generationally using Scale MP-2021. This change resulted in an increase in the plan's accrued liability of \$221,230, an increase in the plan's normal cost of \$9,015, and an increase in the plan's present value of accrued benefits of \$211,647.

Additionally, the interest rate used to value current liability under RPA '94 was updated from 2.55% to 3.29% as mandated by the IRS.

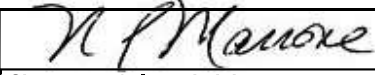
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210 - 0110 1210 - 0089 2024 This Form is Open to Public Inspection
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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 MCS SUPPLEMENTARY PENSION PLAN	1b Three-digit plan number (PN) ► 001
	1c Effective date of plan 12/31/1969
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 MCS SUPPLEMENTARY PENSION PLAN 5201 CAPITAL GATEWAY DRIVE CAMP SPRINGS MD 20746-4211	2b Employer Identification Number (EIN) 51-6097856 2c Plan Sponsor's telephone number 301-899-0675 2d Business code (see instructions) 483000

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

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

SIGN HERE			NICHOLAS MARRONE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		9/29/2025	DANNY DEFANTI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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v. 240311

Form 5500 (2024)

Page **2**

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
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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
--	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	650
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)	277
a (2) Total number of active participants at the end of the plan year	6a(2)	280
b Retired or separated participants receiving benefits	6b	179
c Other retired or separated participants entitled to future benefits	6c	112
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	571
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	49
f Total. Add lines 6d and 6e	6f	620
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	0

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

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ 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) ☒ **R** (Retirement Plan Information)
 (2) ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
 (4) ☐ **DCG** (Individual Plan Information) - Number Attached _____
 (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

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

MCS Supplementary Pension Plan
Schedule H, Line 4j – Schedule of Reportable Transactions
Plan #001 / EIN: 51-6097856
December 31, 2024

(b)	(c)	(d)	(g)	(h)	(i)
Description of asset	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
Goldman Sachs FIN SQ Treas INST	\$ 5,890,717	\$ -	\$ 5,890,717	\$ -	\$ -
Goldman Sachs FIN SQ Treas INST	-	5,370,108	5,370,108	-	-
Empower Group Annuity Contract	-	3,646,685	3,646,685	-	-
United States Treas NTS 10/31/2024 4.375%	499,785	-	499,785	-	-
United States Treas NTS 11/30/2024 4.500%	499,863	-	499,863	-	-
United States Treas NTS 02/28/2025 4.625%	500,547	-	500,547	-	-
United States Treas NTS 03/31/2025 3.875%	498,945	-	498,945	-	-
United States Treas NTS 11/15/2024 0.000%	373,096	-	373,096	-	-
United States Treas NTS 01/31/2025 4.125%	499,297	-	499,297	-	-
United States Treas NTS 12/31/2024 4.250%	499,492	-	499,492	-	-
United States Treas NTS 11/15/2025 4.500%	501,055	-	501,055	-	-
United States Treas NTS 05/31/2025 4.250%	499,434	-	499,434	-	-
United States Treas NTS 10/31/2024 4.375%	-	500,000	499,785	-	215
United States Treas NTS 11/30/2024 4.500%	-	500,000	499,863	-	137
United States Treas NTS 12/31/2024 4.250%	-	500,000	499,492	-	508

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
Round off amounts to nearest dollar. Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.		
A Name of plan MCS SUPPLEMENTARY 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 MCS SUPPLEMENTARY PENSION PLAN		D Employer Identification Number (EIN) 51-6097856
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)	6,439,497
(2) Actuarial value of assets for funding standard account	1b(2)	6,437,750
c (1) Accrued liability for plan using immediate gain methods	1c(1)	2,599,661
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	2,478,424
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	3,334,779
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	376,281
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	419,240
(3) Expected plan disbursements for the plan year	1d(3)	608,240
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 GREGORY J. PASTINO Type or print name of actuary FOSTER & FOSTER, INC Firm name 184 SHUMAN BLVD SUITE 305 NAPERVILLE IL 60563 Address of the firm	8/25/2025 Date 2303916 Most recent enrollment number 630-620-0200 Telephone number (including area code)	
If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF. Schedule MB (Form 5500) 2024 v. 240311		

a Current value of assets (see instructions)		2a	6,439,497
b "RPA '94" current liability/participant count breakdown:		(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment		236	1,068,590
(2) For terminated vested participants		137	1,027,241
(3) For active participants:			
(a) Non-vested benefits			295,578
(b) Vested benefits			943,370
(c) Total active.....		277	1,238,948
(4) Total.....		650	3,334,779
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage.....		2c	%

(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
			Totals ►	3(b)	0 3(c) 0

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	259.7 %
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

f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	
--	------------------	--

i If box h is checked, enter period of use of shortfall method	5j	
--	----	--

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method **5m**

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.29 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☒ No ☐ N/A	☐ Yes ☒ No ☐ N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	A A
(2) Females	6c(2)	A A
d Valuation liability interest rate	6d	6.00 % 6.00 %
e Salary scale	6e	% ☐ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	6.00 %
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	8.8 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	189,000
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

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

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval..... **8a**

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ☐ Yes ☒ No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ☐ Yes ☒ No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ☐ Yes ☐ No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?..... ☐ Yes ☐ No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended.. **8d(2)**

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ☐ Yes ☐ No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))..... **8d(4)**

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension **8d(5)**

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ☐ Yes ☐ No

e If box 5h is checked or 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	
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9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	294,448

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)	0
(2) Funding waivers.....	9c(2)	0
(3) Certain bases for which the amortization period has been extended.....	9c(3)	0

d Interest as applicable on lines 9a, 9b, and 9c.....	9d	17,667
e Total charges. Add lines 9a through 9d.....	9e	312,115

Credits to funding standard account:		
f Prior year credit balance, if any.....	9f	3,439,954
g Employer contributions. Total from column (b) of line 3.....	9g	0

h Amortization credits as of valuation date.....	Outstanding balance	
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9h	0
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	0
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	0
(3) FFL credit.....	9j(3)	312,115

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	3,958,466
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	3,646,351
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)	0
(3) Total as of valuation date.....	9o(3)	0

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No
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