

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2022</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>MID-AMERICA CARPENTERS REGIONAL COUNCIL MILLMEN PENSION FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BOARD OF TRUSTEES MID-AMERICA CARPENTERS REGIONAL COUNCIL MILLMEN PENS</u></p> <p><u>12 E ERIE STREET</u> <u>CHICAGO, IL 60611</u></p>	<p>1c Effective date of plan <u>08/28/1975</u></p> <p>2b Employer Identification Number (EIN) <u>36-6605523</u></p> <p>2c Plan Sponsor's telephone number <u>312-787-9455</u></p> <p>2d Business code (see instructions) <u>321210</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/04/2024	KRISTINA GUASTAFERRI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 1846
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 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) 402 6a(2) 0 6b 6c 6d 0 6e 6f 0 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 24
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input checked="" type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

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 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

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

A Name of plan <u>MID-AMERICA CARPENTERS REGIONAL COUNCIL MILLMEN PENSION FUND</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BOARD OF TRUSTEES MID-AMERICA CARPENTERS REGIONAL COUNCIL MILLMEN PENS</u>	D Employer Identification Number (EIN) <u>36-6605523</u>

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

1a Enter the valuation date: Month 07 Day 01 Year 2022

b Assets		
(1) Current value of assets	1b(1)	<u>91413578</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>95589267</u>
c (1) Accrued liability for plan using immediate gain methods	1c(1)	<u>129579068</u>
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	
(3) Accrued liability under unit credit cost method	1c(3)	<u>124084027</u>
d Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
(2) "RPA '94" information:		
(a) Current liability	1d(2)(a)	<u>225607333</u>
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	<u>3193754</u>
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	<u>11063025</u>
(3) Expected plan disbursements for the plan year	1d(3)	<u>11613025</u>

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

SIGN HERE		
	Signature of actuary	<u>12/14/2023</u> Date
	<u>TATSIANA DYBAL, FSA, MAAA</u> Type or print name of actuary	<u>23-07627</u> Most recent enrollment number
	<u>SEGAL</u> Firm name	<u>312-984-8500</u> Telephone number (including area code)
	<u>101 NORTH WACKER DRIVE, SUITE 500, CHICAGO, IL 60606-1724</u> Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	91413578
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment.....	963	102524121
(2) For terminated vested participants	481	52804313
(3) For active participants:		
(a) Non-vested benefits		3347591
(b) Vested benefits.....		66931308
(c) Total active	386	70278899
(4) Total.....	1830	225607333
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage.....	2c	40.51 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/01/2023	7237850	0			
Totals ▶			3(b)	7237850	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 0

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	77.0 %
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	E
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... <input type="checkbox"/>		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	2.27 %
b Rates specified in insurance or annuity contracts	Pre-retirement	Post-retirement
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	A A
(2) Females.....	6c(2)	A A
d Valuation liability interest rate.....	6d	7.00 % 7.00 %
e Salary scale.....	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate.....	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	5.2 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	-5.9 %
i Expense load included in normal cost reported in line 9b	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	530309
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1467700	150603
4	13644	1400

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date	9b	1017184

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)	44274990	6239802
9c(2)		
9c(3)		

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

9d	507989
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e Total charges. Add lines 9a through 9d.....

9e	7764975
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Credits to funding standard account:

f Prior year credit balance, if any.....

9f	6762089
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g Employer contributions. Total from column (b) of line 3.....

9g	7237850
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h Amortization credits as of valuation date.....

	Outstanding balance	
9h	3523100	563509

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

9i	766117
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j Full funding limitation (FFL) and credits:

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

9j(1)	49160896	
9j(2)	110205438	
9j(3)		0

k (1) Waived funding deficiency.....

9k(1)	
--------------	--

(2) Other credits.....

9k(2)	
--------------	--

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

9l	15329565
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m Credit balance: If line 9l is greater than line 9e, enter the difference

9m	7564590
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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 2022 plan year
- (2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:
 - (a) Reconciliation outstanding balance as of valuation date.....
 - (b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))
- (3) Total as of valuation date

9o(1)	
9o(2)(a)	
9o(2)(b)	0
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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

A Name of plan <u>MID-AMERICA CARPENTERS REGIONAL COUNCIL MILLMEN PENSION FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES MID-AMERICA CARPENTERS REGIONAL COUNCIL MILLMEN PENS</u>	D Employer Identification Number (EIN) <u>36-6605523</u>	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

NEWTOWER TRUST COMPANY

30-0872552

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

AMERICAN REALTY

33-0123114

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

GCM GROSVENOR MULTI-ASSET 900 N. MICHIGAN AVENUE, SUITE 1100
CHICAGO, IL 60611

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

GERDING EDLEN IV 1477 NW EVERETT STREET
PORTLAND, OR 97209

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

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

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

SEGAL MARCO ADVISORS

13-2646110

(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	110506	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEGAL

13-1975125

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	85043	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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	NONE	38144	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

OGLETREE DEAKINS

57-1044820

(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	24437	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ISLER DARE, P.C.

54-1844836

(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	21053	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AMALGAMATED BANK OF CHICAGO

36-0721895

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 51 62	NONE	17776	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MCGANN KETTERMAN & RIOUX

36-3968279

(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	13577	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

REMKE PRINTING

36-3840374

(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?
36	NONE	9447	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

(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:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="font-size: small; text-align: center;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small; text-align: center;">Department of Labor Employee Benefits Security Administration</p>	<p>DFE/Participating Plan Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p>	<p style="font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: large; font-weight: bold;">2022</p> <hr/> <p style="font-size: small; font-weight: bold;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023		
A Name of plan MID-AMERICA CARPENTERS REGIONAL COUNCIL MILLMEN PENSION FUND	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 MID-AMERICA CARPENTERS REGIONAL COUNCIL MILLMEN PENS		
D Employer Identification Number (EIN) 36-6605523		

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: NEWTOWER TRUST COMPANY 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) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY GROUP TRUST	b Name of sponsor of entity listed in (a): SEGAL ADVISORS INC.	
c EIN-PN 27-6230536-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: FIXED INCOME GROUP TRUST	b Name of sponsor of entity listed in (a): SEGAL ADVISORS INC.	
c EIN-PN 27-6230536-002	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: ALTERNATIVES GROUP TRUST	b Name of sponsor of entity listed in (a): SEGAL ADVISORS INC.	
c EIN-PN 27-6230536-003	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE:	b Name of sponsor of entity listed in (a):	
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:	b Name of sponsor of entity listed in (a):	
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:	b Name of sponsor of entity listed in (a):	
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023	
A Name of plan MID-AMERICA CARPENTERS REGIONAL COUNCIL MILLMEN PENSION FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES MID-AMERICA CARPENTERS REGIONAL COUNCIL MILLMEN PENS	D Employer Identification Number (EIN) 36-6605523

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	16587	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	626518	0
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	6856	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	1014789	0
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests.....	1c(5)	11668494	0
(6) Real estate (other than employer real property).....	1c(6)	5734917	0
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	5691911	0
(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)	66739441	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	91499513	0
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	24823	0
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	61112	
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	85935	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	91413578	0

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)	7230587	
(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)		7230587
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	30474	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		30474
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	-685611	
(B) Other.....	2b(5)(B)	-692141	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		-1377752

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-610838
(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)		8614525
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		14404
d Total income. Add all income amounts in column (b) and enter total	2d		13901400
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8896636	
(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)		8896636
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	173826	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees	2i(3)	129878	
(4) Other	2i(4)	410057	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		713761
j Total expenses. Add all expense amounts in column (b) and enter total	2j		9610397
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		4291003
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan.....	2l(2)		95704581

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** because:

- (1) This form is filed for a CCT, PSA, 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.

During the plan year:

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.)

	Yes	No	Amount
4a		X	

		Yes	No	Amount
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.).....	4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	4d		X	
e Was this plan covered by a fidelity bond?.....	4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	4k	X		
l Has the plan failed to provide any benefit when due under the plan?.....	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.....	4n			

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 0.

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)
MID-AMERICA CARPENTERS REGIONAL COUNCIL PENSION FUND	36-6130207	001

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 499294.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

A Name of plan <u>MID-AMERICA CARPENTERS REGIONAL COUNCIL MILLMEN PENSION FUND</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES MID-AMERICA CARPENTERS REGIONAL COUNCIL MILLMEN PENS</u>	D Employer Identification Number (EIN) <u>36-6605523</u>	

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

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

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

1	
---	--

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	0
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a	
b Enter the amount contributed by the employer to the plan for this plan year.....	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... Yes No

11 a Does the ESOP hold any preferred stock?..... Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **PARENTI & RAFFAELLI**

b EIN **36-2426579**

c Dollar amount contributed by employer

799581

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

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

(1) Contribution rate (in dollars and cents) 9.11

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

a Name of contributing employer **BERNHARD WOODWORK LTD**

b EIN **36-2557799**

c Dollar amount contributed by employer

451658

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

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

(1) Contribution rate (in dollars and cents) 9.11

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

a Name of contributing employer **IMPERIAL WOODWORKING CO**

b EIN **36-2519638**

c Dollar amount contributed by employer

446067

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

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

(1) Contribution rate (in dollars and cents) 9.11

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

a Name of contributing employer **HIRE-NELSON COMPANY INC**

b EIN **36-2926107**

c Dollar amount contributed by employer

489695

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

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

(1) Contribution rate (in dollars and cents) 9.11

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

a Name of contributing employer **PELLA WINDOWS & DOORS INC**

b EIN **36-2423740**

c Dollar amount contributed by employer

416596

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

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

(1) Contribution rate (in dollars and cents) 9.11

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

a Name of contributing employer **3D EXPERIENTIAL, LLC**

b EIN **85-3898275**

c Dollar amount contributed by employer

636504

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

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

(1) Contribution rate (in dollars and cents) 9.11

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer **WM HUBER CABINET WORKS INC**

b EIN **36-2610126** **c** Dollar amount contributed by employer **327610**

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

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

(1) Contribution rate (in dollars and cents) 9.11

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

a Name of contributing employer **INTER OCEAN CABINET COMPANY**

b EIN **36-1263700** **c** Dollar amount contributed by employer **324402**

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

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

(1) Contribution rate (in dollars and cents) 9.11

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

a Name of contributing employer **EJ INDUSTRIES**

b EIN **36-2155033** **c** Dollar amount contributed by employer **318756**

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

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

(1) Contribution rate (in dollars and cents) 9.11

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

a Name of contributing employer **DIMENSION CRAFT INC**

b EIN **36-2716569** **c** Dollar amount contributed by employer **268928**

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 2024

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

(1) Contribution rate (in dollars and cents) 9.11

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

a Name of contributing employer

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

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

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

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

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

a Name of contributing employer

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

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	263
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	171
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	183

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	0.93
b The corresponding number for the second preceding plan year.....	15b	0.79

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

a Enter the number of employers who withdrew during the preceding plan year	16a	0
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

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

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

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

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: 51.0 % Investment-Grade Debt: 21.0 % High-Yield Debt: 3.0 % Real Estate: 16.0 % Other: 9.0 %

b Provide the average duration of the combined investment-grade and high-yield debt:
 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more

c What duration measure was used to calculate line 19(b)?
 Effective duration Macaulay duration Modified duration Other (specify):

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 _____

**MID-AMERICA CARPENTERS REGIONAL
COUNCIL MILLMEN PENSION FUND**

FINANCIAL STATEMENTS

JUNE 30, 2023

**MID-AMERICA CARPENTERS REGIONAL
COUNCIL MILLMEN PENSION FUND**

FINANCIAL STATEMENTS WITH SUPPLEMENTARY INFORMATION

JUNE 30, 2023 AND 2022

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REPORT OF INDEPENDENT AUDITORS

To the Participants and Trustees of
Mid-America Carpenters Regional
Council Millmen Pension Fund

Opinion

We have audited the financial statements of Mid-America Carpenters Regional Council Millmen Pension Fund (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 June 30, 2023 and 2022, 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 Mid-America Carpenters Regional Council Millmen Pension Fund as of June 30, 2023 and 2022, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of June 30, 2022, 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.

Emphasis of Matter - Merger

As described in Note 12, the Plan merged into Mid-America Carpenters Regional Council Pension Fund effective June 30, 2023. Our opinion is not modified with respect to this matter.

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

November 15, 2023

**MID-AMERICA CARPENTERS REGIONAL
COUNCIL MILLMEN PENSION FUND**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JUNE 30, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
ASSETS		
INVESTMENTS - at fair value		
Pooled investment funds	\$ -	\$ 66,739,441
Real estate investment funds	-	15,078,346
Limited partnerships	-	8,016,976
Money market funds	-	1,014,789
Total investments	-	90,849,552
RECEIVABLES		
Employer contributions	-	626,518
Accrued dividends and interest	-	528
Total receivables	-	627,046
PREPAID EXPENSES	-	6,328
CASH	-	16,587
Total assets	-	91,499,513
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable	-	24,823
Due to Chicago Regional Council of Carpenters Pension Fund	-	61,112
Total liabilities	-	85,935
NET ASSETS AVAILABLE FOR BENEFITS	\$ -	\$ 91,413,578

See accompanying notes to financial statements.

**MID-AMERICA CARPENTERS REGIONAL
COUNCIL MILLMEN PENSION FUND**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED JUNE 30, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
ADDITIONS		
Investment income		
Net appreciation (depreciation)		
in fair value of investments	\$ 6,584,619	\$ (8,156,086)
Dividends and interest	71,790	141,569
Securities litigation proceeds	7,141	2,366,871
	<u>6,663,550</u>	<u>(5,647,646)</u>
Less investment expenses	(129,878)	(126,515)
Investment income (loss) - net	6,533,672	(5,774,161)
Employer contributions	7,230,587	6,040,939
Withdrawal liability assessments	-	349,906
Liquidated damages	7,263	5,986
Total additions	<u>13,771,522</u>	<u>622,670</u>
DEDUCTIONS		
Pension benefits	8,896,636	8,648,343
Administrative expenses	583,883	551,414
Total deductions	<u>9,480,519</u>	<u>9,199,757</u>
NET INCREASE (DECREASE) BEFORE TRANSFER OF NET ASSETS	4,291,003	(8,577,087)
TRANSFER OF NET ASSETS DUE TO MERGER	<u>(95,704,581)</u>	<u>-</u>
NET (DECREASE)	(91,413,578)	(8,577,087)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>91,413,578</u>	<u>99,990,665</u>
End of year	<u>\$ -</u>	<u>\$ 91,413,578</u>

See accompanying notes to financial statements.

**MID-AMERICA CARPENTERS REGIONAL
COUNCIL MILLMEN PENSION FUND**

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2023 AND 2022

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The accompanying financial statements of Mid-America Carpenters Regional Council Millmen Pension Fund (the Plan) have been prepared using the accrual basis of accounting.

Investments - The investments of the Plan were 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 in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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

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

Contributions Receivable - Employer contributions due and not paid prior to year end were recorded as contributions receivable and include amounts for liquidated damages and underpayments. Employer contributions due as determined by payroll compliance audits were recorded as income as the deficiencies are collected, or when a note was executed. An allowance for uncollectible accounts is considered unnecessary and is not presented.

Withdrawal Liability Assessments - The Plan complied 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 recognized withdrawal liability assessment income when entitlement had been determined, net of amounts deemed uncollectible.

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

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Reciprocal Contributions - The Plan was signatory to reciprocity agreements with various other multiemployer pension plans outside its territorial jurisdiction that are affiliated with United Brotherhood of Carpenters. Participants who are normally employed within the territory of one local union (home local) may be temporarily employed within the territory of another local union (reciprocating local). When a participant of the home local works in the territory of a reciprocating local, the latter is to make contributions to the former's fringe benefit plans on the participant's behalf. Monies received by the Plan on behalf of persons from outside participating local unions are forwarded to their home local fringe benefit plans. The Plan used the same recognition and measurement criteria for contributions received on behalf of its participants under the terms of reciprocity agreements, as for all other employer contribution revenue. Amounts paid to other plans under the terms of reciprocity agreements are not reflected in the statements of changes in net assets available for benefits, as the amounts received are not revenue earned by the Plan, and the corresponding payments are not an expense of the Plan. The Plan recognized a liability upon receiving reciprocal contributions on behalf of non-participants working within the jurisdiction of the local union, and recognized a decrease in that liability upon remitting those contributions to the appropriate plan. No contributions were received for the years ended June 30, 2023 and 2022 from various other pension plans under the terms of reciprocity agreements. The Plan remitted a total of \$25,782 and \$10,744 in reciprocal contributions to various other pension plans under the terms of reciprocity agreements for the years ended June 30, 2023 and 2022, respectively. No reciprocity payments were owed by the Plan at either June 30, 2023 or 2022.

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.

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

Expenses - Certain investment related expenses were included in net appreciation (depreciation) 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 November 15, 2023, which is the date the financial statements were available to be issued.

NOTE 2. DESCRIPTION OF THE PLAN

The Plan was established during 1975 to provide retirement and disability benefits for eligible participants. The Plan was primarily funded by employer contributions as specified in the collective bargaining agreement. The Plan was a multiemployer defined benefit pension plan and is subject to the provisions of ERISA.

NOTE 2. DESCRIPTION OF THE PLAN (CONTINUED)

Prior to the merger described in Note 12, participants were 100% vested after five years of service. Participants were eligible for a normal pension if they had attained age 65. The Plan permitted early retirement at age 60 with ten years of service. The Plan also provided other types of pension benefits for eligible participants, including disability and pre-retirement death benefits.

Participants would incur a break-in-service at the end of a calendar year in which less than 250 hours were worked in covered employment.

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

NOTE 3. PLAN TERMINATION

The right to discontinue the Plan was 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. As described in Note 12, the Plan was merged into a successor plan, and participants as of June 30, 2023, became participants of Mid-America Carpenters Regional Council Pension Fund.

NOTE 4. TAX STATUS

The Plan obtained its latest determination letter dated November 6, 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 had been amended since receiving the determination letter. The Plan's administrator and the Plan's legal counsel believe that the Plan was designed and being operated in compliance with the applicable requirements of the Internal Revenue Code, and therefore believe that the Plan was qualified and the related trust was tax-exempt. The Plan was subject to tax, however, on the flow-through of partnership income through its investments structured as limited partnerships. For the years ended June 30, 2023 and 2022, the Plan has determined that no income taxes are due for its activities. Accordingly, no provision for income taxes has been recorded in the accompanying 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 contributed such amounts as specified in the collective bargaining agreements. The hourly contribution rates in effect during the years ended June 30, 2023 and 2022 ranged from \$8.27 to \$9.11.

The Plan's actuary has advised that the minimum funding requirements of ERISA were being met through July 1, 2022.

NOTE 6. ACTUARIAL INFORMATION

An actuarial valuation of the Plan was made by Segal Consulting as of June 30, 2022. Information shown in the report included the following:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving payments	\$ 65,699,820
Other vested benefits	<u>57,053,019</u>
Total vested benefits	122,752,839

Nonvested benefits	<u>1,331,188</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 124,084,027</u>

As reported by the actuary, the changes in the actuarial present value of accumulated plan benefits during the year ended June 30, 2022 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 123,132,181
--	----------------

Increase (decrease) during the year attributable to:

Benefits accumulated, net experience gain or loss, changes in data	\$ 1,296,324
Interest	8,291,336
Changes in actuarial assumptions	12,529
Benefits paid	<u>(8,648,343)</u>
Net increase	<u>951,846</u>

Actuarial present value of accumulated plan benefits at end of year	<u>\$ 124,084,027</u>
--	-----------------------

NOTE 6. ACTUARIAL INFORMATION (CONTINUED)

The actuarial valuation was prepared using the entry age normal actuarial cost method.

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

- Mortality rates:
 - Healthy non-pensioner:
 - 115% of RP-2014 Blue-Collar Employee Mortality Table (sex-distinct), projected generationally using Scale MP-2021
 - Healthy pensioner:
 - 115% of RP-2014 Blue-Collar Healthy Annuitant Mortality Table (sex-distinct), projected generationally using Scale MP-2021
 - Disabled:
 - 110% of RP-2014 Disabled Retiree Mortality Table (sex-distinct), projected generationally using Scale MP-2021
- Retirement age:
 - Ranges from 60 to 70 and above with varying percentages at each age
- Net investment return:
 - 7.00% - net of .45% for administrative expenses

Since information on the accumulated plan benefits at June 30, 2023 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 June 30, 2023 and the changes therein 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 June 30, 2023. The complete financial status is presented as of June 30, 2022.

The Plan's actuary has certified as of July 1, 2022 that the Plan was in endangered status ("yellow zone"), within the meaning of the Pension Protection Act of 2006 (PPA). The Plan was considered to be in the yellow zone because the funded percentage was below 80% on July 1, 2022, and the Plan was not projected to have a funding deficiency within the next five years. The funded percentage is the percentage of earned benefits that could be funded with existing Plan assets.

The Plan's actuary has advised that the minimum funding requirements of ERISA were being met through July 1, 2022.

NOTE 7. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement

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

The following table sets forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of June 30, 2022. Due to the merger described in Note 12, there were no assets held by the Plan at June 30, 2023. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following table 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 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money market funds	\$ 1,014,789	<u>\$ 1,014,789</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at net asset value:				
Pooled investment funds	66,739,441			
Real estate investment funds	15,078,346			
Limited partnerships	8,016,976			
Total	<u>\$ 90,849,552</u>			

Level 1 Measurements

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

NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

Measurements Using Net Asset Value as a Practical Expedient

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

The pooled investment funds and one real estate investment fund 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 investment strategies of DFE investments. Redemptions from the pooled investment funds are available on a daily to monthly basis. Redemptions from the real estate investment fund are available quarterly. Written notice is required for all redemptions, although the notice period is not significant.

The following table summarizes information regarding investments measured at fair value based on net asset value per share, other than DFEs, as of June 30, 2022:

Description	Fair Value	Underlying Assets		Remaining Commitment	Redemption	
		Type	Concentration		Frequency or Termination	Notice Period
Real estate investment fund	\$5,734,917	Commercial, industrial and multi-family real estate properties Other	90% 10%	None	Quarterly	10 days
Real estate investment fund	\$3,651,518	Commercial, industrial and multi-family real estate properties	100%	\$ 313,232	6/2027	N/A
Limited partnership	\$6,991,068	Private equity funds	100%	None	5/2026	N/A
Limited partnership	\$ 822,595	Private equity funds	100%	\$ 1,200,000	9/2024	N/A
Limited partnership	\$ 203,313	Credit - technology sector	100%	\$ 1,191,000	11/2028	N/A

The remaining capital commitments were assumed by the successor plan pursuant to the merger described in Note 12.

NOTE 8. RELATED ORGANIZATIONS

The Plan was related to several tax-exempt organizations, which include a health and welfare plan, a construction pension plan, a supplemental retirement plan, an apprentice fund and a regional council.

The Plan shared office facilities and staff with the related pension and welfare plans. The operating expenses of the combined facility were initially paid by the pension plan and were allocated on a monthly basis. The Plan's share of operating expenses was \$310,162 for the year ended June 30, 2023 and \$277,087 for 2022. Amounts due to the related pension plan shown in the accompanying financial statements represent amounts owed for shared operating expenses.

NOTE 9. PARTICIPATION IN MULTIEMPLOYER PLANS

Defined Benefit Pension Plan

The Plan shared employees with three related organizations. All of the Plan’s shared employees were covered by a multiemployer defined benefit pension plan. The risk of participating in multiemployer defined benefit pension plans is different from single employer plans. Assets contributed to a multiemployer defined benefit pension plan by one employer may be used to provide benefits to employees of other participating employers. If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.

The Plan’s shared participation in the multiemployer pension plan for the years ended June 30, 2023 and 2022 is outlined in the following table. Contributions were paid by the Plan through an allocation of shared expenses. Plans that are considered to be significant are required to be identified. The “EIN/PN” column provides the employer identification number (EIN) and the three-digit plan number (PN). The most recent Pension Protection Act (PPA) zone status provides an indication of the financial health of the plan. Among other factors, plans in the red zone are below 65 percent funded, plans in the yellow zone are between 65 percent and 80 percent funded, and plans in the green zone are at least 80 percent funded. The “FIP/RP Status Pending/Implemented” column indicates plans for which a funding improvement plan (FIP) or rehabilitation plan (RP) is either pending or has been implemented. The last column specifies the year end date of the plan to which the annual report (Form 5500) relates.

Pension Plan	EIN/PN	Pension Protection Act		FIP/RP Status Pending / Implemented	Contributions		Most Recently Available Annual Report (Form 5500)
		Zone Status			2023	2022	
		2023	2022		2023	2022	
Mid-America Carpenters Regional Council Pension Fund	36-6130207/001	Green as of 7/1/2023	Green as of 7/1/2022	N/A	\$ 41,458	\$ 39,092	6/30/2022

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

Defined Contribution Retirement Plan

Shared employees were also covered by a multiemployer defined contribution retirement plan. Contributions to the plan are made monthly under the terms of a participation agreement. The Plan’s share of contributions to this plan for the years ended June 30, 2023 and 2022 was \$16,933 and \$15,967 respectively.

Welfare Plan that Provides Postretirement Benefits

The multiemployer health and welfare plan provided medical benefits to retirees and to eligible employees working under collective bargaining agreements, and their dependents. The Plan’s share of contributions to this plan for the years ended June 30, 2023 and 2022 was \$27,863 and \$26,218 respectively.

NOTE 10. RISKS AND UNCERTAINTIES

The Plan invested 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.

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

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

The Plan had a significant portion of its assets invested in two pooled investment funds. One equity pooled investment fund represented approximately 50%, and one fixed income pooled investment fund represented approximately 23% of the Plan's net assets available for benefits as of June 30, 2022.

NOTE 11. PARTY-IN-INTEREST TRANSACTIONS

The pooled investment funds were managed by Segal Marco Advisors, the investment advisor and consultant to the Plan, and therefore, these transactions qualified as exempt party-in-interest transactions.

NOTE 12. MERGER - TRANSFER OF NET ASSETS

Effective June 30, 2023, the Board of Trustees approved the merger of the Plan with Mid-America Carpenters Regional Council Pension Fund. The following presents a summary of the transferred net assets:

Assets	
Investments - at fair value	
Pooled investment funds	\$ 71,911,197
Real estate investment funds	14,270,147
Limited partnerships	8,049,362
Money market funds	<u>876,178</u>
Total investments	<u>95,106,884</u>
Receivables	
Employer contributions	623,421
Accrued dividends and interest	<u>1,698</u>
Total receivables	<u>625,119</u>
Prepaid expenses	<u>75,845</u>
Cash	<u>7,100</u>
Total assets	<u>95,814,948</u>
Liabilities and Net Assets	
Liabilities	
Accounts payable	15,955
Due to Mid-America Carpenters Regional Council Pension Fund	<u>94,412</u>
Total liabilities	<u>110,367</u>
Total net assets transferred due to merger	<u>\$ 95,704,581</u>

Benefit obligations of approximately \$122,850,000 and capital commitments of approximately \$2,700,000 were assumed by Mid-America Carpenters Regional Council Pension Fund, pursuant to the merger.

REPORT OF INDEPENDENT AUDITORS ON SUPPLEMENTAL SCHEDULES

To the Participants and Trustees of
Mid-America Carpenters Rergional
Council Millmen Pension Fund

We have audited the financial statements of Mid-America Carpenters Rergional Council Millmen Pension Fund (the Plan) as of and for the years ended June 30, 2023 and 2022, and our report thereon dated November 15, 2023, 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 is presented for purposes of additional analysis and is not a required part of the financial statements but is 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

November 15, 2023

SCHEDULE C	OTHER SERVICE PROVIDER SERVICE CODES	STATEMENT	1
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NAME	SERVICE CODES
AMALGAMATED BANK OF CHICAGO	19
AMALGAMATED BANK OF CHICAGO	28
AMALGAMATED BANK OF CHICAGO	51
AMALGAMATED BANK OF CHICAGO	62

CODES TO SCHEDULE C, LINE 2(B)

SCHEDULE H	OTHER RECEIVABLES	STATEMENT	2
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DESCRIPTION	BEGINNING	ENDING
ACCRUED INTEREST & DIVIDENDS	528.	0.
PREPAID LEGAL	3,250.	0.
PREPAID INSURANCE	3,078.	0.
TOTAL TO SCHEDULE H, LINE 1B(3)	6,856.	0.

SCHEDULE H	OTHER PLAN LIABILITIES	STATEMENT	3
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DESCRIPTION	BEGINNING	ENDING
DUE TO RELATED ORGANIZATION	61,112.	0.
TOTAL TO SCHEDULE H, LINE 1J	61,112.	0.

SCHEDULE H	OTHER INCOME	STATEMENT	4
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DESCRIPTION	AMOUNT
CLASS ACTION LITIGATION PROCEEDS	7,141.
LIQUIDATED DAMAGES	7,263.
TOTAL TO SCHEDULE H, LINE 2C	14,404.

SCHEDULE H	OTHER ADMINISTRATIVE EXPENSES	STATEMENT	5
DESCRIPTION		AMOUNT	
INSURANCE AND BONDING		30,053.	
PLAN TERMINATION INSURANCE		59,072.	
ADMINISTRATIVE SERVICES-CRCC PENSION FUND		310,162.	
PRINTING AND POSTAGE		7,654.	
MISCELLANEOUS EXPENSE		1,756.	
DUES AND SUBSCRIPTIONS		1,360.	
TOTAL TO SCHEDULE H, LINE 2I(4)		410,057.	



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Statement Period

07/01/22 through 06/30/23

MID-AMERICA CARPENTERS REGIONAL
 COUNCIL MILLMEN PENSION FUND

Schedule Of Reportable Transactions

PLAN NUMBER:

EIN NUMBER: 36-6605523

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
BEGINNING MARKET VALUE:	690,340.96			
SECURITY TRANSACTIONS EXCEEDING 5%:				
SHORT TERM INVESTMENTS				
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%				
TOTAL ACTIVITY FROM 07/01/22 TO 06/30/23				
DEPOSIT	8,681,492.22	8,681,492.22	8,681,492.22	
WITHDRAWAL	8,825,396.74	8,825,396.74	8,825,396.74	
TOTAL	17,506,888.96	17,506,888.96	17,506,888.96	
TOTAL SHORT TERM INVESTMENTS	17,506,888.96	17,506,888.96	17,506,888.96	
TOTAL SECURITY TRANSACTIONS EXCEEDING 5%		17,506,888.96		



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Statement Period 07/01/22 through 06/30/23

MID-AMERICA CARPENTERS REGIONAL
 COUNCIL MILLMEN PENSION FUND

Schedule Of Reportable Transactions

PLAN NUMBER:

EIN NUMBER: 36-6605523

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
BEGINNING MARKET VALUE:		690,340.96		
SINGLE TRANSACTIONS EXCEEDING 5%:				
07/01/22 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		649,605.46		
07/11/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		55,000.00		
07/12/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		50,000.00		
07/14/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		60,000.00		
07/18/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		220,000.00		
07/19/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		105,000.00		
07/20/22 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		87,292.35		
07/29/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		195,000.00		
08/01/22 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		599,541.41		
08/11/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		42,000.00		
08/12/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		35,000.00		
08/15/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		85,000.00		
08/16/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		155,000.00		
08/17/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		70,954.35		



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Statement Period

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MID-AMERICA CARPENTERS REGIONAL
COUNCIL MILLMEN PENSION FUND

Schedule Of Reportable Transactions

PLAN NUMBER:

EIN NUMBER: 36-6605523

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
08/24/22 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		103,000.00		
08/30/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		103,000.00		
09/01/22 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		599,244.14		
09/12/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		60,000.00		
09/13/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		65,000.00		
09/14/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		35,000.00		
09/15/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		120,000.00		
09/16/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		153,000.00		
09/19/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		95,000.00		
09/28/22 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		102,000.00		
09/30/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		110,000.00		
10/03/22 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		599,093.47		
10/11/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		50,000.00		
10/12/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		65,000.00		
10/14/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		60,000.00		



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Statement Period

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MID-AMERICA CARPENTERS REGIONAL
COUNCIL MILLMEN PENSION FUND

Schedule Of Reportable Transactions

PLAN NUMBER:

EIN NUMBER: 36-6605523

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
10/17/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		145,000.00		
10/26/22 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		100,000.00		
10/28/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		207,000.00		
11/01/22 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		598,903.68		
11/04/22 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		50,000.00		
11/10/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		35,000.00		
11/14/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		79,000.00		
11/15/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		255,000.00		
11/16/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		69,204.72		
11/18/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		35,000.00		
11/22/22 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		85,000.00		
11/28/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		320,000.00		
11/29/22 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		105,000.00		
12/01/22 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		598,891.99		
12/08/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		50,000.00		



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07/01/22 through 06/30/23

MID-AMERICA CARPENTERS REGIONAL
COUNCIL MILLMEN PENSION FUND

Schedule Of Reportable Transactions

PLAN NUMBER:

EIN NUMBER: 36-6605523

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
12/09/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		35,000.00		
12/13/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		50,000.00		
12/15/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		120,000.00		
12/16/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		95,000.00		
12/19/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		75,000.00		
12/28/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		200,000.00		
01/03/23 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		598,385.72		
01/09/23 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		91,856.20		
01/11/23 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		106,856.20		
01/11/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		65,000.00		
01/13/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		40,000.00		
01/17/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		155,000.00		
01/18/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		92,479.66		
01/27/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		160,000.00		
01/30/23 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		100,000.00		



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Statement Period

07/01/22 through 06/30/23

MID-AMERICA CARPENTERS REGIONAL
 COUNCIL MILLMEN PENSION FUND

Schedule Of Reportable Transactions

PLAN NUMBER:

EIN NUMBER: 36-6605523

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
02/01/23 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		598,313.01		
02/03/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		208,000.00		
02/10/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		35,000.00		
02/13/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		45,000.00		
02/14/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		35,000.00		
02/15/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		135,000.00		
02/16/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		70,000.00		
02/17/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		65,000.00		
02/23/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		44,386.44		
02/27/23 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		160,000.00		
03/01/23 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		548,393.22		
03/02/23 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		40,000.00		
03/13/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		35,000.00		
03/14/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		70,000.00		
03/15/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		110,000.00		



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Statement Period

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MID-AMERICA CARPENTERS REGIONAL
COUNCIL MILLMEN PENSION FUND

Schedule Of Reportable Transactions

PLAN NUMBER:

EIN NUMBER: 36-6605523

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
03/16/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		75,000.00		
03/20/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		80,000.00		
03/23/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		125,081.56		
03/28/23 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		116,000.00		
03/31/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		300,000.00		
04/03/23 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		598,875.87		
04/10/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		60,000.00		
04/11/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		45,000.00		
04/12/23 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		35,000.00		
04/14/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		85,000.00		
04/17/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		170,000.00		
04/18/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		90,000.00		
04/19/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		55,000.00		
04/24/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		91,355.00		
04/27/23 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		105,000.00		



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MID-AMERICA CARPENTERS REGIONAL
 COUNCIL MILLMEN PENSION FUND

Schedule Of Reportable Transactions

PLAN NUMBER:

EIN NUMBER: 36-6605523

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
05/01/23 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		598,111.77		
05/08/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		40,000.00		
05/09/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		45,000.00		
05/12/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		45,000.00		
05/15/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		120,000.00		
05/16/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		100,000.00		
05/17/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		80,000.00		
05/30/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		105,000.00		
06/01/23 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		638,198.25		
06/12/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		55,000.00		
06/13/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		55,000.00		
06/14/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		65,000.00		
06/15/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		155,000.00		
06/16/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		90,000.00		
06/29/23 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		80,000.00		
TOTAL SINGLE TRANSACTIONS EXCEEDING 5%			15,948,024.47	



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MID-AMERICA CARPENTERS REGIONAL
COUNCIL MILLMEN PENSION FUND

Schedule Of Reportable Transactions

BY ASSET		VALUATION	690,340.96	THRESHOLD	34,517.05	
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 5.02%	WTH	07/01/22	649,605.46		649,605.46 649,605.46	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	07/11/22	55,000.00		55,000.00 55,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	07/12/22	50,000.00		50,000.00 50,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	07/14/22	60,000.00		60,000.00 60,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	07/18/22	220,000.00		220,000.00 220,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	07/19/22	105,000.00		105,000.00 105,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	WTH	07/20/22	87,292.35		87,292.35 87,292.35	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	07/29/22	195,000.00		195,000.00 195,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	WTH	08/01/22	599,541.41		599,541.41 599,541.41	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	08/11/22	42,000.00		42,000.00 42,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	08/12/22	35,000.00		35,000.00 35,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	08/15/22	85,000.00		85,000.00 85,000.00	



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COUNCIL MILLMEN PENSION FUND

Schedule Of Reportable Transactions

BY ASSET		VALUATION	690,340.96	THRESHOLD	34,517.05	
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 5.02%	DEP	08/16/22	155,000.00		155,000.00 155,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	08/17/22	70,954.35		70,954.35 70,954.35	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	WTH	08/24/22	103,000.00		103,000.00 103,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	08/30/22	103,000.00		103,000.00 103,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	WTH	09/01/22	599,244.14		599,244.14 599,244.14	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	09/12/22	60,000.00		60,000.00 60,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	09/13/22	65,000.00		65,000.00 65,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	09/14/22	35,000.00		35,000.00 35,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	09/15/22	120,000.00		120,000.00 120,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	09/16/22	153,000.00		153,000.00 153,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	09/19/22	95,000.00		95,000.00 95,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	WTH	09/28/22	102,000.00		102,000.00 102,000.00	



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COUNCIL MILLMEN PENSION FUND

Schedule Of Reportable Transactions

BY ASSET		VALUATION	690,340.96	THRESHOLD	34,517.05	
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 5.02%	DEP	09/30/22	110,000.00		110,000.00 110,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	WTH	10/03/22	599,093.47		599,093.47 599,093.47	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	10/11/22	50,000.00		50,000.00 50,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	10/12/22	65,000.00		65,000.00 65,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	10/14/22	60,000.00		60,000.00 60,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	10/17/22	145,000.00		145,000.00 145,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	WTH	10/26/22	100,000.00		100,000.00 100,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	10/28/22	207,000.00		207,000.00 207,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	WTH	11/01/22	598,903.68		598,903.68 598,903.68	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	WTH	11/04/22	50,000.00		50,000.00 50,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	11/10/22	35,000.00		35,000.00 35,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	11/14/22	79,000.00		79,000.00 79,000.00	



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COUNCIL MILLMEN PENSION FUND

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BY ASSET	VALUATION	690,340.96	THRESHOLD	34,517.05		
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 5.02%	DEP	11/15/22	255,000.00		255,000.00 255,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	11/16/22	69,204.72		69,204.72 69,204.72	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	11/18/22	35,000.00		35,000.00 35,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	WTH	11/22/22	85,000.00		85,000.00 85,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	11/28/22	320,000.00		320,000.00 320,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	WTH	11/29/22	105,000.00		105,000.00 105,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	WTH	12/01/22	598,891.99		598,891.99 598,891.99	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	12/08/22	50,000.00		50,000.00 50,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	12/09/22	35,000.00		35,000.00 35,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	12/13/22	50,000.00		50,000.00 50,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	12/15/22	120,000.00		120,000.00 120,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	12/16/22	95,000.00		95,000.00 95,000.00	



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Schedule Of Reportable Transactions

BY ASSET		VALUATION	690,340.96	THRESHOLD	34,517.05	
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 5.02%	DEP	12/19/22	75,000.00		75,000.00 75,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	12/28/22	200,000.00		200,000.00 200,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	WTH	01/03/23	598,385.72		598,385.72 598,385.72	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	WTH	01/09/23	91,856.20		91,856.20 91,856.20	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	WTH	01/11/23	106,856.20		106,856.20 106,856.20	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	01/11/23	65,000.00		65,000.00 65,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	01/13/23	40,000.00		40,000.00 40,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	01/17/23	155,000.00		155,000.00 155,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	01/18/23	92,479.66		92,479.66 92,479.66	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	01/27/23	160,000.00		160,000.00 160,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	WTH	01/30/23	100,000.00		100,000.00 100,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	WTH	02/01/23	598,313.01		598,313.01 598,313.01	



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Schedule Of Reportable Transactions

BY ASSET		VALUATION	690,340.96	THRESHOLD	34,517.05	
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 5.02%	DEP	02/03/23	208,000.00		208,000.00 208,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	02/10/23	35,000.00		35,000.00 35,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	02/13/23	45,000.00		45,000.00 45,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	02/14/23	35,000.00		35,000.00 35,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	02/15/23	135,000.00		135,000.00 135,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	02/16/23	70,000.00		70,000.00 70,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	02/17/23	65,000.00		65,000.00 65,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	02/23/23	44,386.44		44,386.44 44,386.44	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	WTH	02/27/23	160,000.00		160,000.00 160,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	WTH	03/01/23	548,393.22		548,393.22 548,393.22	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	WTH	03/02/23	40,000.00		40,000.00 40,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	03/13/23	35,000.00		35,000.00 35,000.00	



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Statement Period

07/01/22 through 06/30/23

MID-AMERICA CARPENTERS REGIONAL
COUNCIL MILLMEN PENSION FUND

Schedule Of Reportable Transactions

BY ASSET		VALUATION	690,340.96	THRESHOLD	34,517.05	
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 5.02%	DEP	03/14/23	70,000.00		70,000.00 70,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	03/15/23	110,000.00		110,000.00 110,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	03/16/23	75,000.00		75,000.00 75,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	03/20/23	80,000.00		80,000.00 80,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	03/23/23	125,081.56		125,081.56 125,081.56	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	WTH	03/28/23	116,000.00		116,000.00 116,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	03/31/23	300,000.00		300,000.00 300,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	WTH	04/03/23	598,875.87		598,875.87 598,875.87	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	04/10/23	60,000.00		60,000.00 60,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	04/11/23	45,000.00		45,000.00 45,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	WTH	04/12/23	35,000.00		35,000.00 35,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	04/14/23	85,000.00		85,000.00 85,000.00	



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Statement Period

07/01/22 through 06/30/23

MID-AMERICA CARPENTERS REGIONAL
COUNCIL MILLMEN PENSION FUND

Schedule Of Reportable Transactions

BY ASSET	VALUATION	690,340.96	THRESHOLD	34,517.05		
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 5.02%	DEP	04/17/23	170,000.00		170,000.00 170,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	04/18/23	90,000.00		90,000.00 90,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	04/19/23	55,000.00		55,000.00 55,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	04/24/23	91,355.00		91,355.00 91,355.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	WTH	04/27/23	105,000.00		105,000.00 105,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	WTH	05/01/23	598,111.77		598,111.77 598,111.77	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	05/08/23	40,000.00		40,000.00 40,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	05/09/23	45,000.00		45,000.00 45,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	05/12/23	45,000.00		45,000.00 45,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	05/15/23	120,000.00		120,000.00 120,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	05/16/23	100,000.00		100,000.00 100,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	05/17/23	80,000.00		80,000.00 80,000.00	



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Statement Period

07/01/22 through 06/30/23

MID-AMERICA CARPENTERS REGIONAL
COUNCIL MILLMEN PENSION FUND

Schedule Of Reportable Transactions

BY ASSET	VALUATION	690,340.96	THRESHOLD	34,517.05		
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 5.02%	DEP	05/30/23	105,000.00		105,000.00 105,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	WTH	06/01/23	638,198.25		638,198.25 638,198.25	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	06/12/23	55,000.00		55,000.00 55,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	06/13/23	55,000.00		55,000.00 55,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	06/14/23	65,000.00		65,000.00 65,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	06/15/23	155,000.00		155,000.00 155,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	06/16/23	90,000.00		90,000.00 90,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	WTH	06/29/23	80,000.00		80,000.00 80,000.00	
76 PURCHASES FOR			7,255,461.73	28 SALES FOR		
				8,692,562.74	ISSUE AGGREGATE TOTAL	15,948,024.47



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Statement Period 07/01/22 through 06/30/23

MID-AMERICA CARPENTERS REGIONAL
 COUNCIL MILLMEN PENSION FUND

Schedule Of Reportable Transactions

AGGREGATE BY ASSET	VALUATION	690,340.96	THRESHOLD	34,517.05		
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 5.02%	NET		8,681,492.22		8,681,492.22	
	NET		8,825,396.74		8,825,396.74	
182 PURCHASES FOR		36 SALES FOR	8,825,396.74	ISSUE AGGREGATE TOTAL	17,506,888.96	



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Statement Period

07/01/22 through 06/30/23

MID-AMERICA CARPENTERS REGIONAL
COUNCIL MILLMEN PENSION FUND

Schedule Of Reportable Transactions

AGGREGATE BY BROKER VALUATION 690,340.96 THRESHOLD 34,517.05

DESCRIPTION	TRAN TYPE	SETTLE DATE/ SHARES/UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER COMMISSION/ OTH EXPENSE	COST OF ASSET/ PREV ANNL MKT	NET GAIN/LOSS
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NO REPORTABLE TRANSACTIONS



TRADE DATE - INCOME ACCRUALS Page 28

Statement Period

07/01/22 through 06/30/23

MID-AMERICA CARPENTERS REGIONAL
COUNCIL MILLMEN PENSION FUND
MARCO GROUP TRUST

Schedule Of Reportable Transactions

BY ASSET VALUATION 66,895,967.22 THRESHOLD 3,344,798.36

DESCRIPTION	TRAN TYPE	SETTLE DATE/ SHARES/UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER	COST OF ASSET/ PREV ANNL MKT	NET GAIN/LOSS
				COMMISSION/ OTH EXPENSE		

NO REPORTABLE TRANSACTIONS



TRADE DATE - INCOME ACCRUALS Page 29

Statement Period

07/01/22 through 06/30/23

MID-AMERICA CARPENTERS REGIONAL
COUNCIL MILLMEN PENSION FUND
MARCO GROUP TRUST

Schedule Of Reportable Transactions

AGGREGATE BY ASSET VALUATION 66,895,967.22 THRESHOLD 3,344,798.36

DESCRIPTION	TRAN TYPE	SETTLE DATE/ SHARES/UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER	COST OF ASSET/ PREV ANNL MKT	NET GAIN/LOSS
				COMMISSION/ OTH EXPENSE		

NO REPORTABLE TRANSACTIONS



TRADE DATE - INCOME ACCRUALS Page 30

Statement Period

07/01/22 through 06/30/23

MID-AMERICA CARPENTERS REGIONAL
COUNCIL MILLMEN PENSION FUND
MARCO GROUP TRUST

Schedule Of Reportable Transactions

AGGREGATE BY BROKER VALUATION 66,895,967.22 THRESHOLD 3,344,798.36

DESCRIPTION	TRAN TYPE	SETTLE DATE/ SHARES/UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER		COST OF ASSET/ PREV ANNL MKT	NET GAIN/LOSS
				COMMISSION/ OTH EXPENSE			

NO REPORTABLE TRANSACTIONS



TRADE DATE - INCOME ACCRUALS Page 25

Statement Period

07/01/22 through 06/30/23

MID-AMERICA CARPENTERS REGIONAL
COUNCIL MILLMEN PENSION FUND
- SEGAL MARCO INVESTMENT
CASH

Schedule Of Reportable Transactions

PLAN NUMBER:

EIN NUMBER: 36-6605523

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
BEGINNING MARKET VALUE:	233,928.75			
SECURITY TRANSACTIONS EXCEEDING 5%:				
SHORT TERM INVESTMENTS				
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%				
TOTAL ACTIVITY FROM 07/01/22 TO 06/30/23				
DEPOSIT	3,343,120.90	3,343,120.90	3,343,120.90	
WITHDRAWAL	3,195,505.51	3,195,505.51	3,195,505.51	
TOTAL	6,538,626.41	6,538,626.41	6,538,626.41	
TOTAL SHORT TERM INVESTMENTS	6,538,626.41	6,538,626.41	6,538,626.41	
TOTAL SECURITY TRANSACTIONS EXCEEDING 5%		6,538,626.41		



TRADE DATE - INCOME ACCRUALS Page 26

Statement Period 07/01/22 through 06/30/23

MID-AMERICA CARPENTERS REGIONAL
COUNCIL MILLMEN PENSION FUND
- SEGAL MARCO INVESTMENT
CASH

Schedule Of Reportable Transactions

PLAN NUMBER:

EIN NUMBER: 36-6605523

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
BEGINNING MARKET VALUE:	233,928.75			
SINGLE TRANSACTIONS EXCEEDING 5%:				
07/28/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		300,000.00		
07/29/22 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		300,000.00		
08/08/22 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		63,000.00		
08/30/22 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		100,000.00		
08/30/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		400,000.00		
09/28/22 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		436,664.97		
09/30/22 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		38,329.33		
09/30/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		438,329.33		
10/19/22 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		290,000.00		
10/28/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		300,000.00		
11/28/22 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		300,000.00		
12/22/22 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		164,496.77		
12/28/22 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		200,000.00		
01/05/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		80,000.00		



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Statement Period 07/01/22 through 06/30/23

MID-AMERICA CARPENTERS REGIONAL
COUNCIL MILLMEN PENSION FUND
- SEGAL MARCO INVESTMENT
CASH

Schedule Of Reportable Transactions

PLAN NUMBER:

EIN NUMBER: 36-6605523

DESCRIPTION	PURCH/SELL PRICE EXPENSE INCURRED	COST OF ASSET	VALUE OF ASSET ON TXN DATE	NET GAIN OR LOSS
01/09/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		106,856.20		
01/18/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		34,583.40		
01/27/23 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		150,000.00		
02/01/23 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		148,435.02		
03/01/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		112,137.06		
03/30/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		600,000.00		
03/31/23 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		322,893.02		
04/05/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		96,000.00		
04/20/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		650,000.00		
04/21/23 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		530,519.38		
04/24/23 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		83,000.00		
04/27/23 DEPOSIT GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		39,350.00		
05/30/23 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		200,000.00		
06/29/23 WITHDRAWAL GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%		31,264.87		
TOTAL SINGLE TRANSACTIONS EXCEEDING 5%		6,515,859.35		



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Statement Period 07/01/22 through 06/30/23

MID-AMERICA CARPENTERS REGIONAL
COUNCIL MILLMEN PENSION FUND
- SEGAL MARCO INVESTMENT
CASH

Schedule Of Reportable Transactions

BY ASSET	VALUATION	233,928.75	THRESHOLD	11,696.44		
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 5.02%	DEP	07/28/22	300,000.00		300,000.00 300,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	WTH	07/29/22	300,000.00		300,000.00 300,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	WTH	08/08/22	63,000.00		63,000.00 63,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	WTH	08/30/22	100,000.00		100,000.00 100,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	08/30/22	400,000.00		400,000.00 400,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	WTH	09/28/22	436,664.97		436,664.97 436,664.97	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	WTH	09/30/22	38,329.33		38,329.33 38,329.33	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	09/30/22	438,329.33		438,329.33 438,329.33	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	WTH	10/19/22	290,000.00		290,000.00 290,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	10/28/22	300,000.00		300,000.00 300,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	WTH	11/28/22	300,000.00		300,000.00 300,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	12/22/22	164,496.77		164,496.77 164,496.77	



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Statement Period

07/01/22 through 06/30/23

MID-AMERICA CARPENTERS REGIONAL
COUNCIL MILLMEN PENSION FUND
- SEGAL MARCO INVESTMENT
CASH

Schedule Of Reportable Transactions

BY ASSET VALUATION 233,928.75 THRESHOLD 11,696.44

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 # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	WTH	12/28/22	200,000.00			200,000.00 200,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	01/05/23	80,000.00			80,000.00 80,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	01/09/23	106,856.20			106,856.20 106,856.20	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	01/18/23	34,583.40			34,583.40 34,583.40	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	WTH	01/27/23	150,000.00			150,000.00 150,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	WTH	02/01/23	148,435.02			148,435.02 148,435.02	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	03/01/23	112,137.06			112,137.06 112,137.06	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	03/30/23	600,000.00			600,000.00 600,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	WTH	03/31/23	322,893.02			322,893.02 322,893.02	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	04/05/23	96,000.00			96,000.00 96,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	04/20/23	650,000.00			650,000.00 650,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	WTH	04/21/23	530,519.38			530,519.38 530,519.38	



TRADE DATE - INCOME ACCRUALS Page 30

Statement Period

07/01/22 through 06/30/23

MID-AMERICA CARPENTERS REGIONAL
COUNCIL MILLMEN PENSION FUND
- SEGAL MARCO INVESTMENT
CASH

Schedule Of Reportable Transactions

BY ASSET	VALUATION		233,928.75	THRESHOLD	11,696.44	
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 5.02%	WTH	04/24/23	83,000.00		83,000.00 83,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	DEP	04/27/23	39,350.00		39,350.00 39,350.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	WTH	05/30/23	200,000.00		200,000.00 200,000.00	
CUSIP # 38141W273 GOLDMAN FINANCIAL SQUARE GOVT-A FD# 465 (AMALFGOV) MASTER #2839100 5.02%	WTH	06/29/23	31,264.87		31,264.87 31,264.87	
13 PURCHASES FOR		3,321,752.76	15 SALES FOR	3,194,106.59	ISSUE AGGREGATE TOTAL	6,515,859.35



TRADE DATE - INCOME ACCRUALS Page 31

Statement Period 07/01/22 through 06/30/23

MID-AMERICA CARPENTERS REGIONAL
COUNCIL MILLMEN PENSION FUND
- SEGAL MARCO INVESTMENT
CASH

Schedule Of Reportable Transactions

AGGREGATE BY ASSET	VALUATION	233,928.75	THRESHOLD	11,696.44		
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 5.02%	NET		3,343,120.90		3,343,120.90	
	NET		3,195,505.51		3,195,505.51	
26 PURCHASES FOR			3,343,120.90		3,195,505.51	
		16 SALES FOR	3,195,505.51	ISSUE AGGREGATE TOTAL		6,538,626.41



TRADE DATE - INCOME ACCRUALS Page 32

Statement Period

07/01/22 through 06/30/23

MID-AMERICA CARPENTERS REGIONAL
COUNCIL MILLMEN PENSION FUND
- SEGAL MARCO INVESTMENT
CASH

Schedule Of Reportable Transactions

AGGREGATE BY BROKER VALUATION 233,928.75 THRESHOLD 11,696.44

DESCRIPTION	TRAN TYPE	SETTLE DATE/ SHARES/UNITS	PURCHASE/SALE COST/PROCEEDS	BROKER		COST OF ASSET/ PREV ANNL MKT	NET GAIN/LOSS
				COMMISSION/ OTH EXPENSE			

NO REPORTABLE TRANSACTIONS

SCHEDULE MB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 07/01/2022 and ending 06/30/2023

► **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 MID-AMERICA CARPENTERS REGIONAL COUNCIL MILLMEN PENSION FUND	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 FOR PLAN NAMED ABOVE	D Employer Identification Number (EIN) 36-6605523	

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

1a Enter the valuation date: Month 07 Day 01 Year 2022

b Assets

(1) Current value of assets	1b(1)	91,413,578
(2) Actuarial value of assets for funding standard account.....	1b(2)	95,589,267
c (1) Accrued liability for plan using immediate gain methods	1c(1)	129,579,068
(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)	124,084,027
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)	225,607,333
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b)	3,193,754
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c)	11,063,025
(3) Expected plan disbursements for the plan year	1d(3)	11,613,025

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	Tatsiana Dybal <i>Tanya Dybal</i> Signature of actuary	<u>12/14/2023</u> Date
	TATSIANA DYBAL, FSA, MAAA Type or print name of actuary	<u>2307627</u> Most recent enrollment number
	SEGAL Firm name	<u>312-984-8500</u> Telephone number (including area code)
	101 NORTH WACKER DRIVE, SUITE 500 CHICAGO IL 60606-1724 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

- 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	
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6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	2.27 %
b Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	A A
(2) Females.....	6c(2)	A A
d Valuation liability interest rate.....	6d	7.00 % 7.00 %
e Salary scale.....	6e	% <input checked="" type="checkbox"/> N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate.....	6f(1)	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
(2) If "Single rate" is checked in (1), enter applicable single rate.....	6f(2)	7.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	5.2 %
h Estimated investment return on current value of assets for year ending on the valuation date.....	6h	-5.9 %
i Expense load included in normal cost reported in line 9b.....	6i	<input type="checkbox"/> N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage.....	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	530,309
(3) If neither (1) nor (2) describes the expense load, check the box.....	6i(3)	<input type="checkbox"/>

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	1,467,700	150,603
4	13,644	1,400

8 Miscellaneous information:

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

e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s).....	8e	
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9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	1,017,184

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)	44,274,990	6,239,802
(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	507,989
e Total charges. Add lines 9a through 9d.....	9e	7,764,975

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	6,762,089
g Employer contributions. Total from column (b) of line 3.....	9g	7,237,850

	Outstanding balance		
h Amortization credits as of valuation date.....	9h	3,523,100	563,509

i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	766,117
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j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....	9j(1)	49,160,896	
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	110,205,438	
(3) FFL credit.....	9j(3)		0

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

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l	15,329,565
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m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	7,564,590
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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 2022 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.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Schedule of Active Participant Data

(Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2021.

Age	Pension Credits									
	Total	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	3	3	–	–	–	–	–	–	–	–
25 - 29	28	14	13	1	–	–	–	–	–	–
30 - 34	23	9	13	1	–	–	–	–	–	–
35 - 39	28	12	8	2	5	1	–	–	–	–
40 - 44	35	14	7	2	6	6	–	–	–	–
45 - 49	45	7	8	7	8	5	10	–	–	–
50 - 54	64	9	10	5	3	18	12	5	2	–
55 - 59	75	3	3	5	4	19	12	16	12	1
60 - 64	74	2	4	6	13	8	9	9	14	9
65 - 69	12	1	–	1	–	–	–	–	3	7
70 & over	1	–	–	–	–	–	–	–	–	1
Unknown	3	–	2	1	–	–	–	–	–	–
Total	391	74	68	31	39	57	43	30	31	18

Note: Excludes 16 participants with less than one pension credit.

Statement of Actuarial Assumptions, Methods and Models

(Schedule MB, Line 6)

Mortality Rates	<p>Healthy Non-Pensioner: 115% of the RP-2014 Blue Collar Employee Mortality Tables (sex distinct), projected generationally using Scale MP-2021</p> <p>Healthy Pensioner: 115% of the RP-2014 Blue Collar Healthy Annuitant Mortality Tables (sex distinct), projected generationally using Scale MP-2021</p> <p>Disabled: 110% of the RP-2014 Disabled Retiree Mortality Tables (sex-distinct), projected generationally using Scale MP-2021</p> <p>The underlying tables reasonably reflect the mortality experience of the Plan as of the measurement date. The healthy and disabled mortality tables were then adjusted to future years using generational projection under Scale MP-2021 to anticipate future mortality improvement.</p> <p>The mortality rates were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of deaths and change in liability and the projected number and expected liability change based on the prior years' assumption over the most recent five years.</p>																																																					
Annuitant Mortality Rates	<table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th rowspan="3" style="text-align: left;">Age</th> <th colspan="4" style="text-align: center;">Rate(%)¹</th> </tr> <tr> <th colspan="2" style="text-align: center;"><u>Healthy</u></th> <th colspan="2" style="text-align: center;"><u>Disabled</u></th> </tr> <tr> <th style="text-align: center;">Male</th> <th style="text-align: center;">Female</th> <th style="text-align: center;">Male</th> <th style="text-align: center;">Female</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">55</td> <td style="text-align: center;">0.69</td> <td style="text-align: center;">0.46</td> <td style="text-align: center;">2.57</td> <td style="text-align: center;">1.59</td> </tr> <tr> <td style="text-align: center;">60</td> <td style="text-align: center;">0.97</td> <td style="text-align: center;">0.66</td> <td style="text-align: center;">2.93</td> <td style="text-align: center;">1.87</td> </tr> <tr> <td style="text-align: center;">65</td> <td style="text-align: center;">1.45</td> <td style="text-align: center;">1.00</td> <td style="text-align: center;">3.49</td> <td style="text-align: center;">2.29</td> </tr> <tr> <td style="text-align: center;">70</td> <td style="text-align: center;">2.26</td> <td style="text-align: center;">1.61</td> <td style="text-align: center;">4.44</td> <td style="text-align: center;">3.10</td> </tr> <tr> <td style="text-align: center;">75</td> <td style="text-align: center;">3.62</td> <td style="text-align: center;">2.64</td> <td style="text-align: center;">5.97</td> <td style="text-align: center;">4.52</td> </tr> <tr> <td style="text-align: center;">80</td> <td style="text-align: center;">5.96</td> <td style="text-align: center;">4.39</td> <td style="text-align: center;">8.43</td> <td style="text-align: center;">6.71</td> </tr> <tr> <td style="text-align: center;">85</td> <td style="text-align: center;">9.99</td> <td style="text-align: center;">7.48</td> <td style="text-align: center;">12.46</td> <td style="text-align: center;">9.95</td> </tr> <tr> <td style="text-align: center;">90</td> <td style="text-align: center;">16.84</td> <td style="text-align: center;">12.86</td> <td style="text-align: center;">19.03</td> <td style="text-align: center;">14.59</td> </tr> </tbody> </table>	Age	Rate(%) ¹				<u>Healthy</u>		<u>Disabled</u>		Male	Female	Male	Female	55	0.69	0.46	2.57	1.59	60	0.97	0.66	2.93	1.87	65	1.45	1.00	3.49	2.29	70	2.26	1.61	4.44	3.10	75	3.62	2.64	5.97	4.52	80	5.96	4.39	8.43	6.71	85	9.99	7.48	12.46	9.95	90	16.84	12.86	19.03	14.59
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	<p>¹ Mortality rates are projected from 2014 on a generational basis using the MP- 2021 scale; rates above are sample rates in 2014</p>																																																					

Termination Rates

Age	Rate (%)			
	Mortality ¹		Disability	Withdrawal ²
	Male	Female		
20	0.06	0.02	0.06	9.94
25	0.07	0.02	0.09	9.67
30	0.07	0.03	0.11	9.30
35	0.08	0.04	0.15	8.71
40	0.09	0.05	0.22	7.75
45	0.14	0.08	0.36	6.35
50	0.25	0.14	0.61	4.22
55	0.41	0.22	1.01	1.55
60	0.70	0.32	1.63	0.15

¹ Mortality rates are projected from 2014 on a generational basis using the MP-2021 scale; rates above are sample rates in 2014

² Withdrawal rates cut out at first assumed retirement age

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

Retirement Rates

Age	Annual Retirement Rates
60-61	10%
62	30%
63	10%
64	15%
65	50%
66-69	25%
70 & above	100%

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

Description of Weighted Average Retirement Age	Age 64, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the July 1, 2022 actuarial valuation.
Retirement Age for Inactive Vested Participants	62 The retirement age for inactive vested participants was based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior years' assumption over the most recent five years.
Inactive Vested Participants	Inactive participants over age 72 never return and apply for a benefit. The retirement assumption of inactive vested participants over age 72 was based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, the ages of new retirees from inactive vested status were reviewed.
Lump Sums	50% of future pensioners are assumed to take the 10% lump sum distribution. Lump sums are valued using a 5.00% interest rate and the 2022 Lump Sums Unisex Mortality Table. The percentage of pensioners electing a 10% lump sum distribution was based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment.
Future Benefit Accruals	One pension credit per year per active participant included in the valuation The future benefit accruals were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the most recent five years.
Unknown Data for Participants	Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.
Definition of Active Participants	Active participants are defined as those with at least 250 hours during the pension credit year and who have accumulated at least one pension credit, excluding those who have retired as of the valuation date. Benefit accruals were increased by ½ Plan Year for active participants who were reported as of December 31, 2021.
Percent Married	80%
Age of Spouse	Female spouses are four years younger than male spouses. The percent married and age of spouse assumptions were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual spouse data over the most recent five years.

Benefit Election	<p>Single participants are assumed to elect the Single Life Annuity with 60 months guaranteed. Married participants are assumed to elect the Single Life Annuity with 60 months guaranteed or 50% Qualified Joint and Survivor Pension with “pop-up” feature and 60 months guaranteed, if the pensioner’s spouse predeceases the pensioner, whichever is more valuable.</p> <p>The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the assumed and the actual option election patterns over the most recent five years.</p>
Net Investment Return	<p>7.00%</p> <p>The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used that reflects inflation expectations and anticipated risk premiums for each of the portfolio’s asset classes as provided by Segal Marco Advisors, as well as the Plan’s target asset allocation.</p>
Annual Administrative Expenses	<p>\$550,000 for the year beginning July 1, 2022 (equivalent to \$530,309 payable at the beginning of the year)</p> <p>The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.</p>
Actuarial Value of Assets	<p>The actuarial value of assets is equal to the market value of assets less unrecognized returns in each of the last five years. Initial unrecognized return is based on the difference between the actual market return and the expected return on the actuarial value and is recognized (20% per year) over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.</p>
Actuarial Cost Method	<p>Entry Age Normal Actuarial Cost Method. Entry Age is the age at date of employment or, if date is unknown, current age minus pension credits. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service, with Normal Cost determined as if the current benefit accrual rate had always been in effect.</p>
Benefits Valued	<p>Unless otherwise indicated, includes all benefits summarized in the <i>Summary of Plan Provisions</i>.</p>
Current Liability Assumptions	<p><i>Interest:</i> 2.27%, within the permissible range prescribed under IRC Section 431(c)(6)(E)</p> <p><i>Mortality:</i> Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2006 employee and annuitant mortality tables, projected forward generationally using scale MP-2020 (previously, the MP-2019 scale was used).</p>
FSA Contribution Timing (Schedule MB, Line 3a)	<p>Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a January 1st (mid-year) contribution date.</p>
Actuarial Models	<p>Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility, and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.</p>

Schedule of Projection of Expected Benefit Payments

(Schedule MB, Line 8b(1))

Plan Year	Active	Terminated Vested	Retiree and Beneficiaries	Total
2022	\$746,451	\$2,470,754	\$7,642,922	\$10,860,127
2023	1,106,138	1,333,719	7,387,826	9,827,683
2024	1,462,121	1,544,360	7,109,937	10,116,418
2025	1,765,029	1,711,097	6,835,634	10,311,760
2026	2,102,386	1,926,678	6,539,108	10,568,172
2027	2,312,194	1,955,992	6,235,254	10,503,440
2028	2,511,954	2,071,942	5,964,539	10,548,435
2029	2,639,542	2,106,771	5,695,799	10,442,112
2030	2,773,876	2,077,669	5,429,512	10,281,057
2031	2,898,300	2,107,951	5,165,966	10,172,217
2032	2,989,889	2,099,161	4,905,292	9,994,342
2033	3,063,225	2,119,062	4,647,498	9,829,785
2034	3,095,534	2,137,075	4,392,473	9,625,082
2035	3,127,021	2,260,917	4,140,018	9,527,956
2036	3,153,521	2,188,354	3,889,928	9,231,803
2037	3,171,723	2,201,039	3,642,030	9,014,792
2038	3,161,080	2,185,933	3,396,241	8,743,254
2039	3,129,777	2,164,228	3,152,628	8,446,633
2040	3,078,999	2,183,470	2,911,510	8,173,979
2041	3,049,462	2,139,909	2,673,473	7,862,844
2042	2,956,585	2,103,271	2,439,376	7,499,232

Plan Year	Active	Terminated Vested	Retiree and Beneficiaries	Total
2043	2,869,185	2,030,599	2,210,291	7,110,075
2044	2,781,441	1,970,711	1,987,512	6,739,664
2045	2,701,362	1,906,131	1,772,501	6,379,994
2046	2,589,760	1,850,615	1,566,819	6,007,194
2047	2,465,616	1,760,066	1,372,059	5,597,741
2048	2,362,783	1,668,334	1,189,759	5,220,876
2049	2,226,761	1,562,619	1,021,231	4,810,611
2050	2,094,429	1,475,726	867,471	4,437,626
2051	1,971,394	1,375,632	729,091	4,076,117
2052	1,825,303	1,275,547	606,270	3,707,120
2053	1,723,017	1,179,647	498,792	3,401,456
2054	1,587,327	1,086,980	406,058	3,080,365
2055	1,489,099	1,002,282	327,146	2,818,527
2056	1,366,168	915,040	260,902	2,542,110
2057	1,265,695	834,487	206,024	2,306,206
2058	1,159,319	758,817	161,148	2,079,284
2059	1,047,526	688,173	124,916	1,860,615
2060	950,496	622,386	96,021	1,668,903
2061	860,525	561,568	73,240	1,495,333
2062	777,150	505,363	55,462	1,337,975
2063	699,164	453,474	41,719	1,194,357
2064	628,697	405,597	31,187	1,065,481
2065	564,629	361,433	23,178	949,240
2066	506,316	320,715	17,126	844,157
2067	453,461	283,215	12,577	749,253

Plan Year	Active	Terminated Vested	Retiree and Beneficiaries	Total
2068	405,785	248,738	9,174	663,697
2069	362,801	217,130	6,641	586,572
2070	324,105	188,269	4,768	517,142
2071	289,306	162,037	3,390	454,733

This assumes the following:

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

Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

(Schedule MB, Line 8b(3))

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2022	\$5,398,812	\$0	\$5,398,812
2023	5,668,753	0	5,668,753
2024	7,198,416	0	7,198,416
2025	7,198,416	0	7,198,416
2026	7,198,416	0	7,198,416
2027	7,198,416	0	7,198,416
2028	7,198,416	0	7,198,416
2029	7,198,416	0	7,198,416
2030	7,198,416	0	7,198,416
2031	7,198,416	0	7,198,416

Summary of Plan Provisions

(Schedule MB, Line 6)

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

Plan Year	July 1 through June 30
Pension Credit Year	January 1 through December 31
Plan Status	Ongoing plan
Normal Pension	<ul style="list-style-type: none">• Age Requirement: 65• <i>Service Requirement</i>: 5 pension credits, with at least one pension credit earned after June 1, 1975 or five years of plan participation.• <i>Amount</i>: \$66 for each pension credit
Early Retirement	<ul style="list-style-type: none">• <i>Age Requirement</i>: 60• <i>Service Requirement</i>: 5 pension credits• <i>Amount</i>: Normal pension accrued reduced by 6 2/3% for each year of age less than 65.
Disability	<ul style="list-style-type: none">• Age Requirement: None• Service Requirement: 10 pension credits• <i>Amount</i>: Normal pension accrued
Vesting	<ul style="list-style-type: none">• Age Requirement: None• <i>Service Requirement</i>: 5 years of vesting service• <i>Amount</i>: Normal or Early pension accrued• Normal Retirement Age: 65
Pro Rata Pension	<ul style="list-style-type: none">• Age Requirement: 60• <i>Service Requirement</i>: 5 pension credits including pension credit earned under the Mid-America Carpenters Regional Council Pension Fund (Limited) or other specified carpenters pension plan (Partial).• <i>Amount</i>: Normal pension accrued, based on pension credits under this plan, reduced by 6 2/3% for each year of age less than 65.

Spouse's Pre-Retirement Death Benefit	<ul style="list-style-type: none"> • Age Requirement: None • <i>Service Requirement:</i> 5 years of vesting service • <i>Amount:</i> One half of the amount the deceased participant would have received had the participant retired at date of death or age 60 (whichever is later) rather than died, elected the 50% joint and survivor form of payment and commenced payment immediately. Reductions are made to the accrued benefit for early commencement (if applicable) and form of payment.
60-Payment Guarantee	<ul style="list-style-type: none"> • <i>Age Requirement:</i> 60 • <i>Service Requirement:</i> 5 pension credits • <i>Amount:</i> Monthly benefit to which employee would have been entitled had he/she retired the day before he/she died, payable for 60 months.
Death Benefit Pension	<ul style="list-style-type: none"> • <i>Age Requirement:</i> None • <i>Service Requirement:</i> 5 pension credits • <i>Amount:</i> \$345 per pension credit payable in 60 equal monthly installments
Post-Retirement Death Benefits	<p><i>Lump-sum Benefit:</i> \$2,000, payable upon death</p> <p><i>Joint and Survivor:</i> If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the employee. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If not rejected, and the spouse predeceases the participant, the employee's benefit amount will subsequently be increased to the unreduced amount payable had the joint and survivor coverage been rejected. If rejected, or if not married, benefits are payable for the life of the employee with 60 payments guaranteed without reduction. Benefits may also be payable in any other available optional form elected by the employee in an actuarially equivalent amount.</p>
Optional Forms of Payment	<p>75% Qualified Joint and Survivor Pension with a "pop-up" feature and 60 months guaranteed if the pensioner's spouse predeceases the pensioner</p> <p>100% Qualified Joint and Survivor Pension with a "pop-up" feature and 60 months guaranteed if the pensioner's spouse predeceases the pensioner</p> <p>10% Partial Lump Sum</p>
Participation	<p>The end of the calendar year that falls within the first 12-consecutive-month period during which 1,000 hours were completed</p>
Pension Credit	<p>¼ pension credit for each 250 hours (not to exceed one pension credit) during a calendar year</p>
Vesting Credit	<p>One vesting credit for each calendar year with 1,000 or more hours in covered employment</p>
Contribution Rate	<p>\$8.77 per hour as of June 1, 2022</p>



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September 28, 2022

Internal Revenue Service
Employee Plans Compliance Unit
Group 7602 (TEGE:EP:EPCU)
230 S. Dearborn Street
Room 1700 - 17th Floor
Chicago, IL 60604

To Whom It May Concern:

As required by ERISA Section 305 and the Internal Revenue Code (IRC) Section 432, we have completed the actuarial status certification as of July 1, 2022 for the following plan:

Name of Plan: Mid-America Carpenters Regional Council Millmen Pension Fund
Plan number: EIN 36-6605523 / PN 001
Plan sponsor: Board of Trustees, Mid-America Carpenters Regional Council Millmen Pension Fund
Address: 12 East Erie Street, Chicago, Illinois, 60611
Phone number: 312.787.9455

As of July 1, 2022, the Plan is in endangered status. In addition, the Plan is not projected to be in critical status for any of the succeeding five plan years.

This certification also notifies the IRS that the Plan is making the scheduled progress in meeting the requirements of its funding improvement plan, based on information received from the sponsor.

If you have any questions on the attached certification, you may contact me at the following:

Segal
101 North Wacker Drive, Suite 500
Chicago, IL 60606-1724
Phone number: 312.984.8500

Sincerely,

A handwritten signature in blue ink that reads "Tanya Dybal".

Tanya Dybal, FSA, MAAA
Vice President and Actuary
Enrolled Actuary No. 20-07627

Actuarial Status Certification as of July 1, 2022 under IRC Section 432 September 28, 2022

This is to certify that Segal has prepared an actuarial status certification under Internal Revenue Code Section 432 for the Mid-America Carpenters Regional Council Millmen Pension Fund as of July 1, 2022 in accordance with generally accepted actuarial principles and practices. It has been prepared at the request of the Board of Trustees to assist in administering the Fund and meeting filing and compliance requirements under federal law. This certification may not otherwise be copied or reproduced in any form without the consent of the Board of Trustees and may only be provided to other parties in its entirety.

The measurements shown in this actuarial certification may not be applicable for other purposes. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; changes in economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for these measurements (such as the end of an amortization period or additional cost or contribution requirements based on the plan's funded status); differences in statutory interpretation and changes in plan provisions or applicable law.

This certification is based on the July 1, 2021 actuarial valuation, dated January 12, 2022. This certification reflects the changes in the law made by the Multiemployer Pension Reform Act of 2014 (MPRA). Additional assumptions required for the projections (including those under MPRA), and sources of financial information used are summarized in Exhibit 5.

Segal does not practice law and, therefore, cannot and does not provide legal advice. Any statutory interpretation on which this certification is based reflects Segal's understanding as an actuarial firm.

This certification was based on the assumption that the Plan was qualified as a multiemployer plan for the year.

I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion herein. To the best of my knowledge, the information supplied in this actuarial certification is complete and accurate. In my opinion, the projections are based on reasonable actuarial estimates, assumptions and methods that offer my best estimate of anticipated experience under the Plan. Furthermore, as required by IRC Section 432(b)(3)(B)(iii), the projected industry activity takes into account information provided by the plan sponsor.



Tanya Dybal, FSA, MAAA

EA# 20-07627

Title Vice President and Actuary

Email tdybal@segalco.com

Certificate Contents

Exhibit 1	Status Determination as of July 1, 2022
Exhibit 2	Summary of Actuarial Valuation Projections
Exhibit 3	Funding Standard Account Projections
Exhibit 4	Funding Standard Account — Projected Bases Assumed Established After July 1, 2021
Exhibit 5	Actuarial Assumptions and Methodology

Exhibit 1: Status Determination as of July 1, 2022

Status	Condition	Component Result	Final Result
Critical Status:			
1. Initial critical status tests:			
	C1. A funding deficiency is projected in four years?	No	No
	C2. a. A funding deficiency is projected in five years,	No	
	b. and the present value of vested benefits for non-actives is more than present value of vested benefits for actives,	N/A	
	c. and the normal cost plus interest on unfunded actuarial accrued liability (unit credit basis) is greater than contributions for current year?	N/A	No
	C3. a. A funding deficiency is projected in five years,	No	
	b. and the funded percentage is less than 65%?	N/A	No
	C4. a. The funded percentage is less than 65%,	No	
	b. and the present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over seven years?	N/A	No
	C5. The present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over five years?	No	No
2. Emergence test:			
	C6 a. Was in critical status for the immediately preceding plan year,	No	
	b. and either a funding deficiency is projected for the plan year or any of the next nine plan years, without regard to the use of the shortfall method but taking into account any extension of amortization periods under ERISA Section 304(d)(2) or ERISA Section 304 as in effect prior to PPA'06,	N/A	
	c. or insolvency is projected for the current year or any of the 30 succeeding plan years?	N/A	
	Plan did NOT emerge?		N/A
	3. In Critical Status? (If C1-C6 is Yes, then Yes)		No

Status	Condition	Component Result	Final Result
	4. Determination whether plan is projected to be in critical status in any of the succeeding five plan years:		
	C7. a. Is not in critical status,	Yes	
	b. and is projected to be in critical status in any of the next five years?	No	No
	5. In Critical Status in any of the five succeeding plan years?		No
Endangered Status:			
	E1. a. Is not in critical status,	Yes	
	b. and the funded percentage is less than 80%?	Yes	Yes
	E2. a. Is not in critical status,	Yes	
	b. and a funding deficiency is projected in seven years?	No	No
	In Endangered Status? (Yes when either (E1) or (E2) is Yes)		Yes
	In Seriously Endangered Status? (Yes when BOTH (E1) and (E2) are Yes)		No
Neither Critical Status Nor Endangered Status:			
	Neither Critical nor Endangered Status?		No

This certification also notifies the IRS that the Plan is making the scheduled progress in meeting the requirements of its funding improvement plan, based on information received from the sponsor.

Exhibit 2: Summary of Actuarial Valuation Projections

The actuarial factors as of July 1, 2022 (based on projections from the July 1, 2021 valuation certificate):

1. Financial Information			
a.	Market value of assets		\$91,947,121
b.	Actuarial value of assets		95,688,735
c.	Reasonably anticipated contributions		
1)	Upcoming year		5,398,812
2)	Present value for the next five years		27,424,382
3)	Present value for the next seven years		37,028,582
d.	Projected benefit payments		9,557,313
e.	Projected administrative expenses (beginning of year)		496,562
2. Liabilities			
a.	Present value of vested benefits for active participants		30,487,169
b.	Present value of vested benefits for non-active participants		92,171,961
c.	Total unit credit accrued liability		124,233,344
d.	Present value of payments		
		Benefit Payments	Administrative Expenses
1)	Next five years	\$43,007,168	\$2,303,991
2)	Next seven years	57,361,158	3,109,512
e.	Unit credit normal cost plus expenses		1,566,896
3. Funded Percentage (1.b)/(2.c)			77.0%
4. Funding Standard Account			
a.	Credit Balance as of the end of prior year		\$6,689,812
b.	Years to projected funding deficiency		N/A

Exhibit 3: Funding Standard Account Projections

The table below presents the Funding Standard Account Projections for the Plan Years beginning July 1.

	Year Beginning July 1,					
	2021	2022	2023	2024	2025	2026
1. Credit balance (BOY)	\$6,657,851	\$6,689,812	\$5,644,018	\$5,040,470	\$5,736,095	\$6,543,050
2. Interest on (1)	466,050	468,287	395,081	352,833	401,527	458,014
3. Normal cost	522,805	454,946	489,901	637,000	654,617	668,928
4. Administrative expenses	482,099	496,562	511,459	526,803	542,607	558,885
5. Net amortization charges	5,520,828	5,685,736	5,415,264	5,478,785	5,386,826	5,308,908
6. Interest on (3), (4) and (5)	456,801	464,607	449,164	464,981	460,883	457,570
7. Expected contributions	6,326,999	5,398,812	5,668,753	7,198,416	7,198,416	7,198,416
8. Interest on (7)	221,445	188,958	198,406	251,945	251,945	251,945
9. Credit balance (EOY): (1) + (2) – (3) – (4) – (5) – (6) + (7) + (8)	\$6,689,812	\$5,644,018	\$5,040,470	\$5,736,095	\$6,543,050	\$7,457,134

	2027	2028	2029	2030	2031
1. Credit balance (BOY)	\$7,457,134	\$8,742,940	\$10,053,541	\$11,613,603	\$13,745,066
2. Interest on (1)	521,999	612,006	703,748	812,952	962,155
3. Normal cost	685,866	700,903	715,443	728,857	740,013
4. Administrative expenses	575,652	592,922	610,710	629,031	647,902
5. Net amortization charges	4,987,598	5,016,237	4,836,508	4,372,813	3,614,915
6. Interest on (3), (4) and (5)	437,438	441,704	431,386	401,149	350,198
7. Expected contributions	7,198,416	7,198,416	7,198,416	7,198,416	7,198,416
8. Interest on (7)	251,945	251,945	251,945	251,945	251,945
9. Credit balance (EOY): (1) + (2) – (3) – (4) – (5) – (6) + (7) + (8)	\$8,742,940	\$10,053,541	\$11,613,603	\$13,745,066	\$16,804,554

Exhibit 4: Funding Standard Account — Projected Bases Assumed Established after July 1, 2021
Schedule of Funding Standard Account Bases

Type of Base	Date Established	Base Established	Amortization Period	Amortization Payment
Experience Loss	7/1/2022	\$1,573,366	15	\$161,446
Experience Loss	7/1/2023	1,294,817	15	132,864
Experience Loss	7/1/2024	879,120	15	90,208
Experience Gain	7/1/2025	(508,528)	15	(52,181)
Experience Loss	7/1/2026	2,493,409	15	255,853
Experience Loss	7/1/2027	161,016	15	16,522
Experience Loss	7/1/2028	111,810	15	11,473
Experience Loss	7/1/2029	75,719	15	7,770
Experience Loss	7/1/2030	48,353	15	4,962
Experience Loss	7/1/2031	11,274	15	1,157

Exhibit 5: Actuarial Assumptions and Methodology

The actuarial assumptions and plan of benefits are as used in the July 1, 2021 actuarial valuation certificate, dated January 12, 2022, except as specifically described below. We also assumed that experience would emerge as projected, except as described below. The calculations are based on a current understanding of the requirements of ERISA Section 305 and IRC Section 432.

Contribution Rates:	The contribution rate increased \$0.50 per hour, from \$8.27 per hour to \$8.77 per hour, effective June 1, 2022.
Asset Information:	<p>The financial information as of June 30, 2022 was based on an unaudited financial statement provided by the Fund Auditor.</p> <p>For projections after that date, the assumed administrative expenses were increased by 3% per year. Benefit payments were projected based on the July 1, 2021 actuarial valuation. The projected net investment return was assumed to be 7.00% of the average market value of assets for the 2022–2031 Plan Years. Any resulting investment gains or losses due to the operation of the asset valuation method are amortized over 15 years in the Funding Standard Account.</p>
Projected Industry Activity:	As required by Internal Revenue Code Section 432, assumptions with respect to projected industry activity are based on information provided by the plan sponsor. Based on this information, the number of active participants included in the July 1, 2021 actuarial valuation (429) is assumed to decrease to 360 participants for 2022, increase to 378 participants for 2023, increase to 480 participants for 2024, and remain level thereafter. On the average, contributions will be made for each active for 1,710 hours annually for all years.
Future Normal Costs:	Based on the assumed industry activity, we have determined the Normal Cost based on an open group forecast with the number of active participants assumed at the level described above and the new entrants to have a demographic mix similar to recent new hires.

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

Technical issues

Segal does not practice law and, therefore, cannot and does not provide legal advice.

Any statutory interpretation on which the certification is based reflects Segal's understanding as an actuarial firm. Due to the complexity of the statute and the significance of its ramifications, Segal recommends that the Board of Trustees consult with legal counsel when making any decisions regarding compliance with ERISA and the Internal Revenue Code.

**Withdrawal Liability
Payments**

There were no withdrawal liability payments received during the Plan Year Ended June 30, 2023.

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment	10/01/1993	\$134,847	1.25	\$108,782
Plan Amendment	11/01/1994	179,718	2.33	80,508
Change in Assumptions	07/01/1995	30,724	3	10,942
Change in Assumptions	07/01/1996	245,102	4	67,627
Plan Amendment	01/01/1997	794,985	4.5	197,987
Plan Amendment	07/01/1997	89,678	5	20,441
Change in Assumptions	07/01/1997	339,471	5	77,377
Plan Amendment	07/01/1998	527,384	6	103,405
Plan Amendment	07/01/1999	184,867	7	32,059
Plan Amendment	08/01/1999	1,511,174	7.08	259,745
Plan Amendment	07/01/2000	2,274,392	8	355,969
Plan Amendment	07/01/2001	2,041,618	9	292,861
Plan Amendment	07/01/2002	2,010,170	10	267,479
Plan Amendment	07/01/2003	1,303,434	11	162,450
Change in Assumptions	07/01/2004	392,210	12	46,150
Plan Amendment	07/01/2005	365,546	13	40,877
Plan Amendment	07/01/2006	2,508,305	14	268,049
Plan Amendment	07/01/2007	2,407,701	15	247,059
Experience Loss	07/01/2008	17,450	1	17,450
Plan Amendment	07/01/2008	360,377	1	360,377
Base due to June 30, 2009 Investment Loss	07/01/2009	1,677,292	16	165,938
Experience Loss	07/01/2010	3,910	3	1,392

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Base due to June 30, 2010 Investment Loss	07/01/2010	33,184	17	3,177
Base due to June 30, 2009 Investment Loss	07/01/2010	112,829	16	11,162
Base due to June 30, 2010 Investment Loss	07/01/2011	40,143	17	3,843
Change in Assumptions	07/01/2011	644,891	4	177,935
Base due to June 30, 2009 Investment Loss	07/01/2011	1,144,402	16	113,218
Base due to June 30, 2010 Investment Loss	07/01/2012	47,541	17	4,551
Experience Loss	07/01/2012	607,748	5	138,527
Base due to June 30, 2009 Investment Loss	07/01/2012	1,338,495	16	132,420
Base due to June 30, 2010 Investment Loss	07/01/2013	55,351	17	5,298
Base due to June 30, 2009 Investment Loss	07/01/2013	1,543,008	16	152,653
Base due to June 30, 2010 Investment Loss	07/01/2014	63,552	17	6,083
Base due to June 30, 2009 Investment Loss	07/01/2014	1,757,469	16	173,871
Base due to June 30, 2010 Investment Loss	07/01/2015	72,118	17	6,903
Experience Loss	07/01/2015	205,515	8	32,166
Change in Assumptions	07/01/2015	377,643	8	59,106
Base due to June 30, 2009 Investment Loss	07/01/2015	1,302,774	16	128,887
Base due to June 30, 2010 Investment Loss	07/01/2016	76,481	17	7,321
Change in Assumptions	07/01/2016	120,118	9	17,230
Experience Loss	07/01/2016	3,129,844	9	448,961
Bases Due to Jun. 30 2010 Investment loss	07/01/2017	80,988	17	7,753
Experience Loss	07/01/2017	1,754,225	10	233,423
Base due to June, 30, 2010 Investment Loss	07/01/2018	85,750	17	8,208
Experience Loss	07/01/2018	2,856,069	11	355,959
Base due to June, 30, 2010 Investment Loss	07/01/2019	90,875	17	8,699
Experience Loss	07/01/2019	2,255,429	12	265,386

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Base due to June, 30, 2010 Investment Loss	07/01/2020	57,096	17	5,465
Experience Loss	07/01/2020	3,306,515	13	369,745
Change in Assumptions	07/01/2021	233,238	14	24,925
Change in Assumptions	07/01/2022	13,644	15	1,400
Experience Loss	07/01/2022	1,467,700	15	150,603
Total		\$44,274,990		\$6,239,802

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in Assumptions	07/01/2008	\$55,387	1	\$55,387
Experience Gain	07/01/2009	104,987	2	54,269
Change in Method	07/01/2009	866,146	17	82,911
Experience Gain	07/01/2011	30,040	4	8,288
Experience Gain	07/01/2013	614,928	6	120,569
Experience Gain	07/01/2014	477,939	7	82,881
Change in Assumptions	07/01/2017	138,276	10	18,399
Change in Assumptions	07/01/2018	206,281	11	25,709
Change in Assumptions	07/01/2019	304,964	12	35,884
Change in Assumptions	07/01/2020	368,175	13	41,171
Experience Gain	07/01/2021	355,977	14	38,041
Total		\$3,523,100		\$563,509

**Justification for
Change in Actuarial
Assumptions
(Schedule MB, line 11)**

For purposes of determining current liability, the current liability interest rate was changed from 2.33% to 2.27% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

Based on past experience and future expectations, the following actuarial assumptions were changed as of July 1, 2022:

- Lump sum conversion mortality table, previously the 2021 IRS lump sum table
- Administrative expense, previously \$500,000

Mid-America Carpenters Regional Council Millmen Pension Fund

**Report on Compliance with the Requirements of the Funding
Improvement Plan for the 2022 Actuarial Status Certification under
ERISA Section 305
and the Internal Revenue Code (IRC) Section 432 and as amended by
the Pension Protection Act of 2006 (PPA)**

Please complete:

The Trustees adopted a Funding Improvement Plan in May 2016, and have completed the most recent review during the past year.

To date the Trustees have, to the best of their knowledge, complied with the requirements of the recently updated Funding Improvement Plan.

 (signature)

Kristina M. Guastaferrri (printed name)

Fund Administrator (title)

Date: 9/12/22

JUSTIFICATION FOR CHANGE IN ACTUARIAL
ASSUMPTION

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

ACTIVE PARTICIPANT DATA

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

SUMMARY OF PLAN PROVISIONS

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

ACTUARIAL ASSUMPTION METHODS

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

ACTUARIAL CERTIFICATION OF STATUS

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