

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 IRON WORKERS' MID-AMERICA PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1957
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF IW MID-AMERICA PENSION PLAN 2350 EAST 170TH STREET LANSING, IL 60438
2b	Employer Identification Number (EIN) 36-6488227
2c	Plan Sponsor's telephone number 708-474-9902
2d	Business code (see instructions) 237990

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	KEVIN HRAY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2025	DAVID ANSPAUGH
	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 10791
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) 3294 6a(2) 3480 6b 3714 6c 1577 6d 8771 6e 1034 6f 9805 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 475

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 _____
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) 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 IRON WORKERS' MID-AMERICA 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 OF IW MID-AMERICA PENSION PLAN	D Employer Identification Number (EIN) 36-6488227

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) 926460309
(2) Actuarial value of assets for funding standard account	1b(2) 961945700
c (1) Accrued liability for plan using immediate gain methods	1c(1) 1062356964
(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) 1062356964
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) 1854265978
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 55770438
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 69252165
(3) Expected plan disbursements for the plan year	1d(3) 71352165

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	09/03/2025
Signature of actuary WILLIAM GITTERMAN, FSA, MAAA, EA	Date 23-08743
Type or print name of actuary SEGAL	Most recent enrollment number 312-984-8500
Firm name 101 NORTH WACKER DRIVE, SUITE 1800 CHICAGO, IL 60606-1722	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	927290481
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	4548	878296441
(2) For terminated vested participants	1652	185577524
(3) For active participants:		
(a) Non-vested benefits		54976325
(b) Vested benefits		735415688
(c) Total active	3059	790392013
(4) Total	9259	1854265978
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	50.00 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2024	56060167	0			
Totals ►			3(b)	56060167	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 123372

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	90.5 %
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	7.00 %	7.00 %	
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)	%		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	6.7 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	11.5 %		
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)	2024815		
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1140543	117033

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	0
b Employer's normal cost for plan year as of valuation date	9b	24981636

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)	328698839	51717098
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 5368911**e** Total charges. Add lines 9a through 9d.....**9e** 82067645**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 113773169**g** Employer contributions. Total from column (b) of line 3.....**9g** 56060167**h** Amortization credits as of valuation date.....**9h** 114514406 26304434**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 11767538**j** Full funding limitation (FFL) and credits:

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

	Outstanding balance	
9j(1)	293877062	
9j(2)	756913915	
9j(3)		0

k (1) Waived funding deficiency**9k(1)****(2)** Other credits**9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 207905308**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 125837663**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****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 IRON WORKERS' MID-AMERICA PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF IW MID-AMERICA PENSION PLAN	D Employer Identification Number (EIN) 36-6488227	

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
LANDMARK EQUITY PARTNERS XIV, LP
90-0409803

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
LANDMARK EQUITY PARTNERS XV, LP
46-1153167

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
LIGHTHOUSE INVESTMENT PARTNERS, LLC
20-3528185

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
NEUBERGER BERMAN STRATEGIC MULTI-SE
20-4797982

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

SIGULER GUFF SM BUYOUT OPP FUND IV

83-2907315

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

TENNENBAUM CAPITAL PARTNERS

2951 28TH STREET, SUITE 1000
SANTA MONICA, CA 90405

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

THOMAS H LEE EQUITY FUND VIII LP

100 FEDERAL STREET
BOSTON, MA 02110

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

AFL-CIO BUILDING INVESTMENT TRUST

52-6328901

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

AMERICAN STRATEGIC VALUE REALTY FD

26-1716373

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

ASB ALLEGIANCE REAL ESTATE FUND

52-6257033

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

CHEVY CHASE TRUST COMPANY

52-2037618

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

CIM FUND IX MAIN FEEDER LP

82-2790185

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

CORBIN CAPITAL PARTNERS, L.P.

30-0299433

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

GOLDMAN SACHS ASSET MGMT LP

13-3575636

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

GS PRIVATE EQUITY PTNRS 2005 MGR LP

20-3684992

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

GCM GROSVENOR L.P.

20-3979494

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

HAMILTON LANE SECONDARY FUND II

26-2316138

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

HAMILTON LANE ADVISORS, LLC

23-2962336

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

HAMILTON LANE STRAT OPP FUND 2019

4643 S. ULSTER STREET, STE 700
DENVER, CO 80237

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

HAMILTON LANE SECONDARY FUND III-A

80-0781232

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

HAMILTON LANE SECONDARY FUND IV

47-4512595

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

HAMILTON LANE STRG OPP 2017 FUND

61-1803272

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

HAMILTON LANE STRAT OPP FUND IV

82-2497490

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

HARRISON STREET REAL ESTATE CAPITAL

444 W. LAKE STREET, SUITE 900
CHICAGO, IL 60606

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

U.S. REAL ESTATE INVESTMENT FUND

11-3786306

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

LANDMARK EQUITY ADVISORS LLC

06-1519082

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

GREAT GRAY TRUST COMPANY, LLC

92-1941236

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

NEUBERGER BERMAN TRUST COMPANY N.A.

27-2510082

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)

ULLICO INVESTMENT ADVISORS INC.

52-6435649

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	270746	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDUCIENT ADVISORS LLC

36-4001764

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	236551	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE SEGAL COMPANY (MIDWEST), INC.

13-1975125

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	207375	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)

P. FLASCH

36-6488227

(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?
14 50 56	EMPLOYEE	149005	Yes ☒ No ☐	Yes ☐ No ☒	120	Yes ☐ No ☒

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

LEGACY PROFESSIONALS LLP

32-0043599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 15 50	NONE	142830	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BAUM SIGMAN AUERBACH & NEUMAN, LTD

36-2744057

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	131602	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)

BRIDGEWAY BENEFIT TECHNOLOGIES, LLC

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	125006	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASB CAPITAL MANAGEMENT, LLC

80-0618452

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	122884	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

L. GILLUND

36-6488227

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	90718	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)

COMERICA

42-1741646

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 19 28 49 59 62 72	NONE	83782	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

FIRST LIGHT PRISM FEEDER FUND LTD

3300 EDINBOROUGH WAY, SUITE 201
EDINA, MN 55435

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	78437	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

J.P. MORGAN INVESTMENT MANAGEMENT

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 51	NONE	77209	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)

S. MONAHAN

36-6488227

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	70579	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

E. FERREE

36-6488227

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	65437	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

K. WILLIAMSON

36-6488227

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	59656	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)

R. TRIPAMER

36-6488227

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	48783	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

J. FAUGHT

36-6488227

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	46460	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

J.P. BURKE

36-6488227

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	46096	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)

A. HERRNDOBLER

36-6488227

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	46030	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

A. REYES

36-6488227

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	45131	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

T. JOHNSON

36-6488227

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	45040	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)

AMALGAMATED BANK OF CHICAGO

36-0721895

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
62 65 50	NONE	37782	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

NORTHERN TRUST CORPORATION

36-2723087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 99	NONE	33575	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

A. AMBROSE

36-6488227

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	32036	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)

PREMIER TECHNOLOGY SOLUTIONS INC.

13-3933805

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	22797	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DATAMATION IMAGING SERVICES

36-4303011

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	5061	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMERICAN REALTY ADVISORS

33-0123114

(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?
34 50	NONE	5000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 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 IRON WORKERS' MID-AMERICA PENSION PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF IW MID-AMERICA PENSION PLAN				D Employer Identification Number (EIN) 36-6488227	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE S&P 500 INDEX FUND					
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.					
c EIN-PN 45-6138589-003		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 236785753	
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE S&P 400 INDEX FUND					
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.					
c EIN-PN 45-6138589-004		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 65658638	
a Name of MTIA, CCT, PSA, or 103-12 IE: AFL-CIO BUILDING INVESTMENT TRUST					
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC					
c EIN-PN 52-6328901-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7410912	
a Name of MTIA, CCT, PSA, or 103-12 IE: COMERICA SHORT-TERM FUND					
b Name of sponsor of entity listed in (a): COMERICA BANK & TRUST, NATIONAL ASSOCIATION					
c EIN-PN 47-7305132-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15640364	
a Name of MTIA, CCT, PSA, or 103-12 IE: ASB ALLEGIANCE REAL ESTATE FUND					
b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY					
c EIN-PN 52-6257033-006		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11976895	
a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN STRATEGIC MULTI-SE					
b Name of sponsor of entity listed in (a): NEUBERGER BERMAN TRUST COMPANY, NA					
c EIN-PN 20-4797982-006		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47885157	
a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO INFRASTRUCTURE TAX EXEMPT FU					
b Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS, INC.					
c EIN-PN 90-0622302-001		d Entity code E		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17753842	
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.					
Schedule D (Form 5500) 2024 v. 240311					

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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 IRON WORKERS' MID-AMERICA PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF IW MID-AMERICA PENSION PLAN	D Employer Identification Number (EIN) 36-6488227

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	695544	824174
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5572015	4967795
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	3315950	1352236
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6507684	7775456
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	66628	66769
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	114800326	109895938
(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)	390335958	385357419
(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)	16776338	17753842
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	389083252	469555732
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e	1306919	1354442
f Total assets (add all amounts in lines 1a through 1e).....	1f	928460614	998903803
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	1170133	999052
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1170133	999052
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	927290481	997904751

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)	55936795	
(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)		55936795
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	50816	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	1925	
(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)		52741
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	13533745	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		13533745
(3) Rents	2b(3)		124057
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	63605	
(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)	4042096	
(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)		59343672
(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)		1587276
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		8418249
c Other income	2c		413821
d Total income. Add all income amounts in column (b) and enter total	2d		143388847

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	68288458	
(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)		68288458
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)	755912	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	100560	
(4) IQPA audit fees	2i(4)	42270	
(5) Investment advisory and investment management fees	2i(5)	2092599	
(6) Bank or trust company trustee/custodial fees	2i(6)	40000	
(7) Actuarial fees	2i(7)	207375	
(8) Legal fees	2i(8)	139623	
(9) Valuation/appraisal fees	2i(9)	2900	
(10) Other trustee fees and expenses	2i(10)	8134	
(11) Other expenses	2i(11)	1096746	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4486119
j Total expenses. Add all expense amounts in column (b) and enter total	2j		72774577

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		70614270
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **LEGACY PROFESSIONALS LLP**

(2) EIN: **32-0043599**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
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?	☒		2000000
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?	☒		110372254
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 552261.

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 IRON WORKERS' MID-AMERICA PENSION PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF IW MID-AMERICA PENSION PLAN				D Employer Identification Number (EIN) 36-6488227	
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	8
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 AREA ERECTORS INC

b EIN 36-2536514

c Dollar amount contributed by employer 2242497

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 HALYARD CORPORATION

b EIN 83-1114087

c Dollar amount contributed by employer 950177

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2027

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

(1) Contribution rate (in dollars and cents) 13.08

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

a Name of contributing employer J H FINDORFF AND SON

b EIN 39-0753746

c Dollar amount contributed by employer 2415130

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 J P CULLEN AND SONS INC

b EIN 39-1367756

c Dollar amount contributed by employer 1007254

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 MCCARTHY BUILDING COMPANIES

b EIN 43-0399290

c Dollar amount contributed by employer 847033

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2026

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

(1) Contribution rate (in dollars and cents) 12.44

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

a Name of contributing employer MORRISON CONSTRUCTION COMPANY

b EIN 35-1468143

c Dollar amount contributed by employer 1381942

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2027

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

(1) Contribution rate (in dollars and cents) 13.08

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

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 SECURITY DOOR INC.

b EIN 46-5482877

c Dollar amount contributed by employer 947261

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 SSSI INC.

b EIN 25-1480393

c Dollar amount contributed by employer 990995

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2027

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

(1) Contribution rate (in dollars and cents) 13.08

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

a Name of contributing employer SUPERIOR CONSTRUCTION COMPANY

b EIN 35-1035114

c Dollar amount contributed by employer 827345

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 05 Day 31 Year 2027

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

(1) Contribution rate (in dollars and cents) 13.08

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

a Name of contributing employer ADVANCED STEEL ERECTORS LLC

b EIN 45-2553689

c Dollar amount contributed by employer 1798149

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

155

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

158

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

160

- 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

94.78

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

15b

97.53

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

0

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: 54.0 % Private Equity: 8.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 3.0 %

High-Yield Debt: 21.0 % Real Assets: 9.0 % Cash or Cash Equivalents: 1.0 % Other: 4.0 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Iron Workers' Mid-America Pension Plan

Consolidated Financial Statements

December 31, 2024

Iron Workers' Mid-America Pension Plan

Financial Statements with Supplementary Information

December 31, 2024 and 2023

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Report of Independent Auditors

To the Participants and Trustees of
Iron Workers' Mid-America Pension Plan

Opinion

We have audited the consolidated financial statements of Iron Workers' Mid-America Pension Plan and its affiliate (collectively, the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the consolidated statements of net assets available for benefits as of December 31, 2024 and 2023, and the related consolidated statements of changes in net assets available for benefits for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the consolidated net assets available for benefits of Iron Workers' Mid-America Pension Plan and its affiliate as of December 31, 2024 and 2023, and the changes in their consolidated net assets available for benefits for the years then ended, and the accumulated plan benefits as of December 31, 2023, and the changes in accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Responsibilities of Management for the Financial Statements (continued)

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Legacy Professionals LLP

Schererville, Indiana

July 21, 2025

Iron Workers' Mid-America Pension Plan

Consolidated Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments - at fair value		
Mutual funds	\$ 427,979,480	\$ 345,142,059
Collective investment funds	357,737,096	332,492,378
Real estate investment funds	66,299,178	69,722,042
Private equity investments	75,190,142	80,733,248
Hedge funds	39,713,607	39,134,467
Corporate obligations	66,769	66,628
Short-term investment funds	15,643,428	43,771,680
Interest bearing cash	7,775,456	6,507,684
Total investments	<u>990,405,156</u>	<u>917,570,186</u>
Receivables		
Employer contributions	4,967,795	5,572,015
Due from broker	198,041	1,973,968
Withdrawal liability assessments	759,027	830,172
Due from related organization - net	125,485	99,517
Accrued interest and dividends	156,284	283,786
Total receivables	<u>6,206,632</u>	<u>8,759,458</u>
Property and equipment - net	<u>1,354,442</u>	<u>1,306,919</u>
Prepaid expenses	<u>113,399</u>	<u>128,507</u>
Cash	<u>824,174</u>	<u>695,544</u>
Total assets	<u>998,903,803</u>	<u>928,460,614</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable and accrued expenses	349,855	416,949
Reciprocal contributions payable	649,197	753,184
Total liabilities	<u>999,052</u>	<u>1,170,133</u>
Net assets available for benefits	<u>\$ 997,904,751</u>	<u>\$ 927,290,481</u>

See accompanying notes to consolidated financial statements.

Iron Workers' Mid-America Pension Plan

Consolidated Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 72,133,728	\$ 88,592,278
Interest and dividends	<u>14,780,446</u>	<u>10,083,910</u>
	86,914,174	98,676,188
Less investment expenses	(2,132,599)	(2,488,213)
Less UBIT taxes	<u>(75,579)</u>	<u>(119,969)</u>
Investment income - net	84,705,996	96,068,006
Employer contributions	55,936,795	56,857,332
Withdrawal liability assessments	52,227	57,093
Transfers from Iron Workers' Mid-America		
Supplemental Monthly Annuity (SMA) Fund -		
purchase of annuity contracts	242,429	310,270
Rental income	124,057	125,954
Other income	<u>119,165</u>	<u>150,464</u>
	<u>141,180,669</u>	<u>153,569,119</u>
Deductions		
Pension benefit payments	68,288,458	67,538,059
Plan termination insurance (PBGC)	368,779	349,440
Administrative expenses - net	<u>1,909,162</u>	<u>1,738,062</u>
Total deductions	<u>70,566,399</u>	<u>69,625,561</u>
Net increase	70,614,270	83,943,558
Net assets available for benefits		
Beginning of year	927,290,481	843,346,923
End of year	<u>\$ 997,904,751</u>	<u>\$ 927,290,481</u>

See accompanying notes to consolidated financial statements.

Iron Workers' Mid-America Pension Plan

Notes to Consolidated Financial Statements

December 31, 2024 and 2023

Note 1. Summary of Significant Accounting Policies

Method of Accounting - The accompanying consolidated financial statements of Iron Workers' Mid-America Pension Plan (the Plan) have been prepared using the accrual basis of accounting.

Principles of Consolidation - The accompanying consolidated financial statements include the accounts of the Plan and Iron Workers' Mid-America Building Corporation (the Building Corporation), herein collectively referred to as the Plan. All significant accounts and transactions between the related entities have been eliminated in consolidation.

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

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

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

Contributions Receivable - Employer contributions, including reciprocal contributions due and unpaid prior to year end, are recorded as contributions receivable. Employer contribution deficiencies which are established through payroll compliance audits are recognized upon settlement with the employer. An allowance for uncollectible accounts is considered unnecessary and is not provided.

Withdrawal Liability Assessments Receivable - The Plan complies with the provisions of the Multiemployer Pension Plan Amendments Act of 1980 that require imposition of withdrawal liability on a contributing employer that partially or totally withdraws from the Plan. As set forth in the Employee Retirement Income Security Act of 1974 (ERISA), as amended, a portion of the Plan's actuarially determined unfunded vested liability is allocated to a withdrawing employer in proportion to the employer's contributions in the years before withdrawal compared with total employers' contributions during the same period. The Plan recognizes withdrawal liability assessment income when entitlement has been determined, net of amounts deemed uncollectable. An allowance for uncollectible accounts was not considered necessary at either December 31, 2024 or 2023.

Note 1. Summary of Significant Accounting Policies (continued)

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

Building and building improvements	39 years
Furniture and equipment	5 - 10 years

Depreciation expense was \$63,460 and \$58,482 for the years ended December 31, 2024 and 2023, respectively.

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

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

Reciprocal Contributions - The Plan is signatory to reciprocity agreements with various other pension plans for its participants who perform work outside the geographic jurisdiction of the local unions. Participants who are normally employed within the territory of one local union (home local) may be temporarily employed within the territory of another local union (reciprocating local). When a participant of the home local works in the territory of a reciprocating local, the latter is to make contributions to the former's fringe benefit plans on the participant's behalf. Monies received by the Plan on behalf of persons from outside participating local unions are forwarded to their home local fringe benefit plans. The Plan uses the same recognition and measurement criteria for contributions received on behalf of its participants under the terms of reciprocity agreements, as for all other employer contribution revenue. Amounts paid to other plans under the terms of reciprocity agreements are not reflected in the statements of changes in net assets available for benefits, as the amounts received are not revenue earned by the Plan, and the corresponding payments are not an expense of the Plan. The Plan recognizes a liability upon receiving reciprocal contributions on behalf of non-participants working within the jurisdiction of the local union, and recognizes a decrease in that liability upon remitting those contributions to the appropriate plan. Employer contributions included reciprocal contributions of \$2,143,435 and \$2,294,872 for the years ended December 31, 2024 and 2023, respectively, from various other pension plans, under the terms of reciprocity agreements. The Plan remitted a total of \$3,151,781 and \$3,297,556 in reciprocal contributions to various other pension plans under the terms of reciprocity agreements for the years ended December 31, 2024 and 2023, respectively.

Note 1. Summary of Significant Accounting Policies (continued)

Leases - The Plan receives rental income pursuant to a leasing arrangement with a related party, as described in Note 11. Under generally accepted accounting principles, rental revenue is recorded on a straight-line basis over the applicable lease term. The Plan recognizes rental revenue on the accrual basis of accounting and believes that the difference between this method and a straight-line basis is immaterial.

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

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

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

Subsequent Events - Subsequent events have been evaluated through July 21, 2025, which is the date the consolidated financial statements were available to be issued.

Note 2. Description of the Organizations

The Plan was established on January 30, 1957, as a result of collective bargaining agreements between various local unions and employer associations to provide retirement, death and disability benefits for eligible participants. The Plan is primarily funded by employer contributions as specified in the collective bargaining agreements. The Plan is a multiemployer defined benefit pension plan and is subject to the provisions of ERISA.

An individual is eligible to become a participant on January 1 of the calendar year in which 250 hours of work in covered employment is completed, for which contributions are required to be made to the Plan on the participant's behalf, or on the earliest January 1 or July 1 after a participant completes at least 1,000 hours of service in covered employment during a 12 consecutive month period. The hours of work required to earn pension credits within a plan credit year (January 1 to December 31) are as follows:

<u>Hours</u>	<u>Credits</u>
0 - 249	0
250 - 499	.25
500 - 749	.50
750 - 999	.75
1,000 or more	1

A minimum of five pension credits is required to be eligible for a deferred vested pension. Ten pension credits are required to be eligible for regular retirement benefits. Fifteen pension credits are required to be eligible for early retirement benefits. The Plan also provides for disability, vested and death benefits.

Note 2. Description of the Organizations (continued)

For benefit accruals prior to January 1, 2020, the Plan has three different pensions that a participant may accrue. These pensions are (1) the Basic Pension, (2) the Earned-When-Paid Pension and/or (3) the Percent of Contribution Pension. Depending on the jurisdiction in which a participant works, and the allocation of contributions from the collective bargaining agreement of each participating local union, a participant could accrue a benefit under either one, two or all three benefit options.

For benefits earned after January 1, 2020, all contributions go only towards a Percent of Contribution Pension.

The participant's total accrued pension is the sum of the amounts accrued before and after January 1, 2020.

In addition, participants may elect to have their account balance in Iron Workers Mid-America Supplemental Monthly Annuity (SMA) Fund as of December 31, 1996, converted into a monthly annuity benefit under this Plan.

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

The Building Corporation is a wholly-owned subsidiary of the Plan and was organized for the exclusive purpose of holding title to property used in the operation of the Plan and its related entities.

Note 3. Priorities upon Termination

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

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

Note 4. Tax Status

The Plan's latest determination letter is dated August 26, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of Section 401(a) of the Internal Revenue Code and was, therefore, exempt from federal income taxes under the provisions of Section 501(a). The Plan has been amended since receiving the determination letter. The Plan's administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. They therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date. The Plan is subject to tax, however, on any unrelated business income. The Plan receives a flow-through of partnership income through its investments structured as limited partnerships.

The Building Corporation is exempt from federal income taxes under Section 501(c)(2) of the Internal Revenue Code.

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

Note 5. Actuarial Information

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

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving payments	\$ 605,025,684
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Other participants	<u>432,042,116</u>
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Total vested benefits	1,037,067,800
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Nonvested benefits	<u>25,289,164</u>
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Total actuarial present value of accumulated plan benefits	<u><u>\$ 1,062,356,964</u></u>
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Note 5. Actuarial Information (continued)

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

Actuarial present value of accumulated plan benefits at beginning of year		\$ 1,036,501,848
Increase (decrease) during the year attributable to:		
Benefits paid	\$ (67,538,059)	
Interest	69,994,311	
Benefits accumulated, net experience gain or loss, and changes in data	<u>23,398,864</u>	
Net increase		<u>25,855,116</u>
Actuarial present value of accumulated plan benefits at end of year		<u>\$ 1,062,356,964</u>

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

- Mortality rates:
 - Non-retired participants - 110% of the Pri-2012 Employee Blue Collar Amount-weighted (sex-specific) Mortality Table, with a 10% load and projected generationally with Scale MP-2021
 - Non-disabled pensioners - 110% of the Pri-2012 Retiree Blue Collar Amount-weighted (sex-specific) Mortality Table, with a 10% load and projected generationally with Scale MP-2021
 - Beneficiaries - 110% of the Pri-2012 Contingent Survivor Blue Collar Amount-weighted (sex-specific) Mortality Table, with a 10% load and projected generationally with Scale MP-2021
 - Disabled pensioners - 110% of the Pri-2012 Disabled Retiree Amount-weighted (sex-specific) Mortality Table, with a 10% load and projected generationally with Scale MP-2021
- Retirement age:
 - Various retirement rates apply between ages 55 and 65
- Net investment return:
 - 7.00%, net of investment expenses

Note 5. Actuarial Information (continued)

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

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

For the Plan year beginning January 1, 2025, the Plan's actuary certified that the Plan was in neither critical nor endangered status ("green zone"), within the meaning of the Pension Protection Act of 2006, as amended.

Note 6. Funding Policy

Employer contributions to the Plan are made under various negotiated collective bargaining agreements. The hourly contribution rates for the years ended December 31, 2024 and 2023 ranged from \$.94 to \$13.21.

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

Note 7. Fair Value Measurements

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

Basis of Fair Value Measurement

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

The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2024 and 2023. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the consolidated statements of net assets available for benefits.

Note 7. Fair Value Measurements (continued)

<u>Fair Value Measurements at 12/31/24 Using</u>				
		Quoted Prices in Active Markets for Identical Assets	Significant Other Observable Inputs	Significant Unobservable Inputs
	<u>Total</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
Mutual funds	\$ 427,979,480	\$ 427,979,480	\$ -	\$ -
Corporate obligations	66,769	-	66,769	-
Interest bearing cash	7,775,456	-	7,775,456	-
	<u>435,821,705</u>	<u>\$ 427,979,480</u>	<u>\$ 7,842,225</u>	<u>\$ -</u>
Investments measured at net asset value:				
Collective investment funds	357,737,096			
Real estate investment funds	66,299,178			
Private equity investments	75,190,142			
Hedge funds	39,713,607			
Short-term investment funds	15,643,428			
Total	<u>\$ 990,405,156</u>			

<u>Fair Value Measurements at 12/31/23 Using</u>				
		Quoted Prices in Active Markets for Identical Assets	Significant Other Observable Inputs	Significant Unobservable Inputs
	<u>Total</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
Mutual funds	\$ 345,142,059	\$ 345,142,059	\$ -	\$ -
Corporate obligations	66,628	-	66,628	-
Interest bearing cash	6,507,684	-	6,507,684	-
	<u>351,716,371</u>	<u>\$ 345,142,059</u>	<u>\$ 6,574,312</u>	<u>\$ -</u>
Investments measured at net asset value:				
Collective investment funds	332,492,378			
Real estate investment funds	69,722,042			
Private equity investments	80,733,248			
Hedge funds	39,134,467			
Short-term investment funds	43,771,680			
Total	<u>\$ 917,570,186</u>			

Level 1 Measurements

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

Note 7. Fair Value Measurements (continued)

Level 2 Measurements

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

Interest bearing cash is valued at cost, which approximates fair value.

Measurements Using Net Asset Value as a Practical Expedient

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

In May 2023, all redemptions from one collective investment fund with a fair value of \$7,410,912 and \$7,382,811 at December 31, 2024 and 2023, respectively, were restricted pending the implementation of a three-phase strategy to stabilize, reposition and grow its portfolio in light of economic, interest rate and liquidity challenges. The fund manager stated that it cannot predict the duration of this restriction on redemptions. An adjustment to the fund's net asset value was not considered necessary as of either December 31, 2024 or 2023.

The following tables summarize investments measured at fair value based on net asset value per share as of December 31, 2024 and 2023.

Note 7. Fair Value Measurements (continued)

Measurements Using Net Asset Value as a Practical Expedient (continued)

December 31, 2024					
Description	Fair Value	Underlying Assets		Redemption	
		Type	Concentration	Frequency	Notice Period
Collective investment fund	\$ 7,410,912	Joint venture investments	47%	None	N/A
		Direct equity investments	44%		
		Cash equivalents	6%		
		Other	3%		
Collective investment fund	\$ 236,785,453	Investments in equity securities	100%	Daily	None
Collective investment fund	\$ 65,658,638	Investments in equity securities	99%	Daily	None
		Short-term investments	1%		
Collective investment fund	\$ 47,882,093	Mortgage-backed securities	53%	Daily	10 days
		Corporate bonds	27%		
		Asset-backed securities	13%		
		Foreign government securities	4%		
		Short-term investments	3%		
Real estate investment fund	\$ 21,273,090	Real estate investments	93%	Quarterly	90 days
		Cash equivalents	4%		
		Other	3%		
Real estate investment fund	\$ 11,976,895	Direct equity investments	53%	Quarterly	None
		Joint venture investments	45%		
		Cash and cash equivalents	2%		
Real estate investment fund	\$ 17,468,585	Unconsolidated joint venture	58%	Quarterly	30 days
		Real estate property	29%		
		Cash equivalents	8%		
		Non-guaranteed mortgage-backed certificate	5%		
Real estate investment fund	\$ 2,789,395	Real estate	98%	None	N/A
		Cash equivalents	2%		
Real estate investment fund	\$ 5,197,465	Masterfeeder structure	100%	None	N/A
Real estate investment fund	\$ 7,593,748	Masterfeeder structure	98%	Quarterly	75 days
		Other	2%		
Private equity fund	\$ 1,098,935	Master-feeder structure	100%	None	N/A
Private equity fund	\$ 16,714,416	Partnerships	100%	None	N/A
Private equity fund	\$ 8,805,083	Investment in equity securities	99%	None	N/A
		Other	1%		
Private equity fund	\$ 328,730	Cash and cash equivalents	66%	None	N/A
		Partnerships	32%		
		Other	2%		
Private equity fund	\$ 1,835	Cash	97%	None	N/A
		Other	3%		
Private equity fund	\$ 213,783	Masterfeeder structure	69%	None	N/A
		Receivables	22%		
		Cash and cash equivalents	9%		
Private equity fund	\$ 2,876,753	Masterfeeder structure	71%	None	N/A
		Partnerships	23%		
		Cash and cash equivalents	6%		
Private equity fund	\$ 2,786,525	Masterfeeder structure	100%	None	N/A
Private equity fund	\$ 970,334	Masterfeeder structure	100%	None	N/A
Private equity fund	\$ 32,342	Cash and cash equivalents	64%	None	N/A
		Partnerships	13%		
		Other	23%		
Private equity fund	\$ 1,448,215	Partnerships	97%	None	N/A
		Cash and cash equivalents	3%		
Private equity fund	\$ 6,541,108	Partnerships	100%	None	N/A
Private equity fund	\$ 15,618,241	Direct investments	51%	None	N/A
		Partnerships	48%		
		Cash and cash equivalents	1%		
Private equity fund	\$ 17,753,842	Masterfeeder structure	100%	Quarterly	45 days
Hedge fund	\$ 701,658	Receivables	64%	Quarterly	95 days
		Affiliated investment fund	36%		

Note 7. Fair Value Measurements (continued)

Measurements Using Net Asset Value as a Practical Expedient (continued)

December 31, 2024 (continued)					
Description	Fair Value	Underlying Assets		Redemption	
		Type	Concentration	Frequency	Notice Period
Hedge fund	\$ 19,410,445	Investments in debt securities	44%	Quarterly	65 days
		Affiliated investment funds	25%		
		Investments in equity securities	13%		
		Private equities	3%		
		Cash and cash equivalents	2%		
		Other	13%		
Hedge fund	\$ 19,601,504	Masterfeeder structure	100%	None	N/A
Short-term investment funds	\$ 15,643,428	Short-term investments	80%	Daily	None
		Debt securities	20%		

December 31, 2023					
Description	Fair Value	Underlying Assets		Redemption	
		Type	Concentration	Frequency	Notice Period
Collective investment fund	\$ 7,382,811	Direct equity investments	51%	None	N/A
		Joint venture investments	39%		
		Other	3%		
		Cash equivalents	7%		
Collective investment fund	\$ 227,281,698	Investments in equity securities	99%	Daily	None
		Short-term investments	1%		
Collective investment fund	\$ 52,766,855	Investments in equity securities	99%	Daily	None
		Short-term investments	1%		
Collective investment fund	\$ 45,061,014	Mortgage-backed securities	55%	Daily	10 days
		Corporate bonds	25%		
		U.S. Government securities	9%		
		Asset-backed securities	7%		
		Foreign government securities	3%		
		Short-term investments	1%		
Real estate investment fund	\$ 22,403,511	Real estate investments	95%	Quarterly	90 days
		Cash equivalents	2%		
		Other	3%		
Real estate investment fund	\$ 14,071,900	Direct equity investments	56%	Quarterly	None
		Joint venture investments	43%		
		Cash equivalents	1%		
Real estate investment fund	\$ 18,142,225	Unconsolidated joint venture	58%	Quarterly	30 days
		Real estate property	36%		
		Non-guaranteed mortgage-backed certificate	4%		
		Cash equivalents	2%		
Real estate investment fund	\$ 3,461,550	Real estate	99%	None	N/A
		Cash equivalents	1%		
Real estate investment fund	\$ 4,046,674	Masterfeeder structure	100%	None	N/A
Real estate investment fund	\$ 7,596,182	Masterfeeder structure	97%	Quarterly	75 days
		Other	3%		
Private equity fund	\$ 1,648,606	Master-feeder structure	100%	None	N/A
Private equity fund	\$ 16,727,504	Partnerships	99%	None	N/A
		Cash and cash equivalents	1%		
Private equity fund	\$ 8,570,285	Investment in equity securities	100%	None	N/A
Private equity fund	\$ 408,217	Cash and cash equivalents	57%	None	N/A
		Partnerships	41%		
		Other	2%		
Private equity fund	\$ 37,398	Cash and cash equivalents	59%	None	N/A
		Marketable securities	34%		
		Other	7%		
Private equity fund	\$ 587,793	Masterfeeder structure	76%	None	N/A
		Marketable securities	22%		
		Cash and cash equivalents	2%		
Private equity fund	\$ 3,706,495	Masterfeeder structure	74%	None	N/A
		Partnerships	22%		
		Cash and cash equivalents	4%		

Note 7. Fair Value Measurements (continued)

Measurements Using Net Asset Value as a Practical Expedient (continued)

December 31, 2023 (continued)					
Description	Fair Value	Underlying Assets		Redemption	
		Type	Concentration	Frequency	Notice Period
Private equity fund	\$ 4,163,318	Masterfeeder structure	100%	None	N/A
Private equity fund	\$ 1,424,103	Masterfeeder structure	100%	None	N/A
Private equity fund	\$ 611,898	Partnerships	93%	None	N/A
		Cash and cash equivalents	6%		
		Other	1%		
Private equity fund	\$ 1,992,018	Partnerships	96%	None	N/A
		Cash and cash equivalents	4%		
Private equity fund	\$ 8,088,375	Partnerships	80%	None	N/A
		Cash and cash equivalents	20%		
Private equity fund	\$ 15,990,900	Direct investments	56%	None	N/A
		Partnerships	42%		
		Cash and cash equivalents	2%		
Private equity fund	\$ 16,776,338	Masterfeeder structure	100%	4 year lock until 12/31/2023	45 days
Hedge fund	\$ 1,495,303	Affiliated investment fund	99%	Annually	95 days
		Cash and cash equivalents	1%		
Hedge fund	\$ 17,596,785	Investments in debt securities	49%	Quarterly	65 days
		Affiliated investment funds	25%		
		Investments in equity securities	13%		
		Private equities	3%		
		Cash and cash equivalents	1%		
		Other	9%		
Hedge fund	\$ 20,042,379	Masterfeeder structure	100%	None	N/A
Short-term investment funds	\$ 43,771,680	Short-term investments	80%	Daily	None
		Debt securities	20%		

Note 8. Risks and Uncertainties

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

The Plan invests in securities with contractual cash flows, such as asset-backed securities, collateralized mortgage obligations and commercial mortgage-backed securities. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

Note 8. Risks and Uncertainties (continued)

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

Real estate investment funds utilize interest rate swaps and caps in order to reduce the effect of interest rate fluctuations of certain real estate investments' interest expense on variable rate debt. The estimated fair values of these funds, as determined by the investment manager, may vary significantly from the prices at which the real estate investments within the fund would sell, and the amounts could be material.

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

As of December 31, 2024 and 2023, the Plan held units in the Northern Trust Collective 500 Index Fund with a fair value of \$236,785,453 (24% of net assets available for benefits) and \$227,281,698 (25% of net assets available for benefits), respectively. The mutual fund seeks to track the performance of the S&P 500 Index Fund. It is reasonably possible that changes in the fair value of this fund could materially affect the amounts reported in the consolidated statements of net assets available for benefits. If a significant decline in the fair value of this investment during the next year occurred, a change in the assumed rates of return used to calculate the present value of accumulated plan benefits may be needed.

Note 9. Commitments

The Plan made a series of investment commitments to several private equity funds for a total of \$144,500,000. As of December 31, 2024, the remaining obligation due under these commitment arrangements was approximately \$35,907,000.

Note 10. Property and Equipment

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

	<u>2024</u>	<u>2023</u>
Land	\$ 260,028	\$ 260,028
Building and building improvements	2,010,411	2,010,411
Furniture and equipment	<u>446,202</u>	<u>737,018</u>
	2,716,641	3,007,457
Less accumulated depreciation	<u>(1,362,199)</u>	<u>(1,700,538)</u>
Net property and equipment	<u>\$ 1,354,442</u>	<u>\$ 1,306,919</u>

Note 11. Related Organizations

The Plan is related to two tax-exempt trusts, Iron Workers' Tri-State Welfare Plan and Iron Workers' Mid-America Supplemental Monthly Annuity (SMA) Fund (the SMA Fund).

Office Lease as Lessor

The Plan leased office space to the SMA Fund under a ten-year cancelable lease agreement that expired on September 30, 2024. The SMA Fund was required to pay its proportionate share of common area maintenance (CAM) expenses based on a formula in the lease agreement. The monthly base rent for space is subject to adjustment at the beginning of each lease year based on the Consumer Price Index. This lease was renewed effective October 1, 2024 for another ten-year period under the same terms except that the monthly base rent for space is now subject to a 3% increase at the beginning of each lease year. The monthly base rent at January 1, 2025 is \$7,371. According to terms of the leases, the SMA Fund pays additional consideration for furniture and fixtures rental as well as CAM expenses. For the years ended December 31, 2024 and 2023, the SMA Fund paid rent for office space, furniture and fixtures rental and CAM expenses of \$124,057 and \$125,954 respectively. The SMA Fund also reimburses the Plan for real estate taxes. During the years ended December 31, 2024 and 2023, the SMA Fund's pro-rata share of real estate taxes on an annual basis was \$22,346 and \$27,543 respectively. At December 31, 2024 and 2023, the SMA Fund owed the Plan \$16,250 and \$34,224 respectively for CAM costs and real estate taxes incurred during the year and paid after year end.

Shared Expenses

The Plan initially pays the salaries and related costs of the shared staff of the SMA Fund and is subsequently reimbursed by the SMA Fund. The common administrative expenses allocated to the SMA Fund for the years ended December 31, 2024 and 2023 totaled \$944,596 and \$803,966 respectively. Administrative expenses are recorded net of the reimbursements. At December 31, 2024 and 2023, the SMA Fund owed \$170,857 and \$135,277 respectively, to the Plan for administrative expenses incurred but not yet paid.

Note 11. Related Organizations (continued)

Other

The SMA Fund also reimburses the Plan yearly for costs related to a shared computer system. Amounts paid in 2024 and 2023 totaled \$3,136 and \$3,409 respectively.

As described in Note 2, the Plan receives transfers from the SMA Fund representing participant account balances that are being converted to a monthly benefit under the Plan, at the request of the participant. Such transfers totaled \$242,429 and \$310,270 for the years ended December 31, 2024 and 2023, respectively.

Employer contributions due to or from the SMA Fund at year end represent reimbursements of deposits remitted in error to either plan. The Plan owed the SMA Fund \$61,622 and \$69,984 at December 31, 2024 and 2023, respectively.

Note 12. Participation in Multiemployer Plans

Defined Benefit Pension Plan

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

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

Note 12. Participation in Multiemployer Plans (continued)

Defined Benefit Pension Plan (continued)

<u>Pension Plan</u>	<u>EIN / PN</u>	<u>Pension Protection Act</u>		<u>FIP/RP</u>			<u>Most</u>
				<u>Status</u>			<u>Recently</u>
				<u>Pending/</u>			<u>Available</u>
		<u>Zone Status</u>		<u>Implemented</u>	<u>Contributions</u>		<u>Annual Report</u>
		<u>2024</u>	<u>2023</u>		<u>2024</u>	<u>2023</u>	<u>(Form 5500)</u>
Iron Workers' Mid-America Pension Plan	36-6488227/001	Green as of 1/1/25	Green as of 1/1/24	N/A	\$ 116,492	\$ 106,699	12/31/2023

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

Defined Contribution Retirement Plan

All shared full-time employees are covered by a multiemployer defined contribution retirement plan. Contributions to the plan are made monthly under the terms of a participation agreement. For the years ended December 31, 2024 and 2023, the Plan's share of contributions totaled \$32,644 and \$24,179 respectively. The increase in contributions is due to an increase in the contribution rate.

Welfare Plan that Provides Postretirement Benefits

Shared employees are covered by a multiemployer health and welfare plan that provides medical benefits to retirees, eligible employees and their dependents. Contributions to this plan are made monthly under the terms of a participation agreement. Contributions for the years ended December 31, 2024 and 2023 totaled \$141,229 and \$129,457 respectively.

Note 13. Withdrawal Liability Assessments

Under federal law, employers who partially or completely withdraw from a multiemployer pension plan are assessed a withdrawal liability for their proportionate share of the Plan's unfunded vested liabilities as of the beginning of the year in which they withdrew. Withdrawal liability is usually paid in quarterly installments as determined by a statutory formula over a maximum of 20 years. The Trustees at times approve settlements and payment plan arrangements for assessment amounts owed to the Plan. At December 31, 2024, quarterly assessments are being paid to the Plan through December 2035 under two payment plan arrangements. The receivable amounts represent the present value of the remaining payments using a discount rate of 7.5%. The following presents a summary by year of withdrawal liability assessments receivable at December 31, 2024:

Year ending December 31,	
2025	\$ 73,223
2026	78,066
2027	83,230
2028	88,735
2029	94,605
Thereafter	<u>341,168</u>
Total	<u>\$ 759,027</u>

Note 14. Department of Labor Review

The Department of Labor is currently conducting a review of the Plan for the general purpose of determining compliance with Title I of ERISA. The Plan has provided the Department of Labor with all requested information. The Plan's Trustees believe that the review is routine in nature and will not have a significant impact on the Plan's operations or financial condition.



REPORT OF INDEPENDENT AUDITORS ON SUPPLEMENTAL SCHEDULES

To the Participants and Trustees of
Iron Workers' Mid-America Pension Plan

We have audited the financial statements of Iron Workers' Mid-America Pension Plan (the Plan) as of and for the years ended December 31, 2024 and 2023, and our report thereon dated July 21, 2025, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedules 1 and 2 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Legacy Professionals LLP

Schererville, Indiana

July 21, 2025

SCHEDULE C	OTHER SERVICE PROVIDER SERVICE CODES	STATEMENT 1
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NAME	SERVICE CODES
COMERICA	18
COMERICA	19
COMERICA	28
COMERICA	49
COMERICA	59
COMERICA	62
COMERICA	72
NORTHERN TRUST CORPORATION	28
NORTHERN TRUST CORPORATION	51
NORTHERN TRUST CORPORATION	52
NORTHERN TRUST CORPORATION	99

CODES TO SCHEDULE C, LINE 2(B)

SCHEDULE H	OTHER RECEIVABLES	STATEMENT 2
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DESCRIPTION	BEGINNING	ENDING
ACCRUED INTEREST AND DIVIDENDS	283,786.	156,284.
PREPAID EXPENSES	128,507.	113,399.
DUE FROM IRON WORKERS MID-AMERICA SM	99,517.	125,485.
WITHDRAWAL LIABILITY RECEIVABLE	830,172.	759,027.
DUE FROM BROKER	1,973,968.	198,041.
TOTAL TO SCHEDULE H, LINE 1B(3)	3,315,950.	1,352,236.

SCHEDULE H	OTHER INCOME	STATEMENT 3
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DESCRIPTION	AMOUNT
LIQUIDATED DAMAGES	85,081.
OTHER INCOME	34,084.
WITHDRAWAL LIABILITY ASSESSMENTS	52,227.
TRANSFER FROM SMA FUND TO PURCHASE ANNUITY CONTRACTS	242,429.
TOTAL TO SCHEDULE H, LINE 2C	413,821.

SCHEDULE H

OTHER ADMINISTRATIVE EXPENSES

STATEMENT 4

DESCRIPTION

AMOUNT

UTILITIES & TELEPHONE	42,358.
REAL ESTATE TAXES	52,214.
P.B.G.C. PREMIUMS	368,779.
POSTAGE	35,033.
OFFICE EXPENSE & PRINTING	139,141.
INSURANCE - OTHER	80,064.
DATA PROCESSING	3,109.
MEMBERSHIP DUES	4,337.
COMPUTER SUPPORT	150,968.
DEPRECIATION	63,460.
PAYROLL TAXES	36,111.
BUILDING MAINTENANCE	39,452.
SECURITY	2,210.
OTHER TAXES	75,579.
EMPLOYEE CONFERENCE EXPENSE	3,931.

TOTAL TO SCHEDULE H, LINE 2I(11)

1,096,746.

Iron Workers' Mid-America Pension Plan

Schedule of Investment in Registered Investment Companies, Private Equity Investments, and Common Collective Trusts

December 31, 2024

Description	Cost	Fair Value	Book Value (1)	Increase (Decrease) in Fair Value
<u>Value of interest in registered investment companies</u>				
U.S. Real Estate Investment Fund, LLC				
Capital contributed - \$18,681,867 of \$16,500,000 subscription	\$ 18,681,867	\$ 21,273,090	\$ 22,655,466	\$ (1,382,376)
Baird Aggregate Bond Fund - Class Institutional - 8,364,084 units owned	83,605,404	80,713,409	81,876,746	(1,163,337)
Dodge & Cox Income Fund - Class I - 6,641,060 units owned	84,207,817	82,216,325	82,173,859	42,466
PIMCO Global Advantage Strategy Bond Fund - Institutional Shares - 1 unit owned	11	11	63,760	(63,749)
Artisan High Income Fund - 1,721,858 units owned	16,201,755	15,668,910	15,513,594	155,316
Conestoga Small Cap Fund - Institutional Class - 302,020 units owned	21,772,329	24,010,560	21,780,264	2,230,296
DWS RREEF Real Assets Fund - Institutional Class - 1,416,601 units owned	17,537,986	16,361,742	16,305,613	56,129
Dodge & Cox International Stock Fund - Class I - 1,245,207 units owned	58,979,213	62,135,822	62,407,867	(272,045)
Nationwide WCM Focused Small Cap Fund - Institutional Service Class - 692,643 units owned	19,716,467	21,319,539	20,226,367	1,093,172
PIMCO RAE Emerging Markets Fund - 3,263,388 units owned	34,439,512	32,992,853	32,388,898	603,955
GQG Partners Emerging Markets Equity Fund - Institutional Shares - 1,765,516 units owned	29,229,550	29,201,635	27,333,731	1,867,904
WCM Focused International Growth Fund - Institutional Shares - 2,911,704 units owned	67,521,379	63,358,674	59,026,666	4,332,008
Grosvenor Multi-Class Fund II				
Capital contributed - \$14,000,000 of \$14,000,000 subscription	14,000,000	19,601,504	18,720,586	880,918
Mesirow Institutional Multi-Strategy Fund L.P. - 1.8629% ownership	54,524	701,658	664,643	37,015
Total	<u>\$ 465,947,814</u>	<u>\$ 469,555,732</u>	<u>\$ 461,138,060</u>	<u>\$ 8,417,672</u>
<u>Private equity investments (Partnership/joint venture interests)</u>				
Landmark Equity Partners XIV				
Capital contributed - \$10,000,000 of \$10,000,000 subscription	10,000,000	32,342	282,759	(250,417)
Landmark Equity Partners XV				
Capital contributed - \$8,027,345 of \$10,000,000 subscription	8,027,345	1,448,215	1,860,330	(412,115)
Hamilton Lane Secondary Fund II				
Capital contributed - \$10,000,000 of \$10,000,000 subscription	10,000,000	1,835	6,929	(5,094)
Hamilton Lane Secondary Fund III				
Capital contributed - \$10,000,000 of \$10,000,000 subscription	10,000,000	213,783	195,227	18,556
Hamilton Lane Secondary Feeder Fund IV-A				
Capital contributed - \$5,630,305 of \$10,000,000 subscription	5,630,305	2,876,753	3,180,468	(303,715)
American Realty Advisors				
Capital contributed - \$10,000,000 of \$10,000,000 subscription	10,000,000	17,468,585	17,924,396	(455,811)
Corbin ERISA Opportunity Fund, L.P. - 0.8314% ownership	13,000,000	19,410,445	17,456,655	1,953,790
Harrison Street Real Estate Partners VI, L.P.				
Capital contributed - \$5,501,278 of \$6,000,000 subscription	5,501,278	2,789,395	2,760,403	(28,992)
Hamilton Lane Strategic Opportunities 2017 Fund LP				
Capital contributed - \$6,053,084 of \$7,500,000 subscription	6,053,084	970,334	1,298,081	(327,747)
Tennenbaum Capital Partners Direct Lending Feeder VIII				
Capital contributed - \$7,276,443 of \$20,000,000 subscription	7,276,443	6,541,108	6,226,978	314,130
Goldman Sachs Private Equity Partners				
Capital contributed - \$7,500,000 of \$7,500,000 subscription	7,500,000	328,730	344,612	(15,882)
Hamilton Lane Strategic Opportunities Fund IV 2018				
Capital contributed - \$4,249,827 of \$5,000,000 subscription	4,249,827	1,098,935	1,096,850	2,085
PEG Global Private Equity Fund VII				
Capital Contributed - \$13,575,278 of \$15,000,000 subscription	13,575,278	16,714,416	15,670,366	1,044,050
Hamilton Lane Strategic Opportunities Fund 2019				
Capital contributed - \$5,656,159 of \$8,000,000 subscription	5,656,159	2,786,525	2,300,196	486,329
Thomas H Lee Equity Fund VIII LP				
Capital contributed - \$13,147,865 of \$15,000,000 subscription	13,147,865	8,805,083	8,323,864	481,219
Siguler Guff Small Buyout Fund				
Capital contributed - \$12,477,520 of \$15,000,000 subscription	12,477,520	15,618,241	14,450,506	1,167,735
First Light Prism Feeder Fund, Ltd. - 6,500 units owned	6,265,680	7,593,748	7,517,745	76,003
CIM Fund IX LP				
Capital contributed - \$6,998,044 of \$8,000,000 subscription	6,998,044	5,197,465	4,899,633	297,832
Total	<u>\$ 92,988,455</u>	<u>\$ 109,895,938</u>	<u>\$ 51,536,838</u>	<u>\$ 4,041,956</u>
<u>Value of interest in common/collective trusts</u>				
AFL-CIO Building Investment Trust - 1,355 units owned	\$ 3,423,562	\$ 7,410,912	7,382,811	\$ 28,101
Comerica Short Term Investment Fund - 15,612,139 units owned	15,640,364	15,640,364	15,640,364	-
ASB Allegiance Real Estate Fund 8,508 units owned				
Managed by the Chevy Chase Trust Company	5,000,000	11,976,895	14,071,900	(2,095,005)
Neuberger Berman Opportunistic Fixed Income Trust - 3,812,269 units owned	40,736,957	47,885,157	45,064,078	2,821,079
Northern Trust Collective S&P 500 Index Fund - Non-Lending - 10,446 units owned	158,418,827	236,785,453	187,281,698	49,503,755
Northern Trust Collective S&P 400 Index Fund - Non-Lending - 17,405 units owned	54,144,783	65,658,638	57,766,855	7,891,783
Total	<u>\$ 277,364,493</u>	<u>\$ 385,357,419</u>	<u>\$ 327,207,706</u>	<u>\$ 58,149,713</u>
<u>Value of interest in 103-12 investment entity</u>				
Ullico Infrastructure Tax-Exempt Fund, L.P.				
Capital contributed - \$20,000,000 of \$25,000,000 subscription	\$ 20,000,000	\$ 17,753,842	\$ 16,166,566	\$ 1,587,276

Iron Workers Mid-America Pension Fund
Interest Bearing Cash
EIN#36-6488227
Y/E 12/31/24

Fair Market Value
Interest Bearing Cash

	<u>Cost/Fair Value</u>
Amalgamated Bank	
Fringe Checking Account	\$ 192,470
Pension Payout Checking Account	5,485,366
Regular Checking Account	<u>2,097,620</u>
Total Interest Bearing Cash	<u><u>\$ 7,775,456</u></u>



IRON WORKERS M.A. PENSION

Account Number: [REDACTED]

Detailed Holdings
For the Period January 01, 2024 - December 31, 2024

Page 5 of 117

Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Debt Securities							
Foreign Bonds and Notes							
ASIAN DEVELOPMENT BANK 2.75%	70,000.0000	95.39	66,769.50	71,835.40	(5,065.90)	866.25	0.0440
DTD 1/19/2018 2.75% 1/19/2028						1,925.00	
Cusip: 045167EG4, Standard & Poor's AAA			Total Corporate Debt Instruments				



IRON WORKERS M.A. PENSION

Account Number: [REDACTED]

5% Transactions - Single Transactions
For the Period January 01, 2024 - December 31, 2024

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Date	Transaction	Description	EBT Cost	Market Value
IRON WORKERS M.A. PENSION				
01/02/2024	SALE	PEG GLOBAL PRIVATE EQUITY VII OFFSHORE SPECIAL LP Reversed Entry Posted On 12/15/2023	0.00	47,055.00
Total Single Transactions				47,055.00



IRON WORKERS M.A. PENSION

Account Number: [REDACTED]

**5% Transactions - Non-Security Transactions
For the Period January 01, 2024 - December 31, 2024**

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No data in the reporting period



IRON WORKERS M.A. PENSION

Account Number: [REDACTED]

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

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Date	Transaction	Description	EBT Cost	Market Value
IRON WORKERS M.A. PENSION				
01/02/2024	SWEEP PURCHASE	195,633.31 shares COMERICA SHORT TERM FUND STATE COST: 0.00	195,633.31	195,633.31
01/02/2024	SALE	PEG GLOBAL PRIVATE EQUITY VII OFFSHORE SPECIAL LP Reversed Entry Posted On 12/15/2023	0.00	47,055.00
01/04/2024	SWEEP PURCHASE	1,973,967.94 shares COMERICA SHORT TERM FUND STATE COST: 0.00	1,973,967.94	1,973,967.94
01/05/2024	SWEEP PURCHASE	1,973,967.94 shares COMERICA SHORT TERM FUND STATE COST: 0.00	1,973,967.94	1,973,967.94
01/05/2024	SWEEP PURCHASE	1,802.37 shares COMERICA SHORT TERM FUND STATE COST: 0.00	1,802.37	1,802.37
01/05/2024	SWEEP SALE	1,973,967.94 shares COMERICA SHORT TERM FUND	1,973,967.94	1,973,967.94
01/09/2024	SWEEP PURCHASE	5,944.18 shares COMERICA SHORT TERM FUND STATE COST: 0.00	5,944.18	5,944.18
01/10/2024	SWEEP SALE	5,944.18 shares COMERICA SHORT TERM FUND	5,944.18	5,944.18
01/10/2024	SWEEP PURCHASE	5,944.18 shares COMERICA SHORT TERM FUND STATE COST: 0.00	5,944.18	5,944.18
01/10/2024	SWEEP SALE	30,000 shares COMERICA SHORT TERM FUND	30,000.00	30,000.00
01/11/2024	SWEEP PURCHASE	116,065.73 shares COMERICA SHORT TERM FUND STATE COST: 0.00	116,065.73	116,065.73



IRON WORKERS M.A. PENSION

Account Number: [REDACTED]

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

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Date	Transaction	Description	EBT Cost	Market Value
01/12/2024	SWEEP PURCHASE	116,065.73 shares COMERICA SHORT TERM FUND STATE COST: 0.00	116,065.73	116,065.73
01/12/2024	SWEEP SALE	116,065.73 shares COMERICA SHORT TERM FUND	116,065.73	116,065.73
01/17/2024	SWEEP SALE	35,522 shares COMERICA SHORT TERM FUND	35,522.00	35,522.00
01/22/2024	SWEEP PURCHASE	62,908.17 shares COMERICA SHORT TERM FUND STATE COST: 0.00	62,908.17	62,908.17
01/23/2024	SWEEP PURCHASE	62,908.17 shares COMERICA SHORT TERM FUND STATE COST: 0.00	62,908.17	62,908.17
01/23/2024	SWEEP SALE	62,908.17 shares COMERICA SHORT TERM FUND	62,908.17	62,908.17
01/29/2024	SWEEP PURCHASE	31,597.44 shares COMERICA SHORT TERM FUND STATE COST: 0.00	31,597.44	31,597.44
01/30/2024	SWEEP PURCHASE	31,597.44 shares COMERICA SHORT TERM FUND STATE COST: 0.00	31,597.44	31,597.44
01/30/2024	SWEEP SALE	1,499,550.79 shares COMERICA SHORT TERM FUND	1,499,550.79	1,499,550.79
01/30/2024	SWEEP SALE	31,597.44 shares COMERICA SHORT TERM FUND	31,597.44	31,597.44
01/31/2024	SWEEP PURCHASE	458,808 shares COMERICA SHORT TERM FUND STATE COST: 0.00	458,808.00	458,808.00
02/01/2024	SWEEP PURCHASE	664,970.51 shares COMERICA SHORT TERM FUND STATE COST: 0.00	664,970.51	664,970.51



IRON WORKERS M.A. PENSION

Account Number: [REDACTED]

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

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Date	Transaction	Description	EBT Cost	Market Value
02/01/2024	SWEEP SALE	458,808 shares COMERICA SHORT TERM FUND	458,808.00	458,808.00
02/06/2024	SWEEP PURCHASE	26,000,000 shares COMERICA SHORT TERM FUND STATE COST: 0.00	26,000,000.00	26,000,000.00
02/06/2024	SWEEP SALE	26,000,000 shares COMERICA SHORT TERM FUND	26,000,000.00	26,000,000.00
02/07/2024	SWEEP SALE	26,000,000 shares COMERICA SHORT TERM FUND	26,000,000.00	26,000,000.00
02/07/2024	SWEEP PURCHASE	26,000,000 shares COMERICA SHORT TERM FUND STATE COST: 0.00	26,000,000.00	26,000,000.00
02/14/2024	SWEEP PURCHASE	82,718.36 shares COMERICA SHORT TERM FUND STATE COST: 0.00	82,718.36	82,718.36
02/15/2024	SWEEP PURCHASE	82,718.36 shares COMERICA SHORT TERM FUND STATE COST: 0.00	82,718.36	82,718.36
02/15/2024	SWEEP SALE	82,718.36 shares COMERICA SHORT TERM FUND	82,718.36	82,718.36
02/16/2024	SWEEP PURCHASE	35,000,000 shares COMERICA SHORT TERM FUND STATE COST: 0.00	35,000,000.00	35,000,000.00
02/20/2024	SWEEP PURCHASE	35,000,000 shares COMERICA SHORT TERM FUND STATE COST: 0.00	35,000,000.00	35,000,000.00
02/20/2024	SWEEP SALE	15,905,874.24 shares COMERICA SHORT TERM FUND	15,905,874.24	15,905,874.24
02/20/2024	SWEEP SALE	35,000,000 shares COMERICA SHORT TERM FUND	35,000,000.00	35,000,000.00



IRON WORKERS M.A. PENSION

Account Number: [REDACTED]

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

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Date	Transaction	Description	EBT Cost	Market Value
02/23/2024	SWEEP SALE	45,000,000 shares COMERICA SHORT TERM FUND	45,000,000.00	45,000,000.00
02/26/2024	SWEEP SALE	2,500,000 shares COMERICA SHORT TERM FUND	2,500,000.00	2,500,000.00
02/28/2024	SWEEP PURCHASE	945,260 shares COMERICA SHORT TERM FUND STATE COST: 0.00	945,260.00	945,260.00
02/29/2024	SWEEP PURCHASE	945,260 shares COMERICA SHORT TERM FUND STATE COST: 0.00	945,260.00	945,260.00
02/29/2024	SWEEP SALE	945,260 shares COMERICA SHORT TERM FUND	945,260.00	945,260.00
03/01/2024	SWEEP PURCHASE	190,870.37 shares COMERICA SHORT TERM FUND STATE COST: 0.00	190,870.37	190,870.37
03/05/2024	SWEEP PURCHASE	247,006 shares COMERICA SHORT TERM FUND STATE COST: 0.00	247,006.00	247,006.00
03/06/2024	SWEEP PURCHASE	247,006 shares COMERICA SHORT TERM FUND STATE COST: 0.00	247,006.00	247,006.00
03/06/2024	SWEEP SALE	303,121.67 shares COMERICA SHORT TERM FUND	303,121.67	303,121.67
03/06/2024	SWEEP SALE	247,006 shares COMERICA SHORT TERM FUND	247,006.00	247,006.00
03/21/2024	SWEEP PURCHASE	9,356.25 shares COMERICA SHORT TERM FUND STATE COST: 0.00	9,356.25	9,356.25
03/22/2024	SWEEP PURCHASE	9,356.25 shares COMERICA SHORT TERM FUND STATE COST: 0.00	9,356.25	9,356.25



IRON WORKERS M.A. PENSION

Account Number: [REDACTED]

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

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Date	Transaction	Description	EBT Cost	Market Value
03/22/2024	SWEEP SALE	9,356.25 shares COMERICA SHORT TERM FUND	9,356.25	9,356.25
03/22/2024	SWEEP PURCHASE	50,939.36 shares COMERICA SHORT TERM FUND STATE COST: 0.00	50,939.36	50,939.36
03/25/2024	SWEEP PURCHASE	50,939.36 shares COMERICA SHORT TERM FUND STATE COST: 0.00	50,939.36	50,939.36
03/25/2024	SWEEP SALE	50,939.36 shares COMERICA SHORT TERM FUND	50,939.36	50,939.36
03/26/2024	SWEEP PURCHASE	137,310 shares COMERICA SHORT TERM FUND STATE COST: 0.00	137,310.00	137,310.00
03/27/2024	SWEEP PURCHASE	137,310 shares COMERICA SHORT TERM FUND STATE COST: 0.00	137,310.00	137,310.00
03/27/2024	SWEEP SALE	1,500,000 shares COMERICA SHORT TERM FUND	1,500,000.00	1,500,000.00
03/27/2024	SWEEP SALE	137,310 shares COMERICA SHORT TERM FUND	137,310.00	137,310.00
03/28/2024	SWEEP PURCHASE	41,963 shares COMERICA SHORT TERM FUND STATE COST: 0.00	41,963.00	41,963.00
03/29/2024	SWEEP PURCHASE	41,963 shares COMERICA SHORT TERM FUND STATE COST: 0.00	41,963.00	41,963.00
03/29/2024	SWEEP SALE	41,963 shares COMERICA SHORT TERM FUND	41,963.00	41,963.00
04/01/2024	SWEEP PURCHASE	79,705.97 shares COMERICA SHORT TERM FUND STATE COST: 0.00	79,705.97	79,705.97



IRON WORKERS M.A. PENSION

Account Number: [REDACTED]

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

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Date	Transaction	Description	EBT Cost	Market Value
04/01/2024	SWEEP PURCHASE	163,068.27 shares COMERICA SHORT TERM FUND STATE COST: 0.00	163,068.27	163,068.27
04/02/2024	SWEEP PURCHASE	163,068.27 shares COMERICA SHORT TERM FUND STATE COST: 0.00	163,068.27	163,068.27
04/02/2024	SWEEP PURCHASE	29.34 shares COMERICA SHORT TERM FUND STATE COST: 0.00	29.34	29.34
04/02/2024	SWEEP SALE	163,068.27 shares COMERICA SHORT TERM FUND	163,068.27	163,068.27
04/18/2024	SWEEP PURCHASE	81,929 shares COMERICA SHORT TERM FUND STATE COST: 0.00	81,929.00	81,929.00
04/19/2024	SWEEP PURCHASE	81,929 shares COMERICA SHORT TERM FUND STATE COST: 0.00	81,929.00	81,929.00
04/19/2024	SWEEP SALE	81,929 shares COMERICA SHORT TERM FUND	81,929.00	81,929.00
04/19/2024	SWEEP PURCHASE	239,868.94 shares COMERICA SHORT TERM FUND STATE COST: 0.00	239,868.94	239,868.94
04/22/2024	SWEEP PURCHASE	239,868.94 shares COMERICA SHORT TERM FUND STATE COST: 0.00	239,868.94	239,868.94
04/22/2024	SWEEP SALE	239,868.94 shares COMERICA SHORT TERM FUND	239,868.94	239,868.94
04/30/2024	SWEEP SALE	1,000,000 shares COMERICA SHORT TERM FUND	1,000,000.00	1,000,000.00



IRON WORKERS M.A. PENSION

Account Number: [REDACTED]

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

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Date	Transaction	Description	EBT Cost	Market Value
05/01/2024	SWEEP PURCHASE	76,383.15 shares COMERICA SHORT TERM FUND STATE COST: 0.00	76,383.15	76,383.15
05/01/2024	SWEEP SALE	2,555.31 shares COMERICA SHORT TERM FUND	2,555.31	2,555.31
05/01/2024	SWEEP PURCHASE	2,005,260.07 shares COMERICA SHORT TERM FUND STATE COST: 0.00	2,005,260.07	2,005,260.07
05/02/2024	SWEEP PURCHASE	2,005,260.07 shares COMERICA SHORT TERM FUND STATE COST: 0.00	2,005,260.07	2,005,260.07
05/02/2024	SWEEP SALE	2,005,260.07 shares COMERICA SHORT TERM FUND	2,005,260.07	2,005,260.07
05/06/2024	SWEEP PURCHASE	204.2 shares COMERICA SHORT TERM FUND STATE COST: 0.00	204.20	204.20
05/07/2024	SWEEP PURCHASE	252,367 shares COMERICA SHORT TERM FUND STATE COST: 0.00	252,367.00	252,367.00
05/08/2024	SWEEP PURCHASE	1,353.06 shares COMERICA SHORT TERM FUND STATE COST: 0.00	1,353.06	1,353.06
05/08/2024	SWEEP PURCHASE	252,367 shares COMERICA SHORT TERM FUND STATE COST: 0.00	252,367.00	252,367.00
05/08/2024	SWEEP SALE	252,367 shares COMERICA SHORT TERM FUND	252,367.00	252,367.00
05/09/2024	SWEEP SALE	1,353.06 shares COMERICA SHORT TERM FUND	1,353.06	1,353.06



IRON WORKERS M.A. PENSION

Account Number: [REDACTED]

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

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Date	Transaction	Description	EBT Cost	Market Value
05/09/2024	SWEEP PURCHASE	1,353.06 shares COMERICA SHORT TERM FUND STATE COST: 0.00	1,353.06	1,353.06
05/10/2024	SWEEP PURCHASE	295,118.1 shares COMERICA SHORT TERM FUND STATE COST: 0.00	295,118.10	295,118.10
05/13/2024	SWEEP PURCHASE	295,118.1 shares COMERICA SHORT TERM FUND STATE COST: 0.00	295,118.10	295,118.10
05/13/2024	SWEEP SALE	295,118.1 shares COMERICA SHORT TERM FUND	295,118.10	295,118.10
05/13/2024	SWEEP PURCHASE	161,985 shares COMERICA SHORT TERM FUND STATE COST: 0.00	161,985.00	161,985.00
05/14/2024	SWEEP PURCHASE	161,985 shares COMERICA SHORT TERM FUND STATE COST: 0.00	161,985.00	161,985.00
05/14/2024	SWEEP SALE	161,985 shares COMERICA SHORT TERM FUND	161,985.00	161,985.00
05/14/2024	SWEEP PURCHASE	312,033 shares COMERICA SHORT TERM FUND STATE COST: 0.00	312,033.00	312,033.00
05/15/2024	SWEEP PURCHASE	312,033 shares COMERICA SHORT TERM FUND STATE COST: 0.00	312,033.00	312,033.00
05/15/2024	SWEEP SALE	312,033 shares COMERICA SHORT TERM FUND	312,033.00	312,033.00
05/15/2024	SWEEP PURCHASE	30,780.49 shares COMERICA SHORT TERM FUND STATE COST: 0.00	30,780.49	30,780.49



IRON WORKERS M.A. PENSION

Account Number: [REDACTED]

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

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Date	Transaction	Description	EBT Cost	Market Value
05/16/2024	SWEEP PURCHASE	30,780.49 shares COMERICA SHORT TERM FUND STATE COST: 0.00	30,780.49	30,780.49
05/16/2024	SWEEP SALE	30,780.49 shares COMERICA SHORT TERM FUND	30,780.49	30,780.49
05/21/2024	SWEEP PURCHASE	294,111 shares COMERICA SHORT TERM FUND STATE COST: 0.00	294,111.00	294,111.00
05/22/2024	SWEEP PURCHASE	294,111 shares COMERICA SHORT TERM FUND STATE COST: 0.00	294,111.00	294,111.00
05/22/2024	SWEEP SALE	294,111 shares COMERICA SHORT TERM FUND	294,111.00	294,111.00
05/30/2024	SWEEP SALE	1,000,000 shares COMERICA SHORT TERM FUND	1,000,000.00	1,000,000.00
05/31/2024	SWEEP SALE	63,158 shares COMERICA SHORT TERM FUND	63,158.00	63,158.00
06/03/2024	SWEEP PURCHASE	85,581.17 shares COMERICA SHORT TERM FUND STATE COST: 0.00	85,581.17	85,581.17
06/07/2024	SWEEP PURCHASE	115,067 shares COMERICA SHORT TERM FUND STATE COST: 0.00	115,067.00	115,067.00
06/10/2024	SWEEP PURCHASE	115,067 shares COMERICA SHORT TERM FUND STATE COST: 0.00	115,067.00	115,067.00
06/10/2024	SWEEP SALE	115,067 shares COMERICA SHORT TERM FUND	115,067.00	115,067.00
06/24/2024	SWEEP PURCHASE	9,356.25 shares COMERICA SHORT TERM FUND STATE COST: 0.00	9,356.25	9,356.25



IRON WORKERS M.A. PENSION

Account Number: [REDACTED]

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

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Date	Transaction	Description	EBT Cost	Market Value
06/25/2024	SWEEP PURCHASE	9,356.25 shares COMERICA SHORT TERM FUND STATE COST: 0.00	9,356.25	9,356.25
06/25/2024	SWEEP SALE	9,356.25 shares COMERICA SHORT TERM FUND	9,356.25	9,356.25
06/28/2024	SWEEP PURCHASE	506,333 shares COMERICA SHORT TERM FUND STATE COST: 0.00	506,333.00	506,333.00
07/01/2024	SWEEP PURCHASE	587,968.65 shares COMERICA SHORT TERM FUND STATE COST: 0.00	587,968.65	587,968.65
07/01/2024	SWEEP SALE	506,333 shares COMERICA SHORT TERM FUND	506,333.00	506,333.00
07/01/2024	SWEEP PURCHASE	90,038.11 shares COMERICA SHORT TERM FUND STATE COST: 0.00	90,038.11	90,038.11
07/02/2024	SWEEP PURCHASE	90,038.11 shares COMERICA SHORT TERM FUND STATE COST: 0.00	90,038.11	90,038.11
07/02/2024	SWEEP SALE	90,038.11 shares COMERICA SHORT TERM FUND	90,038.11	90,038.11
07/16/2024	SWEEP SALE	34,718 shares COMERICA SHORT TERM FUND	34,718.00	34,718.00
07/22/2024	SWEEP PURCHASE	4,531.35 shares COMERICA SHORT TERM FUND STATE COST: 0.00	4,531.35	4,531.35
07/23/2024	SWEEP SALE	4,531.35 shares COMERICA SHORT TERM FUND	4,531.35	4,531.35
07/23/2024	SWEEP PURCHASE	4,531.35 shares COMERICA SHORT TERM FUND STATE COST: 0.00	4,531.35	4,531.35



IRON WORKERS M.A. PENSION

Account Number: [REDACTED]

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

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Date	Transaction	Description	EBT Cost	Market Value
07/23/2024	SWEEP PURCHASE	52,807.54 shares COMERICA SHORT TERM FUND STATE COST: 0.00	52,807.54	52,807.54
07/24/2024	SWEEP PURCHASE	52,807.54 shares COMERICA SHORT TERM FUND STATE COST: 0.00	52,807.54	52,807.54
07/24/2024	SWEEP SALE	52,807.54 shares COMERICA SHORT TERM FUND	52,807.54	52,807.54
07/26/2024	SWEEP SALE	2,000,000 shares COMERICA SHORT TERM FUND	2,000,000.00	2,000,000.00
07/30/2024	SWEEP PURCHASE	112.93 shares COMERICA SHORT TERM FUND STATE COST: 0.00	112.93	112.93
07/30/2024	SWEEP PURCHASE	68,779.53 shares COMERICA SHORT TERM FUND STATE COST: 0.00	68,779.53	68,779.53
07/31/2024	SWEEP SALE	112.93 shares COMERICA SHORT TERM FUND	112.93	112.93
07/31/2024	SWEEP PURCHASE	68,892.46 shares COMERICA SHORT TERM FUND STATE COST: 0.00	68,892.46	68,892.46
07/31/2024	SWEEP SALE	68,779.53 shares COMERICA SHORT TERM FUND	68,779.53	68,779.53
08/01/2024	SWEEP PURCHASE	85,563.13 shares COMERICA SHORT TERM FUND STATE COST: 0.00	85,563.13	85,563.13
08/05/2024	SWEEP SALE	56,329.76 shares COMERICA SHORT TERM FUND	56,329.76	56,329.76
08/05/2024	SWEEP PURCHASE	115,862 shares COMERICA SHORT TERM FUND STATE COST: 0.00	115,862.00	115,862.00



IRON WORKERS M.A. PENSION

Account Number: [REDACTED]

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

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Date	Transaction	Description	EBT Cost	Market Value
08/06/2024	SWEEP PURCHASE	115,862 shares COMERICA SHORT TERM FUND STATE COST: 0.00	115,862.00	115,862.00
08/06/2024	SWEEP PURCHASE	218.49 shares COMERICA SHORT TERM FUND STATE COST: 0.00	218.49	218.49
08/06/2024	SWEEP SALE	115,862 shares COMERICA SHORT TERM FUND	115,862.00	115,862.00
08/08/2024	SWEEP PURCHASE	341,906 shares COMERICA SHORT TERM FUND STATE COST: 0.00	341,906.00	341,906.00
08/09/2024	SWEEP PURCHASE	341,906 shares COMERICA SHORT TERM FUND STATE COST: 0.00	341,906.00	341,906.00
08/09/2024	SWEEP SALE	341,906 shares COMERICA SHORT TERM FUND	341,906.00	341,906.00
08/13/2024	SWEEP PURCHASE	17,737 shares COMERICA SHORT TERM FUND STATE COST: 0.00	17,737.00	17,737.00
08/14/2024	SWEEP PURCHASE	348.94 shares COMERICA SHORT TERM FUND STATE COST: 0.00	348.94	348.94
08/14/2024	SWEEP PURCHASE	17,737 shares COMERICA SHORT TERM FUND STATE COST: 0.00	17,737.00	17,737.00
08/14/2024	SWEEP PURCHASE	105.8 shares COMERICA SHORT TERM FUND STATE COST: 0.00	105.80	105.80
08/14/2024	SWEEP SALE	17,737 shares COMERICA SHORT TERM FUND	17,737.00	17,737.00



IRON WORKERS M.A. PENSION

Account Number: [REDACTED]

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

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Date	Transaction	Description	EBT Cost	Market Value
08/15/2024	SWEEP SALE	348.94 shares COMERICA SHORT TERM FUND	348.94	348.94
08/15/2024	SWEEP PURCHASE	348.94 shares COMERICA SHORT TERM FUND STATE COST: 0.00	348.94	348.94
08/15/2024	SWEEP PURCHASE	979,929 shares COMERICA SHORT TERM FUND STATE COST: 0.00	979,929.00	979,929.00
08/16/2024	SWEEP PURCHASE	979,929 shares COMERICA SHORT TERM FUND STATE COST: 0.00	979,929.00	979,929.00
08/16/2024	SWEEP SALE	979,929 shares COMERICA SHORT TERM FUND	979,929.00	979,929.00
08/29/2024	SWEEP SALE	1,000,000 shares COMERICA SHORT TERM FUND	1,000,000.00	1,000,000.00
09/03/2024	SWEEP PURCHASE	82,029.72 shares COMERICA SHORT TERM FUND STATE COST: 0.00	82,029.72	82,029.72
09/05/2024	SWEEP PURCHASE	335,752.92 shares COMERICA SHORT TERM FUND STATE COST: 0.00	335,752.92	335,752.92
09/06/2024	SWEEP PURCHASE	335,752.92 shares COMERICA SHORT TERM FUND STATE COST: 0.00	335,752.92	335,752.92
09/06/2024	SWEEP SALE	335,752.92 shares COMERICA SHORT TERM FUND	335,752.92	335,752.92
09/09/2024	SWEEP PURCHASE	1,358.2 shares COMERICA SHORT TERM FUND STATE COST: 0.00	1,358.20	1,358.20



IRON WORKERS M.A. PENSION

Account Number: [REDACTED]

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

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Date	Transaction	Description	EBT Cost	Market Value
09/19/2024	SWEEP PURCHASE	9,356.25 shares COMERICA SHORT TERM FUND STATE COST: 0.00	9,356.25	9,356.25
09/20/2024	SWEEP PURCHASE	9,356.25 shares COMERICA SHORT TERM FUND STATE COST: 0.00	9,356.25	9,356.25
09/20/2024	SWEEP SALE	9,356.25 shares COMERICA SHORT TERM FUND	9,356.25	9,356.25
09/25/2024	SWEEP SALE	31,579 shares COMERICA SHORT TERM FUND	31,579.00	31,579.00
09/25/2024	SWEEP PURCHASE	14,625 shares COMERICA SHORT TERM FUND STATE COST: 0.00	14,625.00	14,625.00
09/26/2024	SWEEP PURCHASE	14,625 shares COMERICA SHORT TERM FUND STATE COST: 0.00	14,625.00	14,625.00
09/26/2024	SWEEP SALE	14,625 shares COMERICA SHORT TERM FUND	14,625.00	14,625.00
09/27/2024	SWEEP SALE	2,000,000 shares COMERICA SHORT TERM FUND	2,000,000.00	2,000,000.00
09/27/2024	SWEEP PURCHASE	8,113 shares COMERICA SHORT TERM FUND STATE COST: 0.00	8,113.00	8,113.00
09/27/2024	SWEEP PURCHASE	513,374.97 shares COMERICA SHORT TERM FUND STATE COST: 0.00	513,374.97	513,374.97
09/30/2024	SWEEP PURCHASE	521,487.97 shares COMERICA SHORT TERM FUND STATE COST: 0.00	521,487.97	521,487.97
09/30/2024	SWEEP SALE	521,487.97 shares COMERICA SHORT TERM FUND	521,487.97	521,487.97



IRON WORKERS M.A. PENSION

Account Number: [REDACTED]

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

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Date	Transaction	Description	EBT Cost	Market Value
10/01/2024	SWEEP PURCHASE	76,655.92 shares COMERICA SHORT TERM FUND STATE COST: 0.00	76,655.92	76,655.92
10/01/2024	SWEEP PURCHASE	175,958.1 shares COMERICA SHORT TERM FUND STATE COST: 0.00	175,958.10	175,958.10
10/02/2024	SWEEP PURCHASE	175,958.1 shares COMERICA SHORT TERM FUND STATE COST: 0.00	175,958.10	175,958.10
10/02/2024	SWEEP SALE	175,958.1 shares COMERICA SHORT TERM FUND	175,958.10	175,958.10
10/02/2024	SWEEP PURCHASE	98,625 shares COMERICA SHORT TERM FUND STATE COST: 0.00	98,625.00	98,625.00
10/03/2024	SWEEP PURCHASE	98,625 shares COMERICA SHORT TERM FUND STATE COST: 0.00	98,625.00	98,625.00
10/03/2024	SWEEP SALE	98,625 shares COMERICA SHORT TERM FUND	98,625.00	98,625.00
10/07/2024	SWEEP PURCHASE	283.38 shares COMERICA SHORT TERM FUND STATE COST: 0.00	283.38	283.38
10/29/2024	SWEEP SALE	1,000,000 shares COMERICA SHORT TERM FUND	1,000,000.00	1,000,000.00
11/01/2024	SWEEP PURCHASE	71,277.49 shares COMERICA SHORT TERM FUND STATE COST: 0.00	71,277.49	71,277.49
11/01/2024	SWEEP PURCHASE	51.41 shares COMERICA SHORT TERM FUND STATE COST: 0.00	51.41	51.41



IRON WORKERS M.A. PENSION

Account Number: [REDACTED]

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

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Date	Transaction	Description	EBT Cost	Market Value
11/06/2024	SWEEP PURCHASE	783,612.13 shares COMERICA SHORT TERM FUND STATE COST: 0.00	783,612.13	783,612.13
11/07/2024	SWEEP PURCHASE	783,612.13 shares COMERICA SHORT TERM FUND STATE COST: 0.00	783,612.13	783,612.13
11/07/2024	SWEEP SALE	783,612.13 shares COMERICA SHORT TERM FUND	783,612.13	783,612.13
11/14/2024	SWEEP PURCHASE	178,987 shares COMERICA SHORT TERM FUND STATE COST: 0.00	178,987.00	178,987.00
11/15/2024	SWEEP PURCHASE	178,987 shares COMERICA SHORT TERM FUND STATE COST: 0.00	178,987.00	178,987.00
11/15/2024	SWEEP SALE	178,987 shares COMERICA SHORT TERM FUND	178,987.00	178,987.00
11/15/2024	SWEEP PURCHASE	149,304.16 shares COMERICA SHORT TERM FUND STATE COST: 0.00	149,304.16	149,304.16
11/18/2024	SWEEP PURCHASE	149,304.16 shares COMERICA SHORT TERM FUND STATE COST: 0.00	149,304.16	149,304.16
11/18/2024	SWEEP SALE	149,304.16 shares COMERICA SHORT TERM FUND	149,304.16	149,304.16
11/18/2024	SWEEP PURCHASE	23,967 shares COMERICA SHORT TERM FUND STATE COST: 0.00	23,967.00	23,967.00
11/19/2024	SWEEP PURCHASE	23,967 shares COMERICA SHORT TERM FUND STATE COST: 0.00	23,967.00	23,967.00



IRON WORKERS M.A. PENSION

Account Number: [REDACTED]

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

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Date	Transaction	Description	EBT Cost	Market Value
11/19/2024	SWEEP SALE	23,967 shares COMERICA SHORT TERM FUND	23,967.00	23,967.00
11/22/2024	SWEEP SALE	2,000,000 shares COMERICA SHORT TERM FUND	2,000,000.00	2,000,000.00
11/27/2024	SWEEP PURCHASE	572,640 shares COMERICA SHORT TERM FUND STATE COST: 0.00	572,640.00	572,640.00
11/29/2024	SWEEP PURCHASE	572,640 shares COMERICA SHORT TERM FUND STATE COST: 0.00	572,640.00	572,640.00
11/29/2024	SWEEP SALE	572,640 shares COMERICA SHORT TERM FUND	572,640.00	572,640.00
12/02/2024	SWEEP PURCHASE	64,434.9 shares COMERICA SHORT TERM FUND STATE COST: 0.00	64,434.90	64,434.90
12/10/2024	SWEEP SALE	899,324 shares COMERICA SHORT TERM FUND	899,324.00	899,324.00
12/11/2024	SWEEP PURCHASE	275.41 shares COMERICA SHORT TERM FUND STATE COST: 0.00	275.41	275.41
12/18/2024	SWEEP PURCHASE	2,153.17 shares COMERICA SHORT TERM FUND STATE COST: 0.00	2,153.17	2,153.17
12/19/2024	SWEEP SALE	2,153.17 shares COMERICA SHORT TERM FUND	2,153.17	2,153.17
12/19/2024	SWEEP PURCHASE	2,153.17 shares COMERICA SHORT TERM FUND STATE COST: 0.00	2,153.17	2,153.17
12/20/2024	SWEEP PURCHASE	9,356.25 shares COMERICA SHORT TERM FUND STATE COST: 0.00	9,356.25	9,356.25



IRON WORKERS M.A. PENSION

Account Number: [REDACTED]

5% Transactions - By Issue
For the Period January 01, 2024 - December 31, 2024

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Date	Transaction	Description	EBT Cost	Market Value
12/23/2024	SWEEP PURCHASE	9,356.25 shares COMERICA SHORT TERM FUND STATE COST: 0.00	9,356.25	9,356.25
12/23/2024	SWEEP SALE	9,356.25 shares COMERICA SHORT TERM FUND	9,356.25	9,356.25
12/23/2024	SWEEP PURCHASE	30,469 shares COMERICA SHORT TERM FUND STATE COST: 0.00	30,469.00	30,469.00
12/24/2024	SWEEP PURCHASE	30,469 shares COMERICA SHORT TERM FUND STATE COST: 0.00	30,469.00	30,469.00
12/24/2024	SWEEP SALE	30,469 shares COMERICA SHORT TERM FUND	30,469.00	30,469.00
12/24/2024	SWEEP PURCHASE	220,409.28 shares COMERICA SHORT TERM FUND STATE COST: 0.00	220,409.28	220,409.28
12/26/2024	SWEEP PURCHASE	220,409.28 shares COMERICA SHORT TERM FUND STATE COST: 0.00	220,409.28	220,409.28
12/26/2024	SWEEP SALE	220,409.28 shares COMERICA SHORT TERM FUND	220,409.28	220,409.28
12/31/2024	SWEEP PURCHASE	198,040.16 shares COMERICA SHORT TERM FUND STATE COST: 0.00	198,040.16	198,040.16
Total			328,653,725.54	328,700,780.54
Total All Issues			328,653,725.54	328,700,780.54



IRON WORKERS M.A. PENSION

Account Number: [REDACTED]

5% Transactions - By Broker
For the Period January 01, 2024 - December 31, 2024

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Date	Transaction	Description	EBT Cost	Market Value
IRON WORKERS M.A. PENSION				
01/02/2024	SALE	PEG GLOBAL PRIVATE EQUITY VII OFFSHORE SPECIAL LP Reversed Entry Posted On 12/15/2023	0.00	47,055.00
Total				47,055.00
Total All Brokers				47,055.00

Iron Workers' Mid-America Pension Plan

EIN: 36-6488227; Plan number 001

Schedule R, Lines 13d & e - Information on Date collective

bargaining agreement expires, Contribution Rates and Base Units

	CBA Expiration Date	Hourly rate
Advanced Steel Erectors LLC		
Local 136	6/30/2019	\$0.94
Local 395	5/31/2027	\$13.08
Local 444	5/31/2026	\$13.21
Local 444NZ	5/31/2026	\$12.08
Local 444SZ	5/31/2026	\$12.71
Local 498EZ	5/31/2026	\$6.63
Area Erectors Inc		
Local 63	5/31/2027	\$10.00
Local 111	6/30/2027	\$9.40
Local 112	4/30/2025	\$9.56
Local 383	5/31/2026	\$12.44
Local 395	5/31/2027	\$13.08
Local 444	5/31/2026	\$13.21
Local 444NZ	5/31/2026	\$12.08
Local 444WZ	5/31/2026	\$12.71
Local 498	5/31/2026	\$6.63
Local 498EZ	5/31/2026	\$6.63
J H Findorff And Son		
Local 383	5/31/2026	\$12.44
Local 498	5/31/2026	\$6.63
J P Cullen And Sons Inc		
Local 63	5/31/2027	\$10.00
Local 383	5/31/2026	\$12.44
Local 444WZ	5/31/2026	\$12.71
Local 498	5/31/2026	\$6.63
Security Door Inc		
Local 63	5/31/2027	\$10.00
Local 395	5/31/2027	\$13.08

ACTIVE PARTICIPANT DATA

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

SUMMARY OF PLAN PROVISIONS

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

ACTUARIAL ASSUMPTION METHODS

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

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 IRON WORKERS MID-AMERICA 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 OF IW MID-AMERICA PENSION PLAN	D Employer Identification Number (EIN) 36-6488227

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) 926,460,309
(2) Actuarial value of assets for funding standard account	1b(2) 961,945,700
c (1) Accrued liability for plan using immediate gain methods	1c(1) 1,062,356,964
(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) 1,062,356,964
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) 1,854,265,978
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 55,770,438
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 69,252,165
(3) Expected plan disbursements for the plan year	1d(3) 71,352,165

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 William Gitterman WJG Signature of actuary William Gitterman, FSA, MAAA, EA Type or print name of actuary SEGAL Firm name 101 NORTH WACKER DRIVE, SUITE 1800 CHICAGO IL 60606-1722 Address of the firm	09/03/2025 Date 2308743 Most recent enrollment number 312-984-8500 Telephone number (including area code)
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2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	927,290,481
b "RPA '94" current liability/participant count breakdown:		
	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	4,548	878,296,441
(2) For terminated vested participants	1,652	185,577,524
(3) For active participants:		
(a) Non-vested benefits		54,976,325
(b) Vested benefits		735,415,688
(c) Total active	3,059	790,392,013
(4) Total	9,259	1,854,265,978
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	50.00 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/01/2024	56,060,167	0			
Totals ▶			3(b)	56,060,167	3(c) 0

(d) Total withdrawal liability amounts included in line 3(b) total	3(d)	123,372
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4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	90.5 %
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: • 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	

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	
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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
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.00 %
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)	%
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	6.7 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	11.5 %
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)	2,024,815
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1,140,543	117,033

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	24,981,636

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)	328,698,839	51,717,098
(2) Funding waivers.....	9c(2)		
(3) Certain bases for which the amortization period has been extended.....	9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c	9d	5,368,911
e Total charges. Add lines 9a through 9d.....	9e	82,067,645

Credits to funding standard account:		
f Prior year credit balance, if any.....	9f	113,773,169
g Employer contributions. Total from column (b) of line 3.....	9g	56,060,167

		Outstanding balance	
h Amortization credits as of valuation date.....	9h	114,514,406	26,304,434

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	11,767,538
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j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	293,877,062	
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	756,913,915	
(3) FFL credit.....	9j(3)		0

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

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	207,905,308
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m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	125,837,663
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n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	
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o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year.....	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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Schedule of active participant data

(Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2023.

Pension Credits

Age	Total	Less than 5	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	194	177	17	—	—	—	—	—	—	—
	\$404	\$348	—	—	—	—	—	—	—	—
25 - 29	280	141	138	1	—	—	—	—	—	—
	\$777	\$433	\$1,120	—	—	—	—	—	—	—
30 - 34	370	117	190	56	7	—	—	—	—	—
	\$1,021	\$417	\$1,082	\$1,852	—	—	—	—	—	—
35 - 39	466	89	167	104	99	7	—	—	—	—
	\$1,577	\$433	\$1,149	\$1,993	\$2,771	—	—	—	—	—
40 - 44	525	48	105	92	191	78	11	—	—	—
	\$2,209	\$336	\$1,053	\$1,990	\$2,735	\$3,586	—	—	—	—
45 - 49	474	27	48	47	120	138	92	2	—	—
	\$2,850	\$379	\$1,086	\$2,018	\$2,708	\$3,538	\$4,024	—	—	—
50 - 54	405	8	24	37	90	92	102	49	3	—
	\$3,064	—	\$1,035	\$1,883	\$2,505	\$3,321	\$3,770	\$4,394	—	—
55 - 59	255	4	17	21	52	43	41	52	24	1
	\$3,105	—	—	\$1,716	\$2,424	\$3,177	\$3,501	\$4,279	\$4,288	—
60 - 64	80	9	2	11	11	9	8	10	16	4
	\$2,860	—	—	—	—	—	—	—	—	—
65 - 69	8	—	1	—	2	1	—	2	—	2
	—	—	—	—	—	—	—	—	—	—
70 & over	2	—	—	—	—	—	—	—	—	2
	—	—	—	—	—	—	—	—	—	—
Totals	3,059	620	709	369	572	368	254	115	43	9
	\$2,032	\$396	\$1,100	\$1,935	\$2,663	\$3,439	\$3,826	\$4,353	\$4,108	—

Note: Excludes 188 participants with less than one pension credit.

Statement of actuarial assumptions, methods and models

(Schedule MB, Line 6)

Mortality rates

Non-retired participants: 110% of the Pri-2012 Employee Blue Collar Amount-weighted (sex-specific) with generational projection using Mortality Improvement Scale MP-2021.

Non-disabled pensioners: 110% of the Pri-2012 Retiree Blue Collar Amount-weighted (sex-specific) with generational projection using Mortality Improvement Scale MP-2021.

Beneficiaries: 110% of the Pri-2012 Contingent Survivor Blue Collar Amount-weighted (sex-specific) with generational projection using Mortality Improvement Scale MP-2021.

Disabled: 110% of the Pri-2012 Disabled Retiree Amount-weighted (sex-specific) with generational projection using Mortality Improvement Scale MP-2021.

The underlying tables (including the 10% load) with the generational projection using scale MP-2021 to the ages of participants as of the valuation date reasonably reflect the mortality experience of the Plan as of the measurement date. The mortality tables were then adjusted to future years using generational projections using the MP-2021 scale to anticipate future mortality improvement.

The mortality rates were based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of deaths and the projected number based on the prior year's assumption over the most recent five years taking into consideration the results of Segal's industry mortality study.

Annuitant mortality rates

Age	Rate (%)			
	Healthy Male	Healthy Female	Disabled Male	Disabled Female
55	0.67	0.51	2.27	1.55
60	1.03	0.80	2.61	1.93
65	1.42	1.15	3.19	2.27
70	2.13	1.61	4.08	2.78
75	3.31	2.55	5.77	3.93
80	5.70	4.38	8.89	6.19
85	9.97	7.79	13.98	10.26
90	17.19	13.80	21.34	17.05

Termination rates before retirement

Age	Rate (%)			
	Mortality Male ¹	Mortality Female ¹	Disability ²	Withdrawal ³
20	0.08	0.02	0.05	2.48
25	0.09	0.03	0.06	2.42
30	0.10	0.04	0.08	2.33
35	0.12	0.06	0.11	2.18
40	0.14	0.08	0.17	1.94
45	0.15	0.10	0.27	1.59
50	0.19	0.13	0.45	1.06
55	0.29	0.21	0.76	0.39
60	0.49	0.34	1.22	0.03

¹ Mortality rates shown for current year.

² All disability incidents are not assumed to be job-related

³ For non-vested participants withdrawal rates are 4 times higher. Withdrawal rates cut out at early retirement age.

The withdrawal rates and disability rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgement. As part of the analysis, a comparison was made between the actual number of withdrawal and disability retirements and the projected number based on the prior year's assumption over the most recent five years.

Retirement rates

Age	Rate (%)	
	Active Participants	Inactive Vested Participants
55	15	10
56 – 58	5	5
59	25	5
60 – 61	25	15
62	35	50
63	20	25
64	30	25
65	100	100

The retirement rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior years' assumption over the most recent five years.

Description of weighted average retirement age

Age 60, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2024 actuarial valuation.

Future benefit accruals

1,600 hours per active employee included in the valuation.

The future benefit accruals were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the most recent five years.

Unknown data for participants

Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.

Definition of active participants

Employees with at least 250 hours in the most recent Plan year and who have accumulated at least one pension credit, excluding those who have retired as of the valuation date.

Percent married

75%

Age and gender of spouse

Spouses are assumed to be 4 years younger than male participants and 4 years older than female participants. If not given, spouses are assumed to have opposite gender of the participant.

Benefit election

Single participants are assumed to elect the single life annuity. Married participants are assumed to elect the single life annuity or 50% joint and survivor annuity with pop-up feature, whichever is more valuable.

The assumed benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, and estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual option election patterns over the most recent five years.

Net investment return

7.00%

The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.

Annual administrative expenses

\$2,100,000 for the year beginning January 1, 2024 (equivalent to \$2,024,815 payable at the beginning of the year) or 8.8% of Normal Cost.

The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

Actuarial value of assets

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

Actuarial cost method

Unit Credit Actuarial Cost Method. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis.

Benefits valued

Unless otherwise indicated, includes all benefits summarized in Exhibit L.

Current liability assumptions

- **Interest:** 3.29%, within the permissible range prescribed under IRC Section 431(c)(6)(E)
- **Mortality:** Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): Pri-2012 separate annuitant and non-annuitant healthy mortality tables (sex-specific) with generational projection using Scale 2024 Adjusted MP-2021.

Actuarial models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2024	\$2,279,045	\$1,080,972	\$65,815,465	\$69,175,482
2025	4,676,751	1,608,000	64,123,082	70,407,833
2026	7,096,744	2,306,350	62,399,541	71,802,635
2027	9,612,680	2,814,293	60,637,353	73,064,326
2028	12,239,082	3,337,293	58,810,528	74,386,903
2029	14,821,138	3,824,876	56,922,004	75,568,018
2030	17,457,815	4,400,905	54,974,736	76,833,456
2031	20,100,755	5,053,137	52,972,071	78,125,963
2032	22,737,820	5,678,133	50,917,929	79,333,882
2033	25,332,418	6,295,819	48,816,893	80,445,130
2034	27,821,163	6,941,204	46,674,296	81,436,663
2035	30,332,355	7,664,420	44,496,218	82,492,993
2036	32,784,756	8,351,655	42,289,376	83,425,787
2037	35,122,029	8,997,041	40,061,016	84,180,086
2038	37,367,500	9,454,729	37,818,631	84,640,860
2039	39,464,300	9,885,977	35,569,931	84,920,208
2040	41,385,118	10,382,196	33,323,167	85,090,481
2041	43,139,042	10,721,567	31,087,229	84,947,838

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2042	\$44,674,286	\$11,124,109	\$28,871,440	\$84,669,835
2043	45,968,175	11,454,429	26,685,442	84,108,046
2044	46,975,180	11,697,673	24,539,113	83,211,966
2045	47,810,904	11,918,709	22,442,435	82,172,048
2046	48,347,346	11,922,590	20,405,641	80,675,577
2047	48,688,377	11,878,118	18,439,051	79,005,546
2048	48,844,169	11,828,804	16,552,930	77,225,903
2049	48,743,254	11,663,041	14,757,167	75,163,462
2050	48,414,906	11,451,868	13,060,952	72,927,726
2051	47,916,593	11,257,117	11,472,403	70,646,113
2052	47,235,983	11,019,189	9,998,199	68,253,371
2053	46,397,814	10,717,269	8,643,310	65,758,393
2054	45,419,300	10,384,222	7,410,699	63,214,221
2055	44,240,285	9,987,921	6,301,127	60,529,333
2056	42,975,566	9,564,836	5,313,088	57,853,490
2057	41,634,492	9,108,805	4,442,894	55,186,191
2058	40,123,145	8,644,536	3,684,913	52,452,594
2059	38,489,191	8,137,751	3,032,041	49,658,983

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2060	\$36,822,177	\$7,641,074	\$2,476,004	\$46,939,255
2061	35,067,028	7,145,150	2,007,680	44,219,858
2062	33,228,010	6,648,078	1,617,574	41,493,662
2063	31,364,793	6,139,163	1,296,040	38,799,996
2064	29,479,559	5,647,733	1,033,633	36,160,925
2065	27,584,568	5,161,723	821,415	33,567,706
2066	25,695,084	4,691,897	651,069	31,038,050
2067	23,825,931	4,241,050	515,160	28,582,141
2068	22,003,270	3,811,620	407,252	26,222,142
2069	20,232,714	3,405,600	321,878	23,960,192
2070	18,522,078	3,024,495	254,489	21,801,062
2071	16,884,814	2,669,429	201,357	19,755,600
2072	15,327,282	2,341,106	159,446	17,827,834
2073	13,854,213	2,039,756	126,338	16,020,307

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$54,773,004	\$123,372	\$54,896,376
2025	\$54,773,004	\$120,876	\$54,893,880
2026	\$54,773,004	\$120,876	\$54,893,880
2027	\$54,773,004	\$120,876	\$54,893,880
2028	\$54,773,004	\$120,876	\$54,893,880
2029	\$54,773,004	\$120,876	\$54,893,880
2030	\$54,773,004	\$107,730	\$54,880,734
2031	\$54,773,004	\$60,388	\$54,833,392
2032	\$54,773,004	\$60,388	\$54,833,392
2033	\$54,773,004	\$60,388	\$54,833,392

Investment return

To the extent the vested benefits are matched by the market value of plan assets on hand: interest assumptions prescribed by the Pension Benefit Guaranty Corporation under 29 C.F.R. Ch. XL, Part 4044, which are in effect for the applicable withdrawal liability valuation date, are used.

- PBGC Interest Rate as of December 31, 2023 is 5.06% for 20 years and 4.37% thereafter:

To the extent the vested benefits are not matched by plan assets (at market), the interest assumption is the same as used for plan funding: 7.00%.

The portion of the vested benefits that is matched by readily available assets is **determined by comparing the total present value of vested benefits plus expenses** – at PBGC rates – with the total market value of assets; each vested benefit is treated as covered by assets to the same extent as all other vested benefits.

- The present value of vested benefits is based on a blend of two liability calculations:
 - The first calculation is performed on a market value basis, using discount rates selected based on estimated annuity purchase rates available for benefits being settled, because withdrawal liability essentially settles an employer's obligation to the Plan.
 - The second calculation uses the interest rate determined by the plan actuary for minimum funding, based on the expected return on current and future assets. For benefits that could be settled immediately, because assets on hand are sufficient to cover their market value, the first calculation basis is used: annuity purchase rates promulgated by PBGC under ERISA Sec. 4044 for multiemployer plans terminating by mass withdrawal on the measurement date. For benefits that cannot be settled immediately because they are not currently funded, the calculation uses the second basis: the interest rate used for plan funding calculations.

Schedule of FSA Bases (Charges) (Schedule MB, Line 9c)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment	06/01/1994	\$331,611	.42	\$331,611
Plan Amendment	06/01/1995	1,471,522	1.42	1,050,908
Plan Amendment	01/01/1996	8,351	2	4,317
Assumption Change	01/01/1996	411,399	2	212,656
Plan Amendment	03/01/1996	807,755	2.16	388,656
Assumption Change	01/01/1997	1,319,561	3	469,926
Plan Amendment	01/01/1997	6,258,882	3	2,228,932
Plan Amendment	01/01/1998	914,210	4	252,243
Plan Amendment	01/01/1998	3,001,156	4	828,061
Plan Amendment	06/01/1999	1,655,891	5.42	352,876
Plan Amendment	03/01/2000	11,352,951	6.17	2,176,279
Plan Amendment	01/01/2001	13,244,462	7	2,296,778
Plan Amendment	01/01/2002	2,865,241	8	448,444
Plan Amendment	01/01/2003	5,823,370	9	835,335
Plan Amendment	01/01/2004	4,920,338	10	654,715
Plan Amendment	01/01/2005	7,706,772	11	960,515
Plan Amendment	01/01/2006	8,233,354	12	968,781
Assumption Change	01/01/2007	9,323,424	13	1,042,575
Base due to Dec. 31, 2008 Investment Loss	01/01/2009	45,575,162	14	4,870,364
Experience Loss	01/01/2010	1,556,141	1	1,556,141
Plan Amendment	06/01/2010	38,886	1.42	27,771
Base due to Dec. 31, 2008 Investment Loss	01/01/2011	26,198,124	14	2,799,648
Plan Amendment	06/01/2011	213,120	2.42	92,314
Experience Loss	01/01/2012	1,145,738	3	408,024

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in Assumptions	01/01/2012	5,088,608	3	1,812,171
Base due to Dec. 31, 2008 Investment Loss	01/01/2012	11,726,720	14	1,253,169
Plan Amendment	06/01/2012	273,620	3.42	86,654
Experience Loss	01/01/2013	5,766,969	4	1,591,188
Plan Amendment	05/01/2013	126,532	4.33	32,596
Plan Amendment	06/01/2013	405,184	4.42	102,551
Experience Loss	01/01/2014	2,705,398	5	616,656
Plan Amendment	05/01/2014	93,849	5.33	20,279
Plan Amendment	06/01/2014	518,002	5.42	110,388
Plan Amendment	01/01/2015	20,817	6	4,082
Experience Loss	01/01/2015	5,506,171	6	1,079,600
Change in Assumptions	01/01/2015	14,401,124	6	2,823,640
Plan Amendment	05/01/2015	433,135	6.33	81,338
Plan Amendment	06/01/2015	6,414,592	6.42	1,191,072
Plan Amendment	01/01/2016	4,617	7	801
Experience Loss	01/01/2016	12,005,540	7	2,081,931
Plan Amendment	05/01/2016	120,619	7.33	20,181
Plan Amendment	06/01/2016	1,338,139	7.42	221,795
Plan Amendment	01/01/2017	5,273	8	825
Experience Loss	01/01/2017	11,608,809	8	1,816,917
Plan Amendment1	05/01/2017	125,776	8.33	19,098
Plan Amendment2	06/01/2017	1,617,463	8.42	243,647
Plan Amendment3	07/01/2017	76,569	8.5	11,453
Plan Amendment	01/01/2018	6,486	9	930
Change in Assumptions	01/01/2018	2,498,364	9	358,379
Experience Loss	01/01/2018	8,350,852	9	1,197,890

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment1	05/01/2018	133,708	9.33	18,688
Plan Amendment2	06/01/2018	1,849,832	9.42	256,770
Plan Amendment3	07/01/2018	223,139	9.5	30,787
Experience Loss	01/01/2019	15,593,599	10	2,074,932
Experience Loss	01/01/2020	7,264,237	11	905,361
Change in Assumptions	01/01/2022	39,986,289	13	4,471,396
Plan Amendment	01/01/2023	824,806	14	88,142
Change in Assumptions	01/01/2023	1,156,486	14	123,587
Experience Loss	01/01/2023	14,909,551	14	1,593,301
Experience Loss	01/01/2024	1,140,543	15	117,033
Total		\$328,698,839		\$51,717,098

Schedule of FSA Bases (Credits) (Schedule MB, Line 9h)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment	01/01/2010	\$4,804,356	1	\$4,804,356
Base due to Dec. 31, 2008 Investment Loss	01/01/2010	18,095,368	14	1,933,751
Experience Gain	01/01/2011	5,307,403	2	2,743,440
Plan Amendment	07/01/2016	122,455	7.5	20,130
Change in Funding Method	01/01/2019	61,131,674	5	13,934,062
Plan Amendment	01/01/2020	318,841	11	39,738
Experience Gain	01/01/2021	10,798,526	12	1,270,613
Experience Gain	01/01/2022	13,935,783	13	1,558,344
Total		\$114,514,406		\$26,304,434

FSA Contribution Timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 1 contribution date.

Summary of plan provisions

(Schedule MB, Line 6)

This exhibit summarizes the major provisions of the Plan included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan year

January 1 through December 31

Pension credit year

January 1 through December 31

Plan status

Ongoing

Regular pension

- **Age Requirement:** 62 (65 for Local 136)
- **Service Requirement:** Ten Pension Credits
- **Amount:** Sum of Basic Pension and Earned When Paid Pension earned prior to January 1, 2020, and Percentage of Contribution benefit.
- **Basic Pension:** Total number of pension credits, multiplied by accrual rates below, earned prior to January 1, 2020.

Basic Contribution Rate	Accrual Rate	Basic Contribution Rate	Accrual Rate
\$0.01	\$0.30	\$0.76	\$27.45
\$0.075 / 0.085	\$2.55	\$1.07	\$30.95
\$0.125	\$3.50	\$1.31	\$34.30
\$0.175	\$10.65	\$1.56	\$37.70
\$0.21 / 0.23	\$13.05	\$1.81	\$42.00
\$0.26	\$15.40	\$2.06	\$45.50
\$0.51	\$23.15	\$2.31	\$49.00
\$0.73	\$20.95		

At the \$2.55 accrual rate, past service credits are only included up to a level such that the total pension credits equal 25 years.

- **Earned When Paid Pension:** Participants in Locals that provide an extra \$0.55 per hour contribution receive Earned when Paid Pension of \$27.00 per pension credit only for those credits earned when the higher contribution rate is paid. Between January 1, 1991 and June 1, 1993, \$0.25 per hour may have been contributed and the corresponding accrual rate was \$13.50 per pension credit

An additional \$0.50 per hour may be contributed in \$0.25 increments to receive an additional \$10.00 (\$5.00 for a \$0.25 per hour increase) per pension credit for all previously Earned When Paid credits. Effective January 1, 2020, no future Earned When Paid Benefits are accrued.

- **Percent of Contributions:** Participants in Locals that make contributions towards Percent of Contribution benefits:
 - 3.00% of contributions made up to December 31, 2006; plus
 - 2.75% of contributions made on or after January 1, 2007 up to December 31, 2009; plus
 - 1.00% of contributions made on or after January 1, 2010

Early retirement

- **Age Requirement:** 55 (52 for benefits accrued prior to January 1, 2010 by participants in locals other than Local 136)
- **Service Requirement:** 15 Pension Credits
- **Amount:** Regular pension accrued (sum of Basic Pension, Earned When Paid Pension, and Percent of Contributions Benefit) reduced by a percentage according to the following tables:

Age at Retirement			Percentage of Reduction	
Participants of Local 136	Participants of Other Locals	Benefits on or Before December 31, 2006	Benefits Accrued between January 1, 2007 and December 31, 2009	Benefits Accrued on or After January 1, 2010
55	52	10%	37%	36% ¹
56	53	9%	29%	31% ¹
57	54	8%	21%	26% ¹
58	55	7%	15%	21%
59	56	6%	9%	16%
60	57	5%	7%	11%
61	58	4%	5%	7%
62	59	3%	3%	4%
63	60	2%	2%	2%
64	61	1%	1%	1%

Delayed retirement factors

Active participants are assumed to work enough hours each month to not qualify for delayed retirement adjustment. Inactive vested participants who are assumed to commence receipt of benefits after attaining normal retirement age qualify for delayed retirement increases.

¹ Not applicable to participants from locals other than Local 136

Disability

- **Age Requirement:** None
- **Service Requirement:** 15 pension credits (10 pension credits for those who have received a Social Security Disability Award and 5 pension credits for on-the-job disabilities).
- **Other Requirement:** Board may require evidence of continued entitlement to Social Security Disability Benefits.
- **Amount:** Regular pension accrued (not less than \$100 for on-the-job disabilities for participants contributing at \$0.175 per hour or greater)

Vesting

- **Age Requirement:** None
- **Service Requirement:** Five Pension Credits or five years of Vesting Service.
- **Amount:** Regular pension accrued. Participants with 15 pension credits may elect to receive the early retirement pension after meeting the age requirement
- **Normal Retirement Age:** 65

Spouse's pre-retirement death benefit

- **Age Requirement:** None
- **Service Requirement:** Five pension credits or five years of Vesting Service (no service requirement for on-the-job deaths).
- **Amount:** See below
 - If not on-the-job, 50% (100% if death occurs after age 52) of the amount the deceased participant would have received had the participant retired at date of death rather than died and elected the 50% (100% if the death occurs after age 52) joint and survivor form of payment. Reductions are made to the accrued benefit for early commencement (if applicable) and form of payment.
 - For on-the-job deaths, the amount is 100% of the benefit the deceased participant would have accrued if employment had continued to the normal retirement date as a rate of 1,000 hours per years. This projected benefit excludes the Earned When Paid and Percent of Contribution benefits accrued prior to January 1, 2020.

- If the participant meets the eligibility requirements for the Pre-Retirement Lump Sum Death Benefit and/or 36-Payment Certain benefits and the surviving spouse dies before receiving amount equal to the sum of those benefits, payments will continue to be paid until total payments equal the sum of those benefits.

Pre-retirement lump-sum death benefit (only payable if spouse's benefit is not paid)

- **Age Requirement:** None
- **Service Requirement:** None
- **Amount:** \$100 per pension credit for which the contribution was at least \$0.125 per hour, to a maximum of \$1,000.

36-Payment Certain (only payable if spouse's benefit is not paid)

- **Age Requirement:** None
- **Service Requirement:** 15 pension credits, including one at a contribution rate of at least \$0.125 per hour
- **Amount:** Monthly benefit to which the participant would have entitled had he or she retired the day before death, calculated at minimum retirement age for participants younger than that age, using those pension credits accrued at an accrual rate of \$3.00 or above. The Percent of Contribution benefit is payable regardless of the 15 pension credit requirement.

Post-retirement death benefit

If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If not rejected, and the spouse predeceases the participant, the participant's benefit amount will subsequently be increased to the unreduced amount payable had the joint and survivor coverage been rejected (popup). If rejected, or if not married, benefits are payable for the life of the participant with a guarantee that total amount paid not less than the pre-retirement lump sum death benefit. Benefits may also be payable in any available optional form elected by the employee in an actuarially equivalent amount.

Optional forms of benefits

The following optional forms of payment are available to married participants:

- 100% joint and survivor annuity, with pop-up
- 75% joint and survivor annuity, with pop-up

Pension credit

¼ credit for each 250 hours in covered employment during a calendar year, to a maximum of one credit per year

Vesting credit

One vesting credit for each year with 1,000 hours worked.

Contribution rate

	Local	Total Contribution Rate	
		Rates in Effect as of December 31, 2023	Subsequent Rate after Mid-Year Increases
63		\$10.00	N/A
111		\$8.90	9.40 ³
112		\$9.56	N/A
136		\$0.94	N/A
383		\$12.14	\$12.44 ²
395 ³		\$12.68	\$13.08 ²
444		\$13.18	13.21 ²
444SZ		\$12.71	N/A
444WZ		\$12.71	N/A
498		\$6.63	N/A
849		\$12.14	\$12.44 ²
Fund Office		\$8.87	\$9.12 ¹

For the year ending December 31, 2024, the average contribution rate was \$10.91.

¹ Effective January 1, 2024

² Effective June 1, 2024

³ Effective July 1, 2024

Withdrawal Liability Amounts

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
02/12/2024	\$2,496.00	\$0.00	\$2,496.00
02/16/2024	\$15,097.00	\$0.00	\$15,097.00
02/21/2024	\$15,122.00	\$0.00	\$15,122.00
05/20/2024	\$15,097.00	\$0.00	\$15,097.00
05/30/2024	\$15,122.00	\$0.00	\$15,122.00
08/19/2024	\$15,097.00	\$0.00	\$15,097.00
08/27/2024	\$15,122.00	\$0.00	\$15,122.00
11/20/2024	\$15,097.00	\$0.00	\$15,097.00
11/26/2024	\$15,122.00	\$0.00	\$15,122.00

WITHDRAWAL LIABILITY AMOUNTS

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