

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 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
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 MIDWEST PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 07/01/1967
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES - MIDWEST PENSION PLAN 245 FENCL LANE HILLSIDE, IL 60162-2001
2b	Employer Identification Number (EIN) 36-6512748
2c	Plan Sponsor's telephone number 312-738-0822
2d	Business code (see instructions) 326100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/08/2026	ANTHONY IORI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/08/2026	NORM SEOP
	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 11544
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) 2093 6a(2) 2006 6b 3602 6c 5249 6d 10857 6e 430 6f 11287 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 43

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

1B

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

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

1a Enter the valuation date: Month 01 Day 01 Year 2025	
b Assets	
(1) Current value of assets	1b(1) 121517150
(2) Actuarial value of assets for funding standard account	1b(2) 133218449
c (1) Accrued liability for plan using immediate gain methods	1c(1) 121678413
(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) 121678413
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) 160475925
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 2510505
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 11682729
(3) Expected plan disbursements for the plan year	1d(3) 11104474

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	06/22/2026
PETER BERNSTEIN	26-08987
HORIZON ACTUARIAL SERVICES, LLC	678-317-4100
990 HAMMOND DR SUITE 220 ATLANTA, GA 30328	678-317-4100
Address of the firm	Telephone number (including area code)

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	121517150
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	3952	85169383
(2) For terminated vested participants	5504	62416491
(3) For active participants:		
(a) Non-vested benefits		651408
(b) Vested benefits		12238643
(c) Total active	2093	12890051
(4) Total	11549	160475925
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
	1648316					
Totals ►			3(b)	1648316	3(c)	
(d) Total withdrawal liability amounts included in line 3(b) total					3(d)	66336

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	109.5 %
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		4.01 %
	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)	6P	6P
(2) Females	6c(2)	6FP	6FP
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		3.3 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h		4.5 %
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)		1482501
(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	3260447	334560
4	-2559230	-262607

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	
b Employer's normal cost for plan year as of valuation date	9b	2066186

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)	27419882	5142525
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 504610**e** Total charges. Add lines 9a through 9d.....**9e** 7713321**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 30748143**g** Employer contributions. Total from column (b) of line 3.....**9g** 1648316**h** Amortization credits as of valuation date.....

	Outstanding balance	
9h	8211775	1679770

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 2327645**j** Full funding limitation (FFL) and credits:

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

9j(1)	35283883	
9j(2)	11393558	
9j(3)		

k (1) Waived funding deficiency**9k(1)****(2)** Other credits**9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 36403874**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 28690553**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:**(1)** Due to waived funding deficiency accumulated prior to the current plan year.....**9o(1)****(2)** Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:**(a)** Reconciliation outstanding balance as of valuation date**9o(2)(a)****(b)** Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))**9o(2)(b)****(3)** Total as of valuation date**9o(3)****10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ 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
		2025
		This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan MIDWEST PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES - MIDWEST PENSION PLAN	D Employer Identification Number (EIN) 36-6512748	

Part I	Service Provider Information (see instructions)
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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
HAMILTON LANE ADVISORS, LLC
23-2962336

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
NEWTOWER TRUST COMPANY
30-0872552

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GCM GROSVENOR LP
20-3979494

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GLOBAL TRUST COMPANY
26-3761443

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

GLOUSTON CAPITAL PARTNERS, LLC

98-1445316

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

SEI GLOBAL TRUST SERVICES, INC.

1 FREEDOM VALLEY DRIVE
OAKS, PA 19456

(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

JANUS HENDERSON INVESTORS US LLC

75-3019302

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

MASSACHUSETTS FINANCIAL SERVICES CO

04-2747644

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

BAIRD ADVISORS

39-6037917

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

FIDELITY MGMT & RESEARCH COMPNY LLC

04-2033129

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

HARBOR CAPITAL ADVISORS, INC.

34-1953397

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

HARTFORD FUNDS MGMT COMPNY LLC

690 LEE ROAD
WAYNE, PA 19087

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

LOOMIS SAYLES & COMPANY, LP

04-3200030

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

ARISTOTLE PACIFIC CAPITAL, LLC

32-0710746

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

THE NORTHERN TRUST COMPANY

36-2723087

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

GCM CFGF FUNDS PARTNERS IV LP

35-2494369

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

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

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

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

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

CHEVY CHASE TRUST

52-2037618

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 28 51	NONE	148254	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AUTOMATIC DATA PROCESSING

13-3036745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	142272	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

(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?
16	NONE	99605	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)

INGRID ESCOBAR

36-6512748

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	85007	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEGACY PROFESSIONALS LLP

32-0043599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 15	NONE	82525	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOYD WATTERSON ASSET MANAGEMENT LLC

34-1922005

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	67195	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)

INTERCONTINENTAL REAL ESTATE CORP

04-2895544

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	63809	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STRATEGIC CAPITAL ADVISORS, INC.

36-4268991

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	60000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HORIZON ACTUARIAL SERVICES LLC

26-1370698

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	58597	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)

JOHNSON & KROL, LLC

36-4342024

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	54665	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARIA ROSARIO

36-6512748

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	39510	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EVERACTIVE SOLUTIONS, INC

27-0988892

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	38606	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)

YIBEL MONARREZ

36-6512748

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	34358	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HARDMAN JOHNSTON GLBAL ADVISORS LL

13-3257590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	31607	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GABRIELA RAMIREZ

36-6512748

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	30034	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)

DEARBORN PARTNERS, LLC

36-4145621

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	27145	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NATIONAL INVESTMENT SERVICES LLC

84-3937993

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	21493	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LSV ASSET MANAGEMENT

23-2772200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	19995	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)

INVESTMENT PERFORMANCE SERVICES LLC

58-2432390

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	13772	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MILLIMAN, INC.

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	10304	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLINGTON MANAGEMENT COMPANY LLP

04-2683227

(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	NONE	1064	Yes ☒ No ☐	Yes ☒ No ☐	0	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?
19 62 72	NONE	4416	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ 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
AUTOMATIC DATA PROCESSING 13-3036745	49	DID NOT RESPOND TO PLAN'S REQUESTS FOR CONFIRMATION OF INDIRECT COMPENSATION.
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan MIDWEST 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 - MIDWEST PENSION PLAN		D Employer Identification Number (EIN) 36-6512748
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: 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) 12374413
a Name of MTIA, CCT, PSA, or 103-12 IE: MULTI-EMPLOYER PROPERTY TRUST		
b Name of sponsor of entity listed in (a): NEWTOWER TRUST COMPANY		
c EIN-PN 52-6218800-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3305395
a Name of MTIA, CCT, PSA, or 103-12 IE: NIS HIGH YIELD QP FUND		
b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES OF AMERICA, LLC		
c EIN-PN 82-4051841-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 458479
a Name of MTIA, CCT, PSA, or 103-12 IE: NIS TOTAL ABSOLUTE RETURN QP FUND		
b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES OF AMERICA, LLC		
c EIN-PN 82-4069919-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1006003
a Name of MTIA, CCT, PSA, or 103-12 IE: NIS CORE FIXED INCOME QP FUND		
b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES OF AMERICA, LLC		
c EIN-PN 82-4028492-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11471107
a Name of MTIA, CCT, PSA, or 103-12 IE: LSV INTERNATIONAL VALUE EQUITY TRUS		
b Name of sponsor of entity listed in (a): LSV ASSET MANAGEMENT		
c EIN-PN 20-0726879-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 535032
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPORTUNISTIC INV ALLOCATION		
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA		
c EIN-PN 04-2767481-076	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2025 v. 250312		

a Name of MTIA, CCT, PSA, or 103-12 IE: VICTORY TRIVALENT INTL SMALL-CAP

b Name of sponsor of entity listed in (a): GLOBAL TRUST COMPANY

c EIN-PN 80-6249702-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: HARDMAN JOHNSTON INTL EQUITY CAP

b Name of sponsor of entity listed in (a): HARDMAN JOHNSTON GLOBAL ADVISORS LLC

c EIN-PN 26-6493485-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: NORTHERN TRUST RUSSELL 1000 GROWTH

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN 45-6138589-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: APC HIGH YIELD BOND FUND, LP

b Name of sponsor of entity listed in (a): APC HY BOND GP, LLC

c EIN-PN 99-1332165-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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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)
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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)
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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)
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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)
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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)
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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)
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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 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
		2025
		This Form is Open to Public Inspection
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan MIDWEST PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES - MIDWEST PENSION PLAN		D Employer Identification Number (EIN) 36-6512748

Part I	Asset and Liability Statement		
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	1047692	-17562
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	20678	41153
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	1600050	4069864
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2173031	1169606
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	21524194	0
(5) Partnership/joint venture interests	1c(5)	17899038	13099713
(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)	40631763	28615397
(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)	26045470	535032
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	70137753
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	12196370	12487111

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e	3352	158
1f Total assets (add all amounts in lines 1a through 1e)	1f	123141638	130138225

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h	147316	105561
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	662787	52681
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	810103	158242

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	122331535	129979983
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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)	1581980	
(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)		1581980
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	132592	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	46489	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		179081
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	128456	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	917070	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1045526
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	29990139	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	29969777	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		20362
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1672526	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1672526

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2091291
(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)		3521281
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		8226092
c Other income	2c		57488
d Total income. Add all income amounts in column (b) and enter total	2d		18395627

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8282885	
(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)		8282885
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)	220987	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	11150	
(4) IQPA audit fees	2i(4)	71875	
(5) Investment advisory and investment management fees	2i(5)	843717	
(6) Bank or trust company trustee/custodial fees	2i(6)	4416	
(7) Actuarial fees	2i(7)	68901	
(8) Legal fees	2i(8)	54665	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1188583	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2464294
j Total expenses. Add all expense amounts in column (b) and enter total	2j		10747179

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7648448
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?	☒		750000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 583473.

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 2025 This Form is Open to Public Inspection.
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan MIDWEST PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES - MIDWEST PENSION PLAN		D Employer Identification Number (EIN) 36-6512748
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 13-3036745		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 27
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) 2025 v. 250312		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer **CHICAGO STEEL HOLDINGS**

b EIN **20-0836074**

c Dollar amount contributed by employer **136350**

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

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

(1) Contribution rate (in dollars and cents) **252.00**

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

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

b EIN **36-3309158**

c Dollar amount contributed by employer **109720**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **31** Year **2028**

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

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

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

a Name of contributing employer **WERTHEIMER BOX**

b EIN **36-2096689**

c Dollar amount contributed by employer **132320**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **05** Day **14** Year **2028**

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

(1) Contribution rate (in dollars and cents) **125.00**

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

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

b EIN **94-2591533**

c Dollar amount contributed by employer **129921**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **10** Day **27** Year **2026**

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

(1) Contribution rate (in dollars and cents) **31.00**

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

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

b EIN **36-2278494**

c Dollar amount contributed by employer **110311**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **11** Day **30** Year **2026**

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

(1) Contribution rate (in dollars and cents) **111.00**

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

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

b EIN **36-2113703**

c Dollar amount contributed by employer **86117**

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month **02** Day **28** Year **2026**

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

(1) Contribution rate (in dollars and cents) **110.00**

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer GLOBAL MATERIAL TECHNOLOG

b EIN 04-2624726

c Dollar amount contributed by employer 81507

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 10 Day 31 Year 2026

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

(1) Contribution rate (in dollars and cents) 83.00

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

a Name of contributing employer TRELLEBORG SEALING SOLUTI

b EIN 95-1773005

c Dollar amount contributed by employer 69544

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 01 Day 31 Year 2028

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

(1) Contribution rate (in dollars and cents) 148.00

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

a Name of contributing employer MICHAEL LEWIS CO

b EIN 36-0905140

c Dollar amount contributed by employer 82818

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month 12 Day 14 Year 2026

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

(1) Contribution rate (in dollars and cents) 76.00

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

a Name of contributing employer UCAL SYSTEMS INC

b EIN 36-3838325

c Dollar amount contributed by employer 64870

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 09 Day 23 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) 60.00

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

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

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

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

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

15a

0.99

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

15b

1.04

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: 48.0 % Private Equity: 8.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 16.0 %

High-Yield Debt: 1.0 % Real Assets: 21.0 % Cash or Cash Equivalents: 1.0 % Other: 5.0 %

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

Midwest Pension Plan

Financial Statements

December 31, 2025

Midwest Pension Plan

Financial Statements with Supplementary Information

December 31, 2025 and 2024

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Report of Independent Auditors

To the Participants and Trustees of
Midwest Pension Plan

Opinion

We have audited the financial statements of Midwest Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Midwest Pension Plan as of December 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of December 31, 2024, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

Responsibilities of Management for the Financial Statements (continued)

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Legacy Professionals LLP

Westchester, Illinois

July 10, 2026

Midwest Pension Plan

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets		
Investments - at fair value		
Common stocks	\$ -	\$ 21,524,194
Common and collective trusts	28,615,397	40,631,763
Hedge funds	12,487,111	12,196,370
Limited partnerships	13,099,713	17,899,038
Mutual funds	70,137,753	-
Pooled funds	535,032	26,045,470
Short-term investment funds	878,289	2,173,031
Total investments	<u>125,753,295</u>	<u>120,469,866</u>
Receivables		
Accrued interest and dividends	4,635	22,970
Employer contributions	41,153	20,678
Withdrawal liability assessments	757,962	814,385
Due from broker	2,558,976	-
Total receivables	<u>3,362,726</u>	<u>858,033</u>
Property and equipment - net	<u>158</u>	<u>3,352</u>
Cash	<u>273,755</u>	<u>1,047,692</u>
Prepaid expenses	<u>61,999</u>	<u>60,949</u>
Prepaid pension benefits	<u>686,292</u>	<u>701,746</u>
Total assets	<u>130,138,225</u>	<u>123,141,638</u>
Liabilities and Net Assets		
Liabilities		
Due to broker	-	563,248
Due to related organization - net	52,681	99,539
Accounts payable and accrued expenses	105,561	147,316
Total liabilities	<u>158,242</u>	<u>810,103</u>
Net assets available for benefits	<u>\$ 129,979,983</u>	<u>\$ 122,331,535</u>

See accompanying notes to financial statements.

Midwest Pension Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 15,531,552	\$ 5,464,780
Interest and dividends	<u>1,224,607</u>	<u>926,574</u>
	16,756,159	6,391,354
Less investment expenses	<u>(843,717)</u>	<u>(1,072,248)</u>
Investment income - net	15,912,442	5,319,106
Employer contributions	1,581,980	1,529,688
Employer withdrawal liability assessments - net of write-offs	<u>9,913</u>	<u>(1,674,814)</u>
Other	<u>47,575</u>	<u>56,144</u>
Total additions	<u>17,551,910</u>	<u>5,230,124</u>
Deductions		
Pension benefits	8,282,885	8,219,332
Administrative expenses	<u>1,620,577</u>	<u>1,510,337</u>
Total deductions	<u>9,903,462</u>	<u>9,729,669</u>
Net increase (decrease)	7,648,448	(4,499,545)
Net assets available for benefits		
Beginning of year	<u>122,331,535</u>	<u>126,831,080</u>
End of year	<u>\$ 129,979,983</u>	<u>\$ 122,331,535</u>

See accompanying notes to financial statements.

Midwest Pension Plan

Notes to Financial Statements

December 31, 2025 and 2024

Note 1. Summary of Significant Accounting Policies

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

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

Withdrawal Liability Assessments - The Plan complies with the provisions of the Multiemployer Pension Plan Amendments Act of 1980 that require imposition of withdrawal liability on a contributing employer that partially or totally withdraws from the Plan. As set forth in the Employee Retirement Income Security Act of 1974 (ERISA), as amended, a portion of the Plan's actuarially determined unfunded vested liability is allocated to a withdrawing employer in proportion to the employer's contributions in the years before withdrawal compared with total employers' contributions during the same period. The Plan recognizes withdrawal liability assessment income when entitlement has been determined, net of amounts deemed uncollectible. No allowance for doubtful accounts was considered necessary at either December 31, 2025 or 2024. Previously recognized withdrawal liability assessment income may at times be written off as uncollectible.

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

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

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

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

Note 1. Summary of Significant Accounting Policies (continued)

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

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

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

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

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

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

Subsequent Events - Subsequent events have been evaluated through July 10, 2026 which is the date the financial statements were available to be issued.

Note 2. Description of the Plan

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

Note 2. Description of the Plan (continued)

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

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

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

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

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

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

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

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

Note 3. Priorities upon Termination

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

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

Note 4. Tax Status

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

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

Note 5. Funding Policy

The participating employers contribute such amounts as specified in their collective bargaining agreements. Rates ranged from \$30 to \$252 per month for 2025 and from \$30 to \$234 per month for 2024, respectively.

The Plan's actuary has advised that minimum funding requirements of ERISA were being met as of January 1, 2025.

Note 6. Actuarial Information

An actuarial valuation of the Plan was made by Horizon Actuarial as of December 31, 2024. Information in the report included the following:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving payments	\$ 82,480,361
Other vested benefits	59,547,256
Total vested benefits	142,027,617

Nonvested benefits	829,382
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Total actuarial present value of accumulated plan benefits	<u>\$ 142,856,999</u>
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Note 6. Actuarial Information (continued)

As reported by the actuary, the changes in the present value of accumulated plan benefits during the year ended December 31, 2024 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year		\$ 136,722,712
Increase (decrease) during the year attributable to:		
Change to actuarial assumptions	7,036,447	
Decrease in the discount period	9,321,681	
Benefits accumulation and actuarial experience	(2,004,509)	
Benefits paid	<u>(8,219,332)</u>	
Net change		<u>6,134,287</u>
Actuarial present value of accumulated plan benefits at end of year		<u>\$ 142,856,999</u>

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

- Mortality:
 - Healthy - RP-2014 Blue Collar Mortality Tables (sex-distinct), with generational projection using Scale MP-2015 from base year 2006
 - Disabled - RP-2014 Disabled Annuitant Mortality Tables (sex-distinct), with generational projection using Scale MP-2015 from base year 2006

- Retirement:

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

- Investment rate of return - 7.00% per annum, net of investment expenses, including a reduction of 1.2% to reflect anticipated administrative expenses associated with providing benefits.

Changes in the actuarial assumptions include increasing the hours worked by active participants to 2,025 from 1,710 and updating the RPA '94 current interest rate and mortality tables assumptions.

Note 6. Actuarial Information (continued)

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

Since information on the accumulated plan benefits at December 31, 2025 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, 2025 and the changes in its financial status for the year then ended, but only a presentation of the net assets available for benefits and the changes therein as of and for the year ended December 31, 2025. The complete financial status is presented as of December 31, 2024.

For the Plan year beginning January 1, 2026, the Plan's actuary has certified that the Plan is in neither critical nor endangered status ("green zone"), as defined by the Pension Protection Act of 2006, as amended.

Note 7. Fair Value Measurements

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

Basis of Fair Value Measurement

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

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

Note 7. Fair Value Measurements (continued)

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2025 and 2024. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

Fair Value Measurements at 12/31/25 Using				
Quoted Prices				
		in Active	Significant	Significant
		Markets for	Other	Unobservable
		Identical	Observable	Unobservable
		Assets	Inputs	Inputs
	Total	(Level 1)	(Level 2)	(Level 3)
Mutual funds	\$ 70,137,753	\$ 70,137,753	\$ -	\$ -
Short-term investment funds	878,289	-	878,289	-
	<u>71,016,042</u>	<u>\$ 70,137,753</u>	<u>\$ 878,289</u>	<u>\$ -</u>
Investments measured at net asset value:				
Common collective trusts	28,615,397			
Hedge funds	12,487,111			
Limited partnerships	13,099,713			
Pooled funds	<u>535,032</u>			
Total	<u>\$ 125,753,295</u>			

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

Note 7. Fair Value Measurements (continued)

Level 1 Measurements

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

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

Level 2 Measurements

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

Measurements Using Net Asset Value as a Practical Expedient

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

The common collective trusts and pooled funds are direct filing entities (DFEs) and file a Form 5500 annual report with the U.S. Department of Labor. The Plan is not required to disclose the significant investment strategies of DFE investments. The redemption frequency of these investments are generally monthly or quarterly with notice periods up to 60 days.

The following table summarizes information regarding investments at fair value based on net asset value per share or its equivalent, excluding those that are DFEs, at December 31, 2025 and 2024:

Description	Fair Value		Underlying Assets/Strategy	Redemption	
	2025	2024		Frequency	Notice Period
Limited partnership	\$ 5,278,258	\$ 5,323,286	Direct real estate - value add	Quarterly	60 days
Limited partnership	\$ 4,650,201	\$ 6,046,234	Direct real estate - core plus	Quarterly	90 days
Limited partnership	\$ 2,034,067	\$ 2,250,989	Private equity	Redemptions not allowed	
Limited partnership	\$ 1,137,187	\$ 4,278,529	Opportunistic high yield fixed income	Quarterly	65
Hedge funds	\$ 9,930,317	\$ 9,286,921	High yield fixed income	Redemptions not allowed	
Hedge fund	\$ 2,556,794	\$ 2,909,449	Private equity	Redemptions not allowed	

Note 8. Capital Commitments

The Plan participates in certain investments with outstanding purchase commitments totaling approximately \$4,500,000 as of December 31, 2025.

Note 9. Related Organizations

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

Shared Administrative Expenses

The Plan shares facilities, equipment and staff with Central States Joint Board, AFL-CIO (the Joint Board). Certain salaries, payroll taxes, benefits, occupancy and other expenses are initially paid by the Joint Board. On a monthly basis, the Plan reimburses the Joint Board for a portion of the expenses incurred on its behalf. Total expenses allocated to the Plan for the years ended December 31, 2025 and 2024 amounted to \$286,135 and \$119,969, respectively. Amounts owed to the Joint Board totaled \$60,298 and \$99,539 as of December 31, 2025 and 2024, respectively. During the year ended December 31, 2025, the welfare and another pension plan owed the Plan \$7,617.

Lease - Office Space

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

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

The following is a summary by year of annual cash flows for the office lease at December 31, 2025:

Year ending December 31,	
2026	\$ 38,369
2027	<u>35,172</u>
Total	<u>\$ 73,541</u>

Rent expense for the years ended December 31, 2025 and 2024 was \$38,542 and \$36,295, respectively.

Note 10. Property and Equipment

Property and equipment at December 31, 2025 and 2024 consisted of the following:

	<u>2025</u>	<u>2024</u>
Office equipment	\$ 15,596	\$ 15,596
Software	<u>578,221</u>	<u>578,221</u>
	593,817	593,817
Less accumulated depreciation and amortization	<u>(593,659)</u>	<u>(590,465)</u>
Net property and equipment	<u>\$ 158</u>	<u>\$ 3,352</u>

Depreciation and amortization expense was \$3,194 and \$6,070 for the years ended December 31, 2025 and 2024, respectively.

Note 11. Participation in Multiemployer Plans

Multiemployer Defined Benefit Pension Plan

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

The Plan's shared participation in the multiemployer defined benefit pension plan for the years ended December 31, 2025 and 2024 is outlined in the following table. Plans that are considered to be significant are required to be identified. The "EIN/PN" column provides the employer identification number (EIN) and the three-digit plan number (PN). The most recent Pension Protection Act (PPA) zone status provides an indication of the financial health of the plan. Among other factors, plans in the red zone are below 65 percent funded, plans in the yellow zone are between 65 percent and 80 percent funded, and plans in the green zone are at least 80 percent funded. The last column specifies the year end date of the plan to which the annual (Form 5500 relates)

Pension Plan	EIN/PN	Pension Protection Act		Contributions		Most Recently Available Annual Report (Form 5500)
		<u>2025</u>	<u>2024</u>	<u>2025</u>	<u>2024</u>	
		Green as of	Green as of			
Midwest Pension Plan	36-6512748/001	1/1/2026	1/1/2025	<u>\$ 5,618</u>	<u>\$ 6,996</u>	12/31/2024

Note 11. Participation in Multiemployer Plans (continued)

Multiemployer Defined Benefit Pension Plan (continued)

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

Other Pension Plan

In addition, the Plan participates in the Central States Joint Board and Allied Organizations Staff Pension Plan (the Staff Plan, EIN/PN 36-3077317/333), a multiple-employer defined benefit pension plan covering substantially all of its employees. The plan is accounted for as a multiemployer plan because assets contributed by an employer are not segregated in a separate account or restricted to provide benefits only to employees of that employer. Contributions to the Staff Plan amounted to \$63,000 and \$84,000 for each of the years ended December 31, 2025 and 2024, respectively.

The Staff Plan was at least 80% funded as of January 1, 2025 and 2024. A funding improvement or rehabilitation plan has not been implemented, nor has a surcharge been paid. The Plan's contributions to the Staff Plan represented approximately 8% of total contributions to the Staff Plan. The Plan expects no contributions to be made to the Staff Plan for 2026 as the Staff Plan has become overfunded.

Note 12. Risks and Uncertainties

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

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

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

Note 12. Risks and Uncertainties (continued)

As of December 31, 2025, the Plan held units in an equity based mutual fund that represented approximately 43% of net assets available for benefits. It is reasonably possible that changes in the fair value of this fund could materially affect the amounts reported in the statements of net assets available for benefits. If a significant decline in the fair value of this investment occurred during the next year, a change in the assumed rates of return used to calculate the present value of accumulated plan benefits may be needed.

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

Note 13. Withdrawal Liability Assessments

Under federal law, employers who partially or completely withdraw from a multiemployer plan are assessed a withdrawal liability for their proportionate share of the Plan's unfunded vested liabilities as of the beginning of the year in which they withdrew. Withdrawal liability is usually paid in quarterly installments as determined by a statutory formula over a maximum of 20 years. As of December 31, 2025 and 2024, the Plan had various settlement agreements with employers who withdrew from the Plan and are subject to withdrawal liability assessments. Quarterly assessments are being paid through October 2041. The Trustees at times approve settlements and payment plan arrangements for assessments amounts owed to the Plan.

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

Year ending December 31,	
2026	\$ 66,336
2027	66,336
2028	66,336
2029	66,336
2030	57,168
Thereafter	<u>435,450</u>
Total	<u>\$ 757,962</u>

Note 14. Party-in-interest Transactions

The Plan incurs expenses under several arrangements with service providers and affiliated entities, and receives contributions from contractors under the terms of collective bargaining agreements. These transactions qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA.

Report of Independent Auditors on Supplemental Schedules

To the Participants and Trustees of
Midwest Pension Plan

We have audited the financial statements of Midwest Pension Plan (the Plan) as of and for the years ended December 31, 2025 and 2024, and our report thereon dated July 10, 2026, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedule 1 and 2 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Legacy Professionals LLP

Westchester, Illinois

July 10, 2026

Schedule MB, Line 6 - Summary of Plan Provisions

Plan Name	Midwest Pension Plan
Plan Sponsor	Board of Trustees – Midwest Pension Plan
EIN / PN	36-6512748
Effective Date and Most Recent Amendment	The original effective date of the Plan is July 1, 1967. The Plan was most recently restated effective January 1, 2014.
Plan Year	The twelve-month period beginning January 1 and ending December 31.
Eligibility	Employees working under a collective bargaining agreement or other agreement requiring contributions to the Plan.
Accrued Benefit	Sum of the accrued benefit earned prior to January 1, 2010 plus the accrued benefit earned after June 1, 2012. If a participant has more than 35 years of credited service, the 35 years resulting in the highest benefit shall be counted. The accrued benefit earned after June 1, 2012 is determined for each period of credited service based on 0.05 times the first \$40 of the monthly employer contribution rate plus 0.20 times the amount of the monthly employer contribution rate in excess of \$40. Effective January 1, 2010, the plan temporarily froze benefit accruals after December 31, 2009 through May 31, 2012. The accrued benefit earned prior to January 1, 2010 is based on the applicable benefit formula rate multiplied by the applicable monthly employer contribution rate multiplied by years of credited service. Total years of credited service are limited to 35. The applicable benefit formula rate and monthly employer contribution rate depend on the computation date in the following table:



Schedule MB, Line 6 - Summary of Plan Provisions

Accrued Benefit (Cont.)

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

Credited Service Credited Service earned is based on the number of hours worked during a Plan year based on the following schedule:

Hours Worked	Credit
1,710 or more	1.0
1,530 – 1,709	0.9
1,350 – 1,529	0.8
1,170 – 1,349	0.7
1,000 – 1,169	0.6
Less than 1,000	0.0

Break in Service A one-year break in service is incurred for any Plan Year in which a participant does not have at least 500 Hours of Service in Covered Employment.

Normal Retirement The first day of the month coincident with age 65 and the fifth anniversary of participation in the Plan.

A participant's normal retirement benefit is equal to their accrued benefit as of their normal retirement date.

Early Retirement The first day of the month coincident with or next following the attainment of age 55 and completion of 5 years of Vesting Service.

A participant's early retirement benefit is equal to their accrued benefit as of their early retirement date reduced for each year of age less than 65, either by 4.0% per year for participants with 10 or more years of Vesting Service, or 6.0% per year for participants with less than 10 years of Vesting Service.



Schedule MB, Line 6 - Summary of Plan Provisions

Vested Retirement

A participant's vested retirement date is the date of termination of service other than for reasons of retirement, disability, or death.

A participant's vested retirement benefit is equal to their accrued benefit, multiplied by the vested percentage in the following table, payable at the Normal Retirement Date, or payable as of the first day of any month coincident with or next following attainment of age 55 reduced in the same manner as an early retirement benefit.

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

Disability Retirement

A participant becomes eligible for disability retirement upon total and permanent disability preventing the participant from engaging in any gainful occupation or any related or similar occupation. To qualify, a participant must earn at least 15 years of Vesting Service.

A participant's disability retirement benefit is equal to their accrued benefit, determined as of the date the disability is determined to be total and permanent.

Late Retirement

If a participant is not in Covered or Prohibited Employment and elects to begin payments after their normal retirement date, their benefit will be actuarially increased to take into consideration missed payments from their normal retirement date to the date payments are scheduled to begin. The actuarial increase is 1.0% per month for the first 60 months after age 65 and 1.5% per month for each month thereafter.

Pre-Retirement Death Benefit

If a deceased married participant had not retired but had met the eligibility for pension benefits, his spouse receives a survivor's annuity. In the absence of an eligible spouse, dependent children or dependent natural parents are eligible.

The benefit payable to the surviving spouses is 50% of the benefit which would have been payable had the deceased participant instead terminated service on the date of death, survived to his earliest possible benefit commencement date, elected a joint and 50% survivor annuity, and died on that same date. The benefit is payable immediately unless the participant died prior to the earliest retirement age. If so, the benefit payable to the eligible spouse is deferred until the participant would have reached the earliest retirement age.



Schedule MB, Line 6 - Summary of Plan Provisions

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

***Forms of
Payment***

The accrued benefit defined in this report assumes payment in the form of a monthly life annuity with 5 years guaranteed.

Optional forms of payment include adjusted 50% and 75% joint and survivor annuity for married participants.

***Change in Plan
Provisions Since
Last Actuarial
Valuation***

There have been no changes since the prior valuation.



Midwest Pension Plan
Schedule of Investments Held
12/31/2025

EIN: 36-6512748

	Cost at 12/31/2025	Market Value at 12/31/2025
Interest Bearing Cash		
Goldman Sachs Financial Sq Government #465	877,680	877,680
Sweep Account - Operations	183,339	183,339
Sweep Account - Benefit	107,978	107,978
Blackrock Liq FDS Fedfund-IN	609	609
	<u>1,169,606</u>	<u>1,169,606</u>
Other		
GCM Grosvenor Opportunistic Credit Fund V	4,181,943	4,512,808
GCM Grosvenore Secondary Opp Feeder Fund II	5,104,978	5,417,509
Glouston Private Equity Opportunity Fund VI	2,558,346	2,556,794
	<u>11,845,267</u>	<u>12,487,111</u>
Common Collective Trusts		
Chevy Chase Trust - ASB Allegiance Real Estate Fund	2,969,755	12,374,413
National Investment Services -Core Fixed Income	11,153,233	11,471,107
National Investment Services - High Yield QP Fund	445,000	458,479
National Investment Services - Total Absolute Return QP Fund	980,000	1,006,003
Newtower Trust Company - Multi-Employer Property Trust Class E	1,318,443	3,305,395
	<u>16,866,431</u>	<u>28,615,397</u>
103-12 Enitites		
LSV International Value Equity Trust	514,143	535,032
Mutual Funds		
Baird Core Plus Bond Fund Institutional	8,354,090	8,479,208
Fidelity Total Market Index Fund	48,722,669	56,170,709
Fidelity Global Ex US Index Fund	1,773,381	1,840,433
Fidelity Advisory Total International Equity Fund Class Z	861,771	878,027
Harbor International Core Fund Retirement Class	884,611	911,376
Hartford Schroders International Multi-Cap Value Fund	716,154	705,308
Janus Henderson	407,427	457,641
MFS Internaitonal Growth Fund	717,013	695,049
	<u>62,437,115</u>	<u>70,137,753</u>
Limited Partnerships		
Hamilton Lane Secondary Feeder Fund V-A LP	1,958,860	2,034,067
Intercontinental U.S. Real Estate - Investment Fund LLC	4,681,889	4,650,201
Boyd Watterson State - Government Fund, LP	5,080,215	5,278,258
Corbin Erisa Opportunity Fund	876,441	1,137,187
	<u>12,597,405</u>	<u>13,099,713</u>
		<u>126,044,612</u>

Schedule MB, Line 8b(2) - Schedule of Active Participant Data

Measurement Date: January 1, 2025

[Form 5500 Sch. MB, Line 8b(2)]

		Years of Credited Service										Total
Age	Stat	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	
Under 25	Count	63	108	1	-	-	-	-	-	-	-	172
	Avg Ben	\$4	\$13									\$10
25 - 29	Count	51	77	12	-	-	-	-	-	-	-	140
	Avg Ben	\$2	\$15									\$14
30 - 34	Count	37	82	26	8	-	-	-	-	-	-	153
	Avg Ben	\$2	\$14	\$66								\$25
35 - 39	Count	30	89	16	16	2	-	-	-	-	-	153
	Avg Ben	\$3	\$12									\$24
40 - 44	Count	16	72	34	29	10	4	-	-	-	-	165
	Avg Ben		\$12	\$48	\$73							\$42
45 - 49	Count	18	106	39	42	30	20	8	-	-	-	263
	Avg Ben		\$11	\$54	\$87	\$121	\$144					\$55
50 - 54	Count	26	84	42	44	54	22	14	3	-	-	289
	Avg Ben	\$2	\$13	\$46	\$96	\$118	\$235					\$76
55 - 59	Count	11	77	45	44	70	22	19	7	5	-	300
	Avg Ben		\$14	\$42	\$91	\$102	\$148					\$81
60 - 64	Count	13	54	38	46	41	25	20	9	11	-	257
	Avg Ben		\$11	\$39	\$66	\$129	\$192	\$215				\$98
65 - 69	Count	2	18	28	27	32	11	12	10	14	-	154
	Avg Ben			\$52	\$42	\$88						\$116
70 +	Count	1	5	12	6	13	3	4	1	2	-	47
	Avg Ben											\$79
Total	Count	268	772	293	262	252	107	77	30	32	-	2,093
	Avg Ben	\$3	\$13	\$48	\$80	\$111	\$177	\$196	\$255	\$322		\$60

Stat Description:

- Count: Number of active participants as of the valuation date
- Avg Ben: The average accrued monthly benefit for active participants as of the valuation date



Schedule MB, Line 3- Description of Withdrawal Liability Payments

The following table contains the withdrawal liability payments made to the plan for the current plan year.

Date	Amount
01/16/2025	9,168.00
04/08/2025	7,416.00
04/24/2025	9,168.00
06/20/2025	7,416.00
09/10/2025	9,168.00
10/06/2025	9,168.00
10/14/2025	7,416.00
12/30/2025	7,416.00
Total	66,336.00



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

Charges

[Schedule MB, Line 9c]

Type	Date Established	Initial Period	Initial Balance	Outstanding at 1/1/2025 Period	Balance	Annual Payment
Amendment	1/1/1996	30.00	N/A	1.00	\$ 110,404	\$ 110,404
Amendment	1/1/1997	30.00	N/A	2.00	477,884	247,022
Amendment	1/1/1998	30.00	N/A	3.00	404,356	144,000
Assumption	1/1/1998	30.00	N/A	3.00	1,072,221	381,843
Amendment	1/1/1999	30.00	N/A	4.00	2,059,359	568,206
Amendment	1/1/2000	30.00	N/A	5.00	590,016	134,485
Amendment	1/1/2001	30.00	N/A	6.00	928,838	182,118
Amendment	1/1/2006	30.00	N/A	11.00	718,700	89,573
Amendment	1/1/2007	30.00	N/A	12.00	217,165	25,553
Exper Loss	1/1/2012	15.00	N/A	2.00	400,511	207,027
Exper Loss	1/1/2013	15.00	N/A	3.00	585,044	208,348
Amendment	1/1/2013	15.00	N/A	3.00	96,073	34,214
Exper Loss	1/1/2015	15.00	N/A	5.00	184,388	42,029
Assumption	1/1/2016	15.00	N/A	6.00	961,380	188,498
Exper Loss	1/1/2016	15.00	N/A	6.00	2,979,034	584,102
Exper Loss	1/1/2017	15.00	N/A	7.00	1,676,055	290,652
Exper Loss	1/1/2018	15.00	N/A	8.00	955,540	149,553
Exper Loss	1/1/2019	15.00	N/A	9.00	2,167,366	310,899
Exper Loss	1/1/2020	15.00	N/A	10.00	1,798,958	239,375
Exper Loss	1/1/2021	15.00	N/A	11.00	71,421	8,901
Assumption	1/1/2022	15.00	N/A	12.00	4,060,178	477,743
Exper Loss	1/1/2023	15.00	N/A	13.00	1,547,984	173,101
Exper Loss	1/1/2024	15.00	N/A	14.00	96,560	10,319
Exper Loss	1/1/2025	15.00	\$ 3,260,447	15.00	3,260,447	334,560
Total Charges					\$ 27,419,882	\$ 5,142,525

Charge Base Subtotals:

(i) All Other Bases	\$ 27,419,882	\$ 5,142,525
(ii) Funding Waivers	0	0
(iii) Extended Amortization Periods	0	0



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

Credits

[Schedule MB, Line 9h]

Type	Date Established	Initial Period	Initial Balance	Outstanding at 1/1/2025 Period	Balance	Annual Payment
Combined	1/1/2025	5.70	N/A	5.70	\$ 8,211,775	\$ 1,679,770
Total Credits					\$ 8,211,775	\$ 1,679,770
Net Total					\$ 19,208,107	\$ 3,462,755

Prior to Combining Credit Bases

Credits

[Schedule MB, Line 9h]

Type	Date Established	Initial Period	Initial Balance	Outstanding at 1/1/2025 Period	Balance	Annual Payment
Exper Gain	1/1/2011	15.00	N/A	1.00	\$ 30,859	\$ 30,859
Assumption	1/1/2011	15.00	N/A	1.00	697,432	697,432
Exper Gain	1/1/2014	15.00	N/A	4.00	691,680	190,844
Exper Gain	1/1/2022	15.00	N/A	12.00	4,232,574	498,028
Assumption	1/1/2025	15.00	\$ 2,559,230	15.00	2,559,230	262,607
Total Credits					\$ 8,211,775	\$ 1,679,770
Net Total					\$ 19,208,107	\$ 3,462,755

The tables above show the outstanding amortization bases in the funding standard account as of the valuation date. The amortization bases are grouped as charges, which represent increases in the unfunded actuarial liability, and credits, which represent decreases in the unfunded actuarial liability.

Different types of amortization bases are as follows:

Abbreviation	Description
Initial Liab	Initial unfunded actuarial accrued liability
Exper Loss	Actuarial experience loss (charge only)
Exper Gain	Actuarial experience gain (credit only)
ENIL (2008)	Eligible net investment loss under the Pension Relief Act of 2010
ENIL (2019)	Eligible net investment loss under the American Rescue Plan Act of 2021
EOL (2020)	Eligible other loss under the American Rescue Plan Act of 2021
Amendment	Plan amendment
Assumption	Change in actuarial assumptions
Method	Change in the actuarial cost method or asset valuation method
Combined	Combined charge base or combined credit base
Offset	Combined and offset charge and credit base



Schedule MB, Line 11 - Justification for Change in Actuarial Assumptions

Changes in Assumptions and Methods

Since the prior valuation, the following assumptions have been changed:

- Active participants are assumed to work 2,025 hours per year for the current valuation. Previously, they were assumed to work 1,710 hours per year.
- Retired participants and beneficiaries reported as suspended for two or more years were excluded from the valuation.
- The interest rate and mortality assumptions used to determine the RPA '94 current liability were updated in accordance with the changes in the IRS prescribed assumptions.

Justification for Changes in Assumptions

- The active hours worked assumption was updated based on recent work levels experience.
- Participants that were previously in payment but have been suspended for two or more years are assumed to be deceased for valuation purposes based on past plan experience.
- The changes in the interest rate and mortality tables used to determine the RPA '94 current liability were mandated legislative changes.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Plan Name	Midwest Pension Plan
Plan Sponsor	Board of Trustees – Midwest Pension Plan
EIN / PN	36-6512748
Interest Rates	7.00% per annum, compounded annually, net of investment expenses for determining costs and liabilities. The valuation interest rate was chosen in consideration of the purpose of the measurement (long-term contribution budgeting), current and historical investment data, and the Plan's asset allocation as set by the Plan Sponsor. As a part of the analysis, we considered the results of the current and prior editions of our Survey of Capital Market Assumptions and the expectations of the Plan's investment advisor. The ultimate selection of the interest rate reflects professional judgment. The highest rate within the IRS allowable range for determining current liability, which is 4.01% as of the valuation date.
Operating Expenses	Assumed operating expenses are equal to the two-year average of fund expenses, increased by 2%. The current assumption is \$1,482,501, payable as of the middle of the plan year. Investment counseling fees are not included in assumed operating expenses. The expense assumption was selected based on a review of past experience as well as expectations for the upcoming year.
Hours Worked	Active participants are assumed to work 2,025 hours per year. The hours worked assumption is based on actual, prior and anticipated future experience.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Retirement Age Rates of retirement based on the attained ages of the Members. Rates are as follows:

Age	Rate
55-59	1.00%
60-64	5.00%
65-69	20.00%
70+	100.00%

The assumed retirement age for terminated employees with a deferred vested benefit is age 65.

The weighted average retirement age is 67.05 based on the weighted average of the individual retirement ages of all the active participants included in the current actuarial valuation.

The retirement assumption is based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment.

Non-Disabled Mortality The sex-distinct RP-2014 Blue Collar Mortality Tables, with generational projection using Scale MP-2015 from the base year 2006.

The non-disabled mortality assumption was chosen upon review of available tables and projection scales, the underlying demographic basis of those tables, expectations regarding future mortality improvement, and professional judgment.

Current Liability: For determining the RPA '94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.

Disabled Mortality The sex-distinct RP-2014 Disabled Annuitant Mortality Tables, with generational projection using Scale MP-2015 from the base year 2006.

The disabled mortality assumption was chosen upon review of available tables and projection scales, the underlying demographic basis of those tables, the Plan's definition of disabled, expectations regarding future mortality improvement, and professional judgment.

Current Liability: For determining the RPA '94 current liability, the mortality tables prescribed by the Pension Protection Act of 2006 were used.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Disability Rates Illustrations of the annual rates of disablement are shown in the table below for selected ages (the same rates are used for males and females):

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

The disability assumption was chosen based on a review of standard disability rate tables and historical and current demographic data, and reflects anticipated future experience and professional judgment.

Withdrawal Illustrations of the annual rates of withdrawal (for reasons other than mortality or disablement) are shown in the table below for selected ages:

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

The withdrawal assumption was chosen based on a review of standard termination rate tables and historical and current demographic data, and reflects anticipated future experience and professional judgment.

Form of Payment Participants are assumed to elect the normal form of payment (Single life annuity with 60 months guaranteed).



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

Marriage It is assumed that 80% of all active and terminated employees are married to an Eligible Spouse for the purpose of the Spouse's Benefit.

Males are assumed to be 3 years older than their spouses.

Cost Method The Unit Credit Cost Method is used to determine the normal cost and the actuarial accrued liability. The actuarial accrued liability is the present value of the accrued benefits as of the beginning of the year for active participants and is the present value of all benefits for other participants. The normal cost is the present value of the difference between the accrued benefits as of the beginning and end of the year. The normal cost and actuarial accrued liability for the plan are the sums of the individually computed normal costs and actuarial accrued liabilities for all plan participants.

Asset Valuation Method The actuarial value of assets is determined by adjusting the market value of assets to reflect the investment gains and losses (the difference between the actual investment return and the assumed investment return) during each of the last 5 years at the rate of 20% per year. Assumed investment return is calculated using the net market value of assets as of the beginning of the plan year and the benefit payments, employer contributions and operating expenses, weighted based on the timing of the transactions during the year. The actuarial value is subject to a restriction that it be not less than 80% nor more than 120% of the market value.

Benefits Not Included in Valuation Terminated vested participants age 80 or older as of the valuation date are excluded from the valuation.

In payment participants who have been suspended for over 2 years are excluded from the valuation.

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

Participant Data Participant data as of the valuation date was provided by the Fund Office.



Schedule MB, Line 6

Statement of Actuarial Assumptions/Methods

***Missing or
Incomplete
Participant Data***

Assumptions were made to adjust for participants and beneficiaries with missing or incomplete data, based on those exhibited by participants with similar known characteristics.

***Nature of
Actuarial
Calculations***

The valuation results presented in this report are estimates. The results are based on data that may be imperfect and on assumptions made about future events. Certain plan provisions may be approximated or deemed immaterial for the purposes of the valuation. Assumptions may be made about missing or incomplete participant census data or other factors. Reasonable efforts were made to ensure that significant items and factors are included in the valuation and treated appropriately. A range of results different from those presented in this report could also be considered reasonable.

The actuarial assumptions selected for this valuation – including the valuation interest rate – generally reflect average expectations over the long term. If overall future demographic or investment experience is less favorable than assumed, the relative level of plan costs determined in this valuation will likely increase in future valuations. Investment returns and demographic factors may fluctuate significantly from year to year. The deterministic actuarial models used in this valuation do not take into consideration the possibility of such volatility.

***Unfunded
Vested Benefits
for Employer
Withdrawal
Liability***

Discount Rate:

- For liabilities up to the market value of assets, liabilities are valued using interest rates used by PBGC for plan terminations.
- No administrative load is assumed.
- For liabilities in excess of the market value of assets, valued using 7.00% for all years.

All other assumptions:

Same as those used for the funding valuation.

Asset Value: Market Value of Assets.



SCHEDULE H	OTHER RECEIVABLES	STATEMENT 1
DESCRIPTION	BEGINNING	ENDING
WITHDRAWAL LIABILITY	814,385.	757,962.
ACCRUED INTEREST AND DIVIDENDS	22,970.	4,635.
PREPAID EXPENSES	60,949.	61,999.
PREPAID PENSION BENEFITS	701,746.	686,292.
DUE FROM BROKER	0.	2,558,976.
TOTAL TO SCHEDULE H, LINE 1B(3)	1,600,050.	4,069,864.

SCHEDULE H	OTHER GENERAL INVESTMENTS	STATEMENT 2
DESCRIPTION	BEGINNING	ENDING
HEDGE FUNDS	12,196,370.	12,487,111.
TOTAL TO SCHEDULE H, LINE 1C(15)	12,196,370.	12,487,111.

SCHEDULE H	OTHER PLAN LIABILITIES	STATEMENT 3
DESCRIPTION	BEGINNING	ENDING
DUE TO RELATED ENTITIES	99,539.	52,681.
DUE TO BROKER	563,248.	0.
TOTAL TO SCHEDULE H, LINE 1J	662,787.	52,681.

SCHEDULE H	OTHER INCOME	STATEMENT 4
DESCRIPTION		AMOUNT
OTHER INCOME		57,488.
TOTAL TO SCHEDULE H, LINE 2C		57,488.

SCHEDULE H

OTHER ADMINISTRATIVE EXPENSES

STATEMENT 5

DESCRIPTION

AMOUNT

PAYROLL TAXES	8,734.
REIMBURSEMENT OF JOINT EXPENSES	286,135.
PBGC FEES	450,216.
OFFICE EXPENSES	174,044.
INSURANCE	92,217.
DEPRECIATION AND AMORTIZATION	3,194.
COMPUTER CONSULTING AND DATA PROCESSING	125,943.
RENT	46,553.
DUES AND SUBSCRIPTIONS	1,325.
MEETINGS	222.
TOTAL TO SCHEDULE H, LINE 2I(11)	1,188,583.

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

***Unfunded
Vested Benefits
for Employer
Withdrawal
Liability***

Discount Rate:

- For liabilities up to the market value of assets, liabilities are valued using interest rates used by PBGC for plan terminations.
- No administrative load is assumed.
- For liabilities in excess of the market value of assets, valued using 7.00% for all years.

All other assumptions:

Same as those used for the funding valuation.

Asset Value: Market Value of Assets.



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

***Unfunded
Vested Benefits
for Employer
Withdrawal
Liability***

Discount Rate:

- For liabilities up to the market value of assets, liabilities are valued using interest rates used by PBGC for plan terminations.
- No administrative load is assumed.
- For liabilities in excess of the market value of assets, valued using 7.00% for all years.

All other assumptions:

Same as those used for the funding valuation.

Asset Value: Market Value of Assets.



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

Measurement Date: January 1, 2025

[Form 5500 Sch. MB, Line 8b(1)]

Plan Year Beginning January 1	Expected Benefit Payments			
	Active Participants	Inactive Vested Participants	Retired Participants and Beneficiaries	Total
2025	88,898	1,887,599	7,969,972	9,946,469
2026	192,671	2,182,293	7,740,357	10,115,321
2027	279,236	2,439,013	7,498,602	10,216,852
2028	352,043	2,719,032	7,251,077	10,322,153
2029	424,131	2,987,743	6,995,881	10,407,756
2030	476,265	3,010,797	6,734,747	10,221,808
2031	528,753	3,205,242	6,467,091	10,201,086
2032	573,921	3,364,691	6,193,580	10,132,191
2033	628,521	3,511,133	5,914,993	10,054,648
2034	675,096	3,627,853	5,632,212	9,935,161
2035	711,621	3,752,403	5,346,215	9,810,239
2036	742,139	3,885,966	5,058,043	9,686,148
2037	775,901	3,980,205	4,768,768	9,524,874
2038	814,258	4,039,492	4,479,540	9,333,290
2039	843,873	4,087,964	4,191,581	9,123,417
2040	865,590	4,119,756	3,906,157	8,891,504
2041	882,884	4,109,880	3,624,569	8,617,333
2042	900,449	4,079,833	3,348,094	8,328,376
2043	909,229	4,024,524	3,077,991	8,011,745
2044	909,029	3,927,518	2,815,514	7,652,061
2045	902,719	3,831,489	2,561,907	7,296,115
2046	891,974	3,714,229	2,318,371	6,924,574
2047	876,696	3,585,922	2,085,993	6,548,611
2048	862,427	3,444,066	1,865,716	6,172,209
2049	842,095	3,293,752	1,658,351	5,794,197



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

Measurement Date: January 1, 2025

[Form 5500 Sch. MB, Line 8b(1)]

Plan Year Beginning January 1	Expected Benefit Payments			
	Active Participants	Inactive Vested Participants	Retired Participants and Beneficiaries	Total
2050	814,191	3,137,319	1,464,583	5,416,094
2051	783,627	2,985,180	1,284,903	5,053,710
2052	751,097	2,822,723	1,119,590	4,693,410
2053	719,903	2,658,057	968,714	4,346,674
2054	689,012	2,496,454	832,147	4,017,613
2055	660,110	2,339,823	709,614	3,709,547
2056	630,264	2,181,399	600,695	3,412,358
2057	598,903	2,027,351	504,797	3,131,051
2058	567,294	1,874,076	421,189	2,862,559
2059	537,956	1,727,885	349,038	2,614,879
2060	508,309	1,587,498	287,419	2,383,226
2061	475,387	1,448,738	235,346	2,159,470
2062	443,347	1,315,678	191,794	1,950,819
2063	411,909	1,189,716	155,722	1,757,348
2064	382,135	1,070,350	126,124	1,578,609
2065	354,185	957,727	102,056	1,413,968
2066	326,678	852,559	82,647	1,261,884
2067	299,874	754,945	67,111	1,121,930
2068	274,225	664,864	54,749	993,838
2069	250,473	582,283	44,957	877,713
2070	228,105	507,083	37,224	772,413
2071	206,981	439,046	31,127	677,155
2072	187,103	377,901	26,318	591,322
2073	168,717	323,328	22,512	514,557
2074	151,831	274,970	19,482	446,283

Notes

- Expected benefit payments assume no additional accruals, no future new entrants to the Plan, and experience consistent with the valuation assumptions set forth herein.



Schedule MB, Line 8b(3) - Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Measurement Date: January 1, 2025

[Form 5500 Sch. MB, Line 8b(3)]

Plan Year Beginning January 1	Employer Contributions	Withdrawal Liability Payments	Total
2025	\$ 1,462,500	\$ 66,300	\$ 1,528,800
2026	\$ 1,462,500	\$ 66,300	\$ 1,528,800
2027	\$ 1,462,500	\$ 66,300	\$ 1,528,800
2028	\$ 1,462,500	\$ 66,300	\$ 1,528,800
2029	\$ 1,462,500	\$ 66,300	\$ 1,528,800
2030	\$ 1,462,500	\$ 66,300	\$ 1,528,800
2031	\$ 1,462,500	\$ 66,300	\$ 1,528,800
2032	\$ 1,462,500	\$ 66,300	\$ 1,528,800
2033	\$ 1,462,500	\$ 66,300	\$ 1,528,800
2034	\$ 1,462,500	\$ 66,300	\$ 1,528,800

Notes

- The projection of employer contributions is based on a projection of industry activity for current and succeeding plan years. The projection of industry activity (in other words, covered employment levels) is based on information provided in good faith by the Board of Trustees.
- Based on the information provided by the Trustees, total work levels and contributions are to remain stable.
- The projection of employer contributions assumes that the current terms of the collective bargaining agreement(s) and participation agreement(s) under which contributions are made to the Plan will continue in effect for succeeding plan years.
- The projection of withdrawal liability payments include anticipated withdrawal liability payments from previously withdrawn employers.



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 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B	This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐

Part II	Basic Plan Information - enter all requested information
1a	Name of plan MIDWEST PENSION PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 07/01/1967
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES - MIDWEST PENSION PLAN 245 FENCL LANE HILLSIDE IL 60162-2001
2b	Employer Identification Number (EIN) 36-6512748
2c	Plan Sponsor's telephone number 312-738-0822
2d	Business code (see instructions) 326100

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

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

Signed by:

SIGN HERE	<i>Anthony Iori</i>	7/8/2026	ANTHONY IORI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Norm Seop</i>	7/8/2026	NORM SEOP
	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

Form 5500 (2025)

Page **2**

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 11,544
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) (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) 2,093 6a(2) 2,006 6b 3,602 6c 5,249 6d 10,857 6e 430 6f 11,287 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 43
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1B b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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
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)



TRADE DATE - INCOME ACCRUALS Page 344

Statement Period
Account Number

01/01/25 through 12/31/25

MIDWEST PENSION PLAN-COMBINED

Schedule Of Reportable Transactions

PLAN NUMBER:

EIN NUMBER:

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
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BEGINNING MARKET VALUE: 107,917,742.89

SECURITY TRANSACTIONS EXCEEDING 5%:

SHORT TERM INVESTMENTS

CUSIP # 38141W273
GOLDMAN FINANCIAL SQUARE GOVT-A
FD# 465 (AMALFGOV) MASTER
#2839100 3.71%

TOTAL ACTIVITY FROM 01/01/25
TO 12/31/25

DEPOSIT	91,489,575.79	91,489,575.79	91,489,575.79	
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WITHDRAWAL	91,419,553.59	91,419,553.59	91,419,553.59	
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TOTAL	182,909,129.38	182,909,129.38	182,909,129.38	
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CUSIP # U38141W34
GOLDMAN FINANCIAL SQUARE TREAS
OBLIGATIONS-A FD# 468
(AMALFTRSY) MASTER#2839100 3.68%

TOTAL ACTIVITY FROM 01/01/25
TO 12/31/25

DEPOSIT	11,683,824.73	11,683,824.73	11,683,824.73	
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WITHDRAWAL	13,028,690.78	13,028,690.78	13,028,690.78	
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TOTAL	24,712,515.51	24,712,515.51	24,712,515.51	
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TOTAL SHORT TERM INVESTMENTS	207,621,644.89	207,621,644.89	207,621,644.89	
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MUTUAL FUNDS/FIXED

CUSIP # 057071870
BAIRD CORE PLUS BOND FUND
INSTITUTIONAL

PURCHASED 397,219.464 SHS ON 06/09/25 AT 10.07 THRU FIDELITY SERVICES	4,000,000.00	4,000,000.00	4,000,000.00	
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PURCHASED 810,276.68 SHS ON 06/11/25 AT 10.12 THRU FIDELITY SERVICES	8,200,000.00	8,200,000.00	8,200,000.00	
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PURCHASED 4,221.863 SHS ON 06/25/25 AT 10.16 FOR REINVESTMENT	42,894.13	42,894.13	42,936.35	
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PURCHASED 4,519.096 SHS ON 07/29/25 AT 10.13 FOR REINVESTMENT	45,778.44	45,778.44	46,004.40	
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TRADE DATE - INCOME ACCRUALS Page 345

Statement Period
Account Number

01/01/25 through 12/31/25

MIDWEST PENSION PLAN-COMBINED

Schedule Of Reportable Transactions

PLAN NUMBER:

EIN NUMBER:

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
SOLD 590,551.181 SHS ON 07/30/25 AT 10.16 THRU FIDELITY SERVICES	6,000,000.00	5,966,838.28	6,000,000.00	33,161.72
PURCHASED 2,177.398 SHS ON 08/27/25 AT 10.23 FOR REINVESTMENT	22,274.78	22,274.78	22,296.56	
PURCHASED 2,106.173 SHS ON 09/26/25 AT 10.30 FOR REINVESTMENT	21,693.58	21,693.58	21,693.58	
PURCHASED 2,127.073 SHS ON 10/27/25 AT 10.41 FOR REINVESTMENT	22,142.83	22,142.83	22,142.83	
PURCHASED 2,185.428 SHS ON 12/01/25 AT 10.37 FOR REINVESTMENT	22,662.89	22,662.89	22,575.47	
PURCHASED 183,930.3 SHS ON 12/11/25 AT 10.33 THRU FIDELITY SERVICES	1,900,000.00	1,900,000.00	1,900,000.00	
PURCHASED 4,213.298 SHS ON 12/30/25 AT 10.32 FOR REINVESTMENT	43,481.24	43,481.24	43,481.24	
TOTAL	20,320,927.89	20,287,766.17	20,321,130.43	33,161.72
TOTAL MUTUAL FUNDS/FIXED	20,320,927.89	20,287,766.17	20,321,130.43	33,161.72

MUTUAL FUNDS/EQUITY

CUSIP # 315911693
FIDELITY TOTAL MARKET INDEX FUND

PURCHASED 65,592.204 SHS ON 05/22/25 AT 160.08 THRU FIDELITY SERVICES	10,500,000.00	10,500,000.00	10,500,000.02	
PURCHASED 62,869.357 SHS ON 05/23/25 AT 159.06 THRU FIDELITY SERVICES	10,000,000.00	10,000,000.00	9,999,999.92	
PURCHASED 42,128.74 SHS ON 05/28/25 AT 161.41 THRU FIDELITY SERVICES	6,800,000.00	6,800,000.00	6,799,999.92	
PURCHASED 55,555.556 SHS ON 05/30/25 AT 162.00 THRU FIDELITY SERVICES	9,000,000.00	9,000,000.00	9,000,000.07	
PURCHASED 60,631.783 SHS ON 06/09/25 AT 164.93 THRU FIDELITY SERVICES	10,000,000.00	10,000,000.00	9,999,999.97	
PURCHASED 12,097.75 SHS ON 06/11/25 AT 165.32 THRU FIDELITY SERVICES	2,000,000.00	2,000,000.00	2,000,000.03	
PURCHASED 12,565.069 SHS ON 06/25/25 AT 167.13 THRU FIDELITY SERVICES	2,100,000.00	2,100,000.00	2,099,999.98	



TRADE DATE - INCOME ACCRUALS Page 346

Statement Period
Account Number

01/01/25 through 12/31/25

MIDWEST PENSION PLAN-COMBINED

Schedule Of Reportable Transactions

PLAN NUMBER:

EIN NUMBER:

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
SOLD 5,695.07 SHS ON 11/24/25 AT 184.37 THRU FIDELITY SERVICES	1,050,000.00	921,625.69	1,050,000.06	128,374.31
SOLD 7,956.293 SHS ON 12/12/25 AT 188.53 THRU FIDELITY SERVICES	1,500,000.00	1,287,556.44	1,499,999.92	212,443.56
PURCHASED 2,846.256 SHS ON 12/22/25 AT 186.86 FOR REINVESTMENT	531,851.33	531,851.33	535,608.45	
TOTAL	53,481,851.33	53,141,033.46	53,485,608.34	340,817.87
TOTAL MUTUAL FUNDS/EQUITY	53,481,851.33	53,141,033.46	53,485,608.34	340,817.87
TOTAL SECURITY TRANSACTIONS EXCEEDING 5%		281,050,444.52		



TRADE DATE - INCOME ACCRUALS Page 347

Statement Period
Account Number

01/01/25 through 12/31/25

MIDWEST PENSION PLAN-COMBINED

Schedule Of Reportable Transactions

PLAN NUMBER:

EIN NUMBER:

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
BEGINNING MARKET VALUE: 107,917,742.89				
SINGLE TRANSACTIONS EXCEEDING 5%:				
05/22/25 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 3.71%		11,375,533.54		
05/22/25 DEPOSIT GOLDMAN FINANCIAL SQUARE TREAS OBLIGATIONS-A FD# 468 (AMALFTRSY) MASTER#2839100 3.68%		10,314,523.56		
05/23/25 PURCHASED 65,592.204 SHS FIDELITY TOTAL MARKET INDEX FUND ON 05/22/25 AT 160.08 THRU FIDELITY SERVICES		10,500,000.00		
05/23/25 WITHDRAWAL GOLDMAN FINANCIAL SQUARE TREAS OBLIGATIONS-A FD# 468 (AMALFTRSY) MASTER#2839100 3.68%		10,771,583.76		
05/27/25 PURCHASED 62,869.357 SHS FIDELITY TOTAL MARKET INDEX FUND ON 05/23/25 AT 159.06 THRU FIDELITY SERVICES		10,000,000.00		
05/27/25 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 3.71%		10,000,000.00		
05/28/25 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 3.71%		13,247,795.80		
05/29/25 PURCHASED 42,128.74 SHS FIDELITY TOTAL MARKET INDEX FUND ON 05/28/25 AT 161.41 THRU FIDELITY SERVICES		6,800,000.00		
05/29/25 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 3.71%		7,450,000.00		
05/29/25 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 3.71%		7,197,533.66		
06/02/25 PURCHASED 55,555.556 SHS FIDELITY TOTAL MARKET INDEX FUND ON 05/30/25 AT 162.00 THRU FIDELITY SERVICES		9,000,000.00		
06/02/25 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 3.71%		12,733,093.21		
06/04/25 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 3.71%		11,402,076.82		



TRADE DATE - INCOME ACCRUALS Page 348

Statement Period
Account Number

01/01/25 through 12/31/25

MIDWEST PENSION PLAN-COMBINED

Schedule Of Reportable Transactions

PLAN NUMBER:

EIN NUMBER:

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
06/10/25 PURCHASED 60,631.783 SHS FIDELITY TOTAL MARKET INDEX FUND ON 06/09/25 AT 164.93 THRU FIDELITY SERVICES		10,000,000.00		
06/10/25 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 3.71%		14,000,000.00		
06/10/25 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 3.71%		10,511,406.23		
06/11/25 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 3.71%		10,667,872.20		
06/11/25 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 3.71%		10,667,872.20		
06/12/25 PURCHASED 810,276.68 SHS BAIRD CORE PLUS BOND FUND INSTITUTIONAL ON 06/11/25 AT 10.12 THRU FIDELITY SERVICES		8,200,000.00		
06/12/25 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 3.71%		10,200,000.00		
07/31/25 SOLD 590,551.181 SHS BAIRD CORE PLUS BOND FUND INSTITUTIONAL ON 07/30/25 AT 10.16 THRU FIDELITY SERVICES		5,966,838.28		
07/31/25 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 3.71%		6,000,000.00		
08/01/25 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 3.71%		7,388,301.00		
TOTAL SINGLE TRANSACTIONS EXCEEDING 5%		224,394,430.26		



TRADE DATE - INCOME ACCRUALS Page 349

Statement Period
Account Number

01/01/25 through 12/31/25

MIDWEST PENSION PLAN-COMBINED

Schedule Of Reportable Transactions

BY ASSET		VALUATION		107,917,742.89 THRESHOLD		5,395,887.14	
DESCRIPTION	TRAN TYPE	SETTLE DATE/ SHARES/UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION/ OTH EXPENSE	COST OF ASSET/ PREV ANNL MKT	NET GAIN/LOSS	
CUSIP # 057071870 BAIRD CORE PLUS BOND FUND INSTITUTIONAL	BUY	06/12/25 810,276.680	8,200,000.00		8,200,000.00 8,200,000.00		
CUSIP # 057071870 BAIRD CORE PLUS BOND FUND INSTITUTIONAL	SEL	07/31/25 590,551.181	6,000,000.00		5,966,838.28 5,966,838.28	33,161.72	
CUSIP # 315911693 FIDELITY TOTAL MARKET INDEX FUND	BUY	05/23/25 65,592.204	10,500,000.00		10,500,000.00 10,500,000.00		
CUSIP # 315911693 FIDELITY TOTAL MARKET INDEX FUND	BUY	05/27/25 62,869.357	10,000,000.00		10,000,000.00 10,000,000.00		
CUSIP # 315911693 FIDELITY TOTAL MARKET INDEX FUND	BUY	05/29/25 42,128.740	6,800,000.00		6,800,000.00 6,800,000.00		
CUSIP # 315911693 FIDELITY TOTAL MARKET INDEX FUND	BUY	06/02/25 55,555.556	9,000,000.00		9,000,000.00 9,000,000.00		
CUSIP # 315911693 FIDELITY TOTAL MARKET INDEX FUND	BUY	06/10/25 60,631.783	10,000,000.00		10,000,000.00 10,000,000.00		
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 3.71%	DEP	05/22/25	11,375,533.54		11,375,533.54 11,375,533.54		
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 3.71%	WTH	05/27/25	10,000,000.00		10,000,000.00 10,000,000.00		
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 3.71%	DEP	05/28/25	13,247,795.80		13,247,795.80 13,247,795.80		
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 3.71%	WTH	05/29/25	7,450,000.00		7,450,000.00 7,450,000.00		
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 3.71%	DEP	05/29/25	7,197,533.66		7,197,533.66 7,197,533.66		
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 3.71%	WTH	06/02/25	12,733,093.21		12,733,093.21 12,733,093.21		
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 3.71%	DEP	06/04/25	11,402,076.82		11,402,076.82 11,402,076.82		
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 3.71%	WTH	06/10/25	14,000,000.00		14,000,000.00 14,000,000.00		



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BY ASSET		VALUATION		107,917,742.89 THRESHOLD		5,395,887.14	
DESCRIPTION	TRAN TYPE	SETTLE DATE/ SHARES/UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION/ OTH EXPENSE	COST OF ASSET/ PREV ANNL MKT	NET GAIN/LOSS	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 3.71%	DEP	06/10/25	10,511,406.23		10,511,406.23 10,511,406.23		
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 3.71%	DEP	06/11/25	10,667,872.20		10,667,872.20 10,667,872.20		
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 3.71%	WTH	06/11/25	10,667,872.20		10,667,872.20 10,667,872.20		
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 3.71%	WTH	06/12/25	10,200,000.00		10,200,000.00 10,200,000.00		
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 3.71%	DEP	07/31/25	6,000,000.00		6,000,000.00 6,000,000.00		
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 3.71%	WTH	08/01/25	7,388,301.00		7,388,301.00 7,388,301.00		
CUSIP # U38141W34 GOLDMAN FINANCIAL SQUARE TREAS OBLIGATIONS-A FD# 468 (AMALFTRSY) MASTER#2839100 3.68%	DEP	05/22/25	10,314,523.56		10,314,523.56 10,314,523.56		
CUSIP # U38141W34 GOLDMAN FINANCIAL SQUARE TREAS OBLIGATIONS-A FD# 468 (AMALFTRSY) MASTER#2839100 3.68%	WTH	05/23/25	10,771,583.76		10,771,583.76 10,771,583.76		
14 PURCHASES FOR		135,216,741.81	9 SALES FOR	89,210,850.17	ISSUE AGGREGATE TOTAL	224,427,591.98	



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AGGREGATE BY ASSET VALUATION 107,917,742.89 THRESHOLD 5,395,887.14

DESCRIPTION	TRAN TYPE	SETTLE DATE/ SHARES/UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION/ OTH EXPENSE	COST OF ASSET/ PREV ANNL MKT	NET GAIN/LOSS
CUSIP # 057071870 BAIRD CORE PLUS BOND FUND INSTITUTIONAL	BUY	06/10/25	4,000,000.00		4,000,000.00	
		397,219.464			4,000,000.00	
	BUY	06/12/25	8,200,000.00		8,200,000.00	
		810,276.680			8,200,000.00	
	BUY	06/25/25	42,894.13		42,894.13	
		4,221.863			42,894.13	
	BUY	07/29/25	45,778.44		45,778.44	
		4,519.096			45,778.44	
	SEL	07/31/25	6,000,000.00		5,966,838.28	33,161.72
		590,551.181			5,966,838.28	
	BUY	08/27/25	22,274.78		22,274.78	
		2,177.398			22,274.78	
	BUY	09/26/25	21,693.58		21,693.58	
		2,106.173			21,693.58	
	BUY	10/28/25	22,142.83		22,142.83	
		2,127.073			22,142.83	
	BUY	12/01/25	22,662.89		22,662.89	
		2,185.428			22,662.89	
	BUY	12/12/25	1,900,000.00		1,900,000.00	
		183,930.300			1,900,000.00	
	BUY	12/30/25	43,481.24		43,481.24	
		4,213.298			43,481.24	
10 PURCHASES FOR		14,320,927.89	1 SALES FOR	6,000,000.00	ISSUE AGGREGATE TOTAL	20,320,927.89
CUSIP # 315911693 FIDELITY TOTAL MARKET INDEX FUND	BUY	05/23/25	10,500,000.00		10,500,000.00	
		65,592.204			10,500,000.00	
	BUY	05/27/25	10,000,000.00		10,000,000.00	
		62,869.357			10,000,000.00	
	BUY	05/29/25	6,800,000.00		6,800,000.00	
		42,128.740			6,800,000.00	
	BUY	06/02/25	9,000,000.00		9,000,000.00	
		55,555.556			9,000,000.00	
	BUY	06/10/25	10,000,000.00		10,000,000.00	
		60,631.783			10,000,000.00	
	BUY	06/12/25	2,000,000.00		2,000,000.00	
		12,097.750			2,000,000.00	
	BUY	06/26/25	2,100,000.00		2,100,000.00	
		12,565.069			2,100,000.00	
	SEL	11/25/25	1,050,000.00		921,625.69	128,374.31
		5,695.070			921,625.69	
	SEL	12/15/25	1,500,000.00		1,287,556.44	212,443.56
		7,956.293			1,287,556.44	
	BUY	12/22/25	531,851.33		531,851.33	
		2,846.256			531,851.33	
8 PURCHASES FOR		50,931,851.33	2 SALES FOR	2,550,000.00	ISSUE AGGREGATE TOTAL	53,481,851.33
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 3.71%	NET		91,489,575.79		91,489,575.79	
					91,489,575.79	
	NET		91,419,553.59		91,419,553.59	
					91,419,553.59	
211 PURCHASES FOR		91,489,575.79	85 SALES FOR	91,419,553.59	ISSUE AGGREGATE TOTAL	182,909,129.38



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AGGREGATE BY ASSET		VALUATION		107,917,742.89 THRESHOLD		5,395,887.14	
DESCRIPTION	TRAN TYPE	SETTLE DATE/ SHARES /UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER		COST OF ASSET/ PREV ANNL MKT	NET GAIN/LOSS
				COMMISSION/ OTH EXPENSE			
CUSIP # U38141W34							
GOLDMAN FINANCIAL SQUARE TREAS							
OBLIGATIONS-A FD# 468							
(AMALFTRSY) MASTER#2839100 3.68%							
	NET		11,683,824.73			11,683,824.73	
						11,683,824.73	
	NET		13,028,690.78			13,028,690.78	
						13,028,690.78	
75 PURCHASES FOR		11,683,824.73	41 SALES FOR	13,028,690.78	ISSUE AGGREGATE TOTAL		24,712,515.51



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AGGREGATE BY BROKER VALUATION 107,917,742.89 THRESHOLD 5,395,887.14

DESCRIPTION	TRAN TYPE	SETTLE DATE/ SHARES/UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION/ OTH EXPENSE	COST OF ASSET/ PREV ANNL MKT	NET GAIN/LOSS
FIDELITY SERVICES						
CUSIP # 057071870	BUY	06/10/25	4,000,000.00		4,000,000.00	
BAIRD CORE PLUS BOND FUND		397,219.464			4,000,000.00	
INSTITUTIONAL						
CUSIP # 057071870	BUY	06/12/25	8,200,000.00		8,200,000.00	
BAIRD CORE PLUS BOND FUND		810,276.680			8,200,000.00	
INSTITUTIONAL						
CUSIP # 057071870	SEL	07/31/25	6,000,000.00		5,966,838.28	33,161.72
BAIRD CORE PLUS BOND FUND		590,551.181			5,966,838.28	
INSTITUTIONAL						
CUSIP # 057071870	BUY	12/12/25	1,900,000.00		1,900,000.00	
BAIRD CORE PLUS BOND FUND		183,930.300			1,900,000.00	
INSTITUTIONAL						
CUSIP # 315911693	BUY	05/23/25	10,500,000.00		10,500,000.00	
FIDELITY TOTAL MARKET INDEX FUND		65,592.204			10,500,000.00	
CUSIP # 315911693	BUY	05/27/25	10,000,000.00		10,000,000.00	
FIDELITY TOTAL MARKET INDEX FUND		62,869.357			10,000,000.00	
CUSIP # 315911693	BUY	05/29/25	6,800,000.00		6,800,000.00	
FIDELITY TOTAL MARKET INDEX FUND		42,128.740			6,800,000.00	
CUSIP # 315911693	BUY	06/02/25	9,000,000.00		9,000,000.00	
FIDELITY TOTAL MARKET INDEX FUND		55,555.556			9,000,000.00	
CUSIP # 315911693	BUY	06/10/25	10,000,000.00		10,000,000.00	
FIDELITY TOTAL MARKET INDEX FUND		60,631.783			10,000,000.00	
CUSIP # 315911693	BUY	06/12/25	2,000,000.00		2,000,000.00	
FIDELITY TOTAL MARKET INDEX FUND		12,097.750			2,000,000.00	
CUSIP # 315911693	BUY	06/26/25	2,100,000.00		2,100,000.00	
FIDELITY TOTAL MARKET INDEX FUND		12,565.069			2,100,000.00	
CUSIP # 315911693	SEL	11/25/25	1,050,000.00		921,625.69	128,374.31
FIDELITY TOTAL MARKET INDEX FUND		5,695.070			921,625.69	
CUSIP # 315911693	SEL	12/15/25	1,500,000.00		1,287,556.44	212,443.56
FIDELITY TOTAL MARKET INDEX FUND		7,956.293			1,287,556.44	
CUSIP # 316146315	BUY	11/21/25	1,725,000.00		1,725,000.00	
FIDELITY GLOBAL EX US INDEX FUND		95,993.322			1,725,000.00	
CUSIP # 31618H366	BUY	06/02/25	750,000.00		750,000.00	
FIDELITY INTERNATIONAL CAPITAL		40,716.612			750,000.00	
APPRECIATION K6						
CUSIP # 31618H366	SEL	11/25/25	744,706.83		750,000.00	5,293.17-
FIDELITY INTERNATIONAL CAPITAL		40,716.612			750,000.00	
APPRECIATION K6						
CUSIP # 31618H390	BUY	11/26/25	220,000.00		220,000.00	
FIDELITY ADVISOR TOTAL		15,172.414			220,000.00	
INTERNATIONAL EQUITY FUND CLASS						
Z						



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DESCRIPTION	TRAN TYPE	SETTLE DATE/ SHARES/UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION/ OTH EXPENSE	COST OF ASSET/ PREV ANNL MKT	NET GAIN/LOSS
FIDELITY SERVICES						
CUSIP # 31618H390	BUY	12/01/25	630,000.00		630,000.00	
FIDELITY ADVISOR TOTAL		42,798.913			630,000.00	
INTERNATIONAL EQUITY FUND CLASS Z						
CUSIP # 411512155	BUY	11/26/25	860,000.00		860,000.00	
HARBOR INTERNATIONAL CORE FUND RETIREMENT CLASS		52,343.275			860,000.00	
CUSIP # 41665H359	BUY	12/01/25	680,000.00		680,000.00	
HARTFORD SCHROEDERS INTERNATIONAL MULTI-CAP VALUE FUND		49,382.716			680,000.00	
CUSIP # 47103D835	BUY	06/02/25	1,250,000.00		1,250,000.00	
JANUS HENDERSON		24,620.839			1,250,000.00	
CUSIP # 47103D835	SEL	11/20/25	920,000.00		848,934.92	71,065.08
JANUS HENDERSON		16,721.192			848,934.92	
CUSIP # 552746356	BUY	11/26/25	680,000.00		680,000.00	
MFS INTERNATIONAL GROWTH FUND CLASS R6		13,852.108			680,000.00	
CUSIP # 552966806	BUY	06/02/25	1,000,000.00		1,000,000.00	
MFS INSTL INTL EQUITY FUND I		25,740.026			1,000,000.00	
CUSIP # 552966806	SEL	11/20/25	1,008,751.62		1,000,000.00	8,751.62
MFS INSTL INTL EQUITY FUND I		25,740.026			1,000,000.00	
CUSIP # 92914A760	BUY	06/02/25	750,000.00		750,000.00	
VOYA MULTI MANAGR INTL SMALL CAP		10,838.150			750,000.00	
CUSIP # 92914A760	SEL	11/25/25	826,950.85		750,000.00	76,950.85
VOYA MULTI MANAGR INTL SMALL CAP		10,838.150			750,000.00	
20 PURCHASES FOR		73,045,000.00	7 SALES FOR	12,050,409.30	BROKER AGGREGATE TOTAL	85,095,409.30
BNP PARIBAS PRIME BROKERAGE ACTING AGENT						
CUSIP # 00724F101	SEL	06/10/25	254,003.33	12.20	56,449.05	17,263.67-
ADOBE SYSTEMS INC COMMON STOCK		610.000			271,254.80	
CUSIP # 009158106	SEL	06/10/25	219,107.15	15.68	245,832.84	26,741.37-
AIR PRODUCTS & CHEMICALS INC COMMON STOCK		784.000			245,832.84	
CUSIP # 02079K107	SEL	06/10/25	257,076.87	29.14	241,023.48	16,024.25
ALPHABET INC CL C COMMON STOCK		1,457.000			241,023.48	
CUSIP # 026874784	SEL	06/10/25	254,258.37	61.00	232,783.20	32,157.37
AMERICAN INTL GROUP COMMON STOCK		3,050.000			222,040.00	
CUSIP # 030420103	SEL	06/10/25	230,582.30	33.20	195,050.95	23,895.70
AMERICAN WATER WORKS CO. COMMON STOCK		1,660.000			206,653.40	
CUSIP # 03076C106	SEL	06/10/25	317,929.12	12.34	67,712.54	10,592.53-
AMERIPRISE FINANCIAL INC COMMON STOCK		617.000			328,509.31	
CUSIP # 031162100	SEL	06/10/25	252,690.20	17.40	141,438.39	25,916.00
AMGEN INC COMMON STOCK		870.000			226,756.80	



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DESCRIPTION	TRAN TYPE	SETTLE DATE/ SHARES/UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION/ OTH EXPENSE	COST OF ASSET/ PREV ANNL MKT	NET GAIN/LOSS
BNP PARIBAS PRIME BROKERAGE ACTING AGENT						
CUSIP # 03662Q105 ANSYS INC COMMON STOCK	SEL	06/10/25 473.000	163,192.14	9.46	54,044.36 159,557.09	3,625.59
CUSIP # 049560105 ATMOS ENERGY CORP COMMON STOCK	SEL	06/10/25 1,790.000	272,589.43	35.80	191,578.19 249,293.30	23,260.33
CUSIP # 09260D107 BLACKSTONE GROUP INC COMMON STOCK	SEL	06/10/25 1,444.000	201,290.71	28.88	178,821.36 248,974.48	47,712.65-
CUSIP # 127097103 CABOT OIL & GAS	SEL	06/10/25 7,730.000	200,087.96	154.60	137,525.53 197,424.20	2,509.16
CUSIP # 14040H105 CAPITAL ONE FINANCIAL CO COMMON STOCK	SEL	06/10/25 1,730.000	343,037.72	34.60	158,685.15 308,493.60	34,509.52
CUSIP # 191216100 COCA COLA CO COMMON STOCK	SEL	06/10/25 3,405.000	242,983.18	68.10	148,460.27 211,995.30	30,919.78
CUSIP # 200525103 COMMERCE BANCSHARES INC COMMON STOCK	SEL	06/10/25 2,100.000	133,600.53	42.00	92,104.84 130,851.00	2,707.53
CUSIP # 21036P108 CONSTELLATION BRANDS INC COMMON STOCK	SEL	06/10/25 730.000	125,508.83	14.60	164,271.25 161,330.00	35,835.77-
CUSIP # 22052L104 CORTEVA INC COMMON STOCK	SEL	06/10/25 5,480.000	392,058.93	109.60	181,975.95 312,140.80	79,808.53
CUSIP # 229899109 CULLEN/FROST BANKERS INC COMMON STOCK	SEL	06/10/25 1,400.000	180,337.22	28.00	110,778.10 187,950.00	7,640.78-
CUSIP # 235851102 DANAHER CORP COMMON STOCK	SEL	06/10/25 1,000.000	198,507.50	20.00	91,140.25 229,550.00	31,062.50-
CUSIP # 278865100 ECOLAB INC COMMON STOCK	SEL	06/10/25 1,040.000	276,081.73	20.80	220,874.20 243,692.80	32,368.13
CUSIP # 29472R108 EQUITY LIFESTYLE PROPERTIES COMMON STOCK	SEL	06/10/25 2,495.000	156,134.85	49.90	137,920.88 166,167.00	10,082.05-
CUSIP # 369550108 GENERAL DYNAMICS CORP COMMON STOCK	SEL	06/10/25 780.000	215,126.11	15.60	65,448.05 205,522.20	9,588.31
CUSIP # 526057104 LENNAR CORP COMMON STOCK	SEL	06/10/25 2,048.000	223,086.39	40.96	45,955.61 279,285.76	56,240.33-
CUSIP # 526057302 LENNAR CORP CLASS B,COMMON STOCK	SEL	06/10/25 107.000	11,187.66	2.14	1,531.55 14,140.05	2,954.53-
CUSIP # 548661107 LOWE'S COS INC COMMON STOCK	SEL	06/10/25 910.000	203,149.13	18.20	209,088.32 224,588.00	21,457.07-
CUSIP # 573284106 MARTIN MARIETTA MATERIALS COMMON STOCK	SEL	06/10/25 567.000	312,812.82	11.34	79,127.76 292,855.50	19,945.98



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DESCRIPTION	TRAN TYPE	SETTLE DATE/ SHARES/UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION/ OTH EXPENSE	COST OF ASSET/ PREV ANNL MKT	NET GAIN/LOSS
BNP PARIBAS PRIME BROKERAGE ACTING AGENT						
CUSIP # 58933Y105 MERCK & CO INC COMMON STOCK	SEL	06/10/25 2,050.000	161,764.07	41.00	182,419.49 203,934.00	42,210.93-
CUSIP # 594918104 MICROSOFT CORP COMMON STOCK	SEL	06/10/25 958.000	450,214.88	19.16	44,522.68 403,797.00	46,398.72
CUSIP # 595017104 MICROCHIP TECHNOLOGY INC COMMON STOCK	SEL	06/10/25 3,343.000	225,101.24	66.86	93,298.16 191,721.05	33,313.33
CUSIP # 606822104 MITSUBISHI UFJ FINL GROUP INC COMMON STOCK -ADR	SEL	06/10/25 16,400.000	226,895.64	328.00	79,692.52 192,208.00	34,359.64
CUSIP # 688239201 OSHKOSH CORPORATION COMMON STOCK	SEL	06/10/25 1,415.000	156,669.93	28.30	157,686.69 134,524.05	22,117.58
CUSIP # 693475105 PNC FINANCIAL SERVICES COMMON STOCK	SEL	06/10/25 1,200.000	215,105.04	24.00	155,375.41 231,420.00	16,338.96-
CUSIP # 701094104 PARKER HANNIFAN CORP COMMON STOCK	SEL	06/10/25 730.000	490,528.83	14.60	130,044.17 464,301.90	26,212.33
CUSIP # 742718109 PROCTER & GAMBLE CO COMMON STOCK	SEL	06/10/25 1,305.000	212,263.08	26.10	180,154.76 218,783.25	6,546.27-
CUSIP # 747525103 QUALCOMM INC	SEL	06/10/25 1,620.000	251,783.80	32.40	125,405.66 248,864.40	2,887.00
CUSIP # 749685103 RPM INTL INC	SEL	06/10/25 2,060.000	237,825.35	41.20	134,492.72 253,503.60	15,719.45-
CUSIP # 835699307 SONY CORP SPONSORED ADR COMMON STOCK	SEL	06/10/25 11,260.000	300,102.65	225.20	117,930.51 238,261.60	61,615.85
CUSIP # 871607107 SYNOPSYS INC COMMON STOCK	SEL	06/10/25 244.000	122,265.08	4.88	115,666.37 115,666.37	6,593.83
CUSIP # 879360105 TELEDYNE TECHNOLOGIES INC COMMON STOCK	SEL	06/10/25 470.000	236,964.13	9.40	192,097.04 218,141.10	18,813.63
CUSIP # 89151E109 TOTAL ENERGIES	SEL	06/10/25 3,360.000	200,558.06	67.20	216,415.32 183,120.00	17,370.86
CUSIP # 902973304 U.S. BANCORP (NEW) COMMON STOCK	SEL	06/10/25 5,381.000	241,494.98	107.62	196,288.87 257,373.23	15,985.87-
CUSIP # 90353T100 UBER TECHNOLOGIES INC COMMON STOCK	BUY	04/16/25 206.000	15,243.69	4.12	15,247.81 15,247.81	
CUSIP # 90353T100 UBER TECHNOLOGIES INC COMMON STOCK	BUY	04/17/25 281.000	20,592.02	5.62	20,597.64 20,597.64	



TRADE DATE - INCOME ACCRUALS Page 357

Statement Period
Account Number

01/01/25 through 12/31/25

MIDWEST PENSION PLAN-COMBINED

Schedule Of Reportable Transactions

AGGREGATE BY BROKER		VALUATION		107,917,742.89	THRESHOLD	5,395,887.14
DESCRIPTION	TRAN TYPE	SETTLE DATE/ SHARES/UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION/ OTH EXPENSE	COST OF ASSET/ PREV ANNL MKT	NET GAIN/LOSS
BNP PARIBAS PRIME BROKERAGE ACTING AGENT						
CUSIP # 90353T100	BUY	04/21/25	16,018.73	4.26	16,022.99	
UBER TECHNOLOGIES INC COMMON STOCK		213.000			16,022.99	
CUSIP # 90353T100	BUY	04/22/25	13,776.95	3.78	13,780.73	
UBER TECHNOLOGIES INC COMMON STOCK		189.000			13,780.73	
CUSIP # 90353T100	SEL	06/10/25	247,978.35	57.08	205,502.58	42,418.69
UBER TECHNOLOGIES INC COMMON STOCK		2,854.000			205,502.58	
CUSIP # 92343V104	SEL	06/10/25	238,553.04	109.00	239,772.35	20,498.54
VERIZON COMMUNICATIONS COMMON STOCK SERIES B		5,450.000			217,945.50	
CUSIP # 949746101	SEL	06/10/25	64,444.81	16.92	62,581.53	1,846.36
WELLS FARGO CO COMMON STOCK		846.000			62,581.53	
CUSIP # 98389B100	SEL	06/10/25	221,459.36	64.40	217,905.92	3,980.56
XCEL ENERGY INC COMMON STOCK		3,220.000			217,414.40	
CUSIP # 98419M100	SEL	04/17/25	1,654.05	0.60	1,265.79	86.90-
XYLEM INC COMMON STOCK		15.000		0.05	1,740.30	
CUSIP # G5960L103	SEL	06/10/25	159,768.70	36.60	143,902.25	13,551.70
MEDTRONIC PLC COMMON STOCK		1,830.000			146,180.40	
CUSIP # H01301128	SEL	06/10/25	215,499.69	49.20	140,173.53	6,621.09
ALCON INC COMMON STOCK		2,460.000			208,829.40	
4 PURCHASES FOR		65,631.39	47 SALES FOR	10,515,314.94	BROKER AGGREGATE TOTAL	10,580,946.33

Form 5500 Schedule H, line 4j - Schedule of Reportable Transactions

SUPPLEMENTAL SCHEDULE 2
Plan No. 001

Plan Name Midwest Pension Plan

Plan Sponsor Board of Trustees of Midwest Pension Plan

EIN: 36-6512748

Y/E 12/31/2025

Plan assets at

Individual transactions - purchases and sales on separate lines

a. Identity of party involved*	b. Description of asset (Include interest rate & maturity in case of a loan)	c. Purchase price	d. Selling price	e. Lease rental	f. Expense incurred with transaction	g. Cost of asset**	h. Current value of asset on trans. date	i. Net gain or (loss)
	NIS CORE FIXED INCOME QP FUND, LLC	11,153,233	-	-	-	11,153,233	11,153,233	-
	HARDMAN JOHNSON I.E. GROUP TRUST	-	11,402,077	-	-	9,467,620	11,402,077	1,706,003
	VICTORY TRIVALENT INTL SMALL CAP CLTV FUND	-	7,197,534	-	-	6,086,622	7,197,534	1,486,853
	MFB NT COLTV RUSSELL 1000 GROWTH INDEX FUND	-	13,249,013	-	-	13,592,075	13,249,013	2,251,798
	NT COLLECTIVE SHORT TERM INVT FD	-	13,248,432	-	-	13,248,432	13,248,432	-
	APC HIGH YIELD BOND FUND, LP	-	11,611,601	-	-	11,769,350	11,611,601	254,206

* Not applicable for purchases or sales of marketable securities.

** Book value is current value at end of prior year or at purchase date if purchased during the reporting period.

Series of securities transactions - include all purchases and sales of one security on same line and apply 5% test to total.

a. Description of security	b. Total number of purchases	c. Total number of sales	d. Total value of purchases	Sales	
				e. Total value	f. Incr (decr) by

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 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

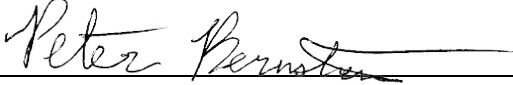
► Round off amounts to nearest dollar.
► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Midwest Pension Plan	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Board of Trustees - Midwest Pension Plan	D Employer Identification Number (EIN) 36-6512748

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

1a Enter the valuation date: Month 01 Day 01 Year 2025	
b Assets	
(1) Current value of assets	1b(1) 121,517,150
(2) Actuarial value of assets for funding standard account.....	1b(2) 133,218,449
c (1) Accrued liability for plan using immediate gain methods	1c(1) 121,678,413
(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) 121,678,413
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) 160,475,925
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 2,510,505
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 11,682,729
(3) Expected plan disbursements for the plan year	1d(3) 11,104,474

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

SIGN HERE  Signature of actuary	6/22/2026 Date
Peter Bernstein Type or print name of actuary	2608987 Most recent enrollment number
Horizon Actuarial Services, LLC Firm name	678-317-4100 Telephone number (including area code)

990 Hammond Dr Suite 220
Atlanta GA 30328
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 ☐

a	Current value of assets (see instructions)	2a	121,517,150
b	"RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1)	For retired participants and beneficiaries receiving payment	3,952	85,169,383
(2)	For terminated vested participants	5,504	62,416,491
(3)	For active participants:		
(a)	Non-vested benefits		651,408
(b)	Vested benefits		12,238,643
(c)	Total active	2,093	12,890,051
(4)	Total	11,549	160,475,925
c	If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	%

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
	1,648,316				
			Totals ►	3(b)	1,648,316
					3(c)
					0

Line 3(a): Contributions are made throughout the year.

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	4.01 %
	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)	6P
(2) Females	6c(2)	6FP
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	3.3 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	4.5 %
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)	1,482,501
(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	3,260,447	334,560
4	-2,559,230	-262,607

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	
b Employer's normal cost for plan year as of valuation date.....	9b	2,066,186

c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	27,419,882	5,142,525
(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	504,610
e Total charges. Add lines 9a through 9d.....	9e	7,713,321

Credits to funding standard account:		
f Prior year credit balance, if any	9f	30,748,143
g Employer contributions. Total from column (b) of line 3.....	9g	1,648,316

		Outstanding balance	
h Amortization credits as of valuation date.....	9h	8,211,775	1,679,770

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i	2,327,645
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j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL).....	9j(1)	35,283,883	
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	11,393,558	
(3) FFL credit.....	9j(3)		

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

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	36,403,874
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m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	28,690,553
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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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