

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan BAC #1 SUPPLEMENTAL RETIREMENT FUND
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 05/01/1997
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF BAC LOCAL 1 SUPPLEMENTAL RETIREMENT FUND 2002 LONDON ROAD ROOM 300 DULUTH, MN 55812
2b	Employer Identification Number (EIN) 41-1868381
2c	Plan Sponsor's telephone number 218-728-4231
2d	Business code (see instructions) 238210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/04/2024	ROGER KIVELA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/28/2024	STAN PACZYNSKI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 378
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 348 6a(2) 358 6b 20 6c 4 6d 382 6e 2 6f 384 6g(1) 378 6g(2) 384 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 25

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

2E

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan BAC #1 SUPPLEMENTAL RETIREMENT FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF BAC LOCAL 1 SUPPLEMENTAL RETIREMENT FUND	D Employer Identification Number (EIN) 41-1868381

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).....

X

YesNo
- 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
THE VANGUARD GROUP, INC.	
23-1945930	

(b)	Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PNC BANK, NATIONAL ASSOCIATION	
22-1146430	

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

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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)

MAIRS & POWERS

41-0844499

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	36826	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MILLIMAN

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	22637	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLIFTONLARSONALLEN LLP

41-0746749

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	20999	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MARQUETTE ASSOCIATES

36-3485298

(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?
50 27 28 51	NONE	12500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILSON-MCSHANE

41-0956552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 50	NONE	8475	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2023 This Form is Open to Public Inspection.	
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023					
A Name of plan BAC #1 SUPPLEMENTAL RETIREMENT 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 OF BAC LOCAL 1 SUPPLEMENTAL RETIREMENT FUND				D Employer Identification Number (EIN) 41-1868381	
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: AFL-CIO BUILDING INVESTMENT TRUST					
b Name of sponsor of entity listed in (a): PNC BANK, NATIONAL ASSOCIATION AS TRUSTEE					
c EIN-PN 52-6328901-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 809137	
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)	
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)	
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	

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan BAC #1 SUPPLEMENTAL RETIREMENT FUND	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF BAC LOCAL 1 SUPPLEMENTAL RETIREMENT FUND	D Employer Identification Number (EIN) 41-1868381	

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	51675	89420
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	42411	57376
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	28352	35694
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	36793	190793
(2) U.S. Government securities	1c(2)	482409	1242509
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)	2551783	2432342
(B) All other.....	1c(3)(B)	70461	54348
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common	1c(4)(B)	5129616	6032877
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	1226113	809137
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	2286781	2762184
(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	11906394	13706680
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	34979	20796
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	34979	20796
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	11871415	13685884

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)	594039	
(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)		594039
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	6469	
(B) U.S. Government securities	2b(1)(B)	26081	
(C) Corporate debt instruments	2b(1)(C)	110003	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	413	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		142966
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	74685	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	60788	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		135473
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2260146	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1944924	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		315222
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1280755	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		-416976
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		414618
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2466097

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	533486	
(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)		533486
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	13113	
(3) Recordkeeping fees.....	2i(3)	22637	
(4) IQPA audit fees.....	2i(4)	20999	
(5) Investment advisory and investment management fees	2i(5)	53149	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	3909	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	4335	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		118142
j Total expenses. Add all expense amounts in column (b) and enter total	2j		651628

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1814469
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **CLIFTONLARSONALLEN LLP**

(2) EIN: **41-0746749**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan BAC #1 SUPPLEMENTAL RETIREMENT FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF BAC LOCAL 1 SUPPLEMENTAL RETIREMENT FUND	D Employer Identification Number (EIN) 41-1868381

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	0
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): 41-1868381		
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

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
---------	--

4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.				
5	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6	a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
	b Enter the amount contributed by the employer to the plan for this plan year	6b		
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.				
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

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

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

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

10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2023
v. 230707

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

14a

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

14b

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

14c

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

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

15a

b The corresponding number for the second preceding plan year

15b

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

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

16a

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

16b

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

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

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

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

a Enter the percentage of plan assets held as:

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation. _____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

BAC #1 SUPPLEMENTAL RETIREMENT FUND
FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES
YEARS ENDED DECEMBER 31, 2023 AND 2022



CPAs | CONSULTANTS | WEALTH ADVISORS

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**BAC #1 SUPPLEMENTAL RETIREMENT FUND
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INDEPENDENT AUDITORS' REPORT

Board of Trustees
BAC #1 Supplemental Retirement Fund
Duluth, Minnesota

Report on the Audit of the Financial Statements

Opinion

We have audited the accompanying financial statements of BAC #1 Supplemental Retirement 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 December 31, 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 financial statements referred to above present fairly, in all material respects, the net assets available for benefits of BAC #1 Supplemental Retirement Fund as of December 31, 2023 and 2022, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

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 BAC #1 Supplemental Retirement Fund and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about BAC #1 Supplemental Retirement Fund's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of BAC #1 Supplemental Retirement Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about BAC #1 Supplemental Retirement Fund's ability to continue as a going concern for a reasonable period of time.

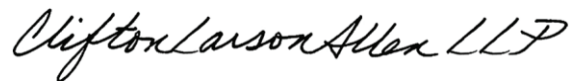
We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2023 and schedule of reportable transactions for the year then ended, are presented for purposes of additional analysis and are 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 its form and content, is 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 are fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.



CliftonLarsonAllen LLP

Minneapolis, Minnesota
August 19, 2024

**BAC #1 SUPPLEMENTAL RETIREMENT FUND
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2023 AND 2022**

	<u>2023</u>	<u>2022</u>
ASSETS		
INVESTMENTS (at Fair Value)		
Money Market Mutual Fund	\$ 190,793	\$ 36,793
U.S. Treasury Obligations	1,157,566	403,312
Mutual Funds	2,762,184	2,286,781
Mortgage Backed Securities	84,943	79,097
Collective Trust Fund	809,137	1,226,113
Corporate Bonds	2,486,690	2,622,244
Common Stock	6,032,877	5,129,616
Total Investments (at Fair Value)	<u>13,524,190</u>	<u>11,783,956</u>
OTHER ASSETS		
Cash in Bank	89,420	51,675
Contributions Receivable	57,376	42,411
Investment Income Receivable	35,694	28,352
Total Other Assets	<u>182,490</u>	<u>122,438</u>
Total Assets	13,706,680	11,906,394
LIABILITIES		
ACCOUNTS PAYABLE	<u>20,796</u>	<u>34,979</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 13,685,884</u></u>	<u><u>\$ 11,871,415</u></u>

See accompanying Notes to Financial Statements.

BAC #1 SUPPLEMENTAL RETIREMENT FUND
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2023 AND 2022

	<u>2023</u>	<u>2022</u>
ADDITIONS TO (DEDUCTIONS FROM) NET ASSETS AVAILABLE FOR BENEFITS ATTRIBUTABLE TO:		
INVESTMENT INCOME (LOSS)		
Interest and Dividends	\$ 278,437	\$ 253,683
Net Appreciation (Depreciation) in Fair Value of Investments	1,593,621	(2,814,580)
Less: Investment Management, Advisory, and Custodial Fees	<u>(53,149)</u>	<u>(49,258)</u>
Net Investment Income (Loss)	1,818,909	(2,610,155)
EMPLOYER CONTRIBUTIONS	594,039	555,772
BENEFIT PAYMENTS	(533,486)	(696,575)
ADMINISTRATIVE EXPENSES		
WMC Administrator Fees	(10,500)	(10,200)
Service Corp Administrator Fees	(2,613)	(4,680)
Milliman Administrator Fees	(22,637)	(21,553)
Audit	(20,999)	(18,830)
Insurance	(5,596)	(3,577)
Legal	(3,909)	(5,125)
Postage/Supplies/Printing/Miscellaneous	1,261	(3,716)
Total Administrative Expenses	<u>(64,993)</u>	<u>(67,681)</u>
NET INCREASE (DECREASE)	1,814,469	(2,818,639)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	<u>11,871,415</u>	<u>14,690,054</u>
End of Year	<u><u>\$ 13,685,884</u></u>	<u><u>\$ 11,871,415</u></u>

See accompanying Notes to Financial Statements.

**BAC #1 SUPPLEMENTAL RETIREMENT FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022**

NOTE 1 DESCRIPTION OF THE PLAN

The following description of BAC #1 Supplemental Retirement Fund (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan was established May 1, 1997 between Bricklayers and Allied Craftsmen Local #1 and Insulators Local #49 and Contributing Employers with collective bargaining agreements. The Plan was most recently restated January 1, 2015.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

Each month, participating employers contribute to the Plan, on behalf of their eligible employees, a fixed amount per hour of service, as determined by the collective bargaining agreements. The fixed amount per hour of service is based on various categories of participants, as defined in the collective bargaining agreements.

Participant Accounts

The Plan is a defined contribution plan under which a separate individual account is established for each participant. Each participant's account is credited with the Employer's contribution and an allocation of Plan earnings and fees on a monthly basis. During the years ended December 31, 2023 and 2022, a fee of \$18.00 and \$15.00, respectively, per participant per month was assessed for administrative fees. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. Participants do not direct the investments within their account.

Eligibility

Participants are immediately eligible to participate in the Plan upon the date an Employer first makes a contribution on behalf of the employee as required by the collective bargaining agreements.

Vesting

Participants are immediately vested in contributions plus actual earnings thereon.

Payment of Benefits

Benefits are paid to participants or their beneficiaries upon death, retirement (early or normal) and total and permanent disability before retirement (early or normal) or upon termination of service with an employer in the Plan. Participants may elect to receive either a lump-sum amount equal to the value of their vested interest, annuities, annual installments or partial cash payments as defined in the Plan document upon retirement, termination, death, or disability. Account balances that exceed \$5,000 will receive a joint and survivor annuity if married and a single life annuity if unmarried unless an alternative election is selected. The Plan allows for in-service distributions upon a Participant's attainment of age 59-½ and for hardship purposes, subject to Plan provisions.

**BAC #1 SUPPLEMENTAL RETIREMENT FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022**

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES

Methods of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S.GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to net assets and deductions from net assets during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are valued at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Investments in the money market mutual fund and mutual funds are valued at the daily closing price as reported by the fund. The mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. The funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. Investments in common stock are valued at the closing price reported in the active market in which the individual security is traded. Investments in U.S. Treasury obligations, mortgage-backed securities, and corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings. Collective trust funds are valued based on the NAV of units, as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying assets held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the funds will sell the investment for an amount different than the reported NAV.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Fair Value Measurements

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

BAC #1 SUPPLEMENTAL RETIREMENT FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Fair Value Measurements (Continued)

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair market value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the valuation methodologies used at December 31, 2023 and 2022.

Payment of Benefits

Benefits are recorded as paid.

Administrative Expenses

Administrative expenses are paid by the Plan.

NOTE 3 RISKS AND UNCERTAINTIES

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

BAC #1 SUPPLEMENTAL RETIREMENT FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 4 PLAN TERMINATION

Although the Board of Trustees has not expressed any intent to do so, they have the right to discontinue contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Board of Trustees may determine.

NOTE 5 FAIR VALUE OF INVESTMENTS

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

2023				
	Level 1	Level 2	Level 3	Total
Assets:				
Money Market Mutual Fund	\$ 190,793	\$ -	\$ -	\$ 190,793
U.S. Treasury Obligations	-	1,157,566	-	1,157,566
Mutual Funds	2,762,184	-	-	2,762,184
Mortgage-Backed Securities	-	84,943	-	84,943
Corporate Bonds	-	2,486,690	-	2,486,690
Common Stock	6,032,877	-	-	6,032,877
Total Assets in the Fair Value Hierarchy	<u>\$ 8,985,854</u>	<u>\$ 3,729,199</u>	<u>\$ -</u>	12,715,053
Investments Measured at NAV as a Practical Expedient				809,137
Investments at Fair Value				<u>\$ 13,524,190</u>
2022				
	Level 1	Level 2	Level 3	Total
Assets:				
Money Market Mutual Fund	\$ 36,793	\$ -	\$ -	\$ 36,793
U.S. Treasury Obligations	-	403,312	-	403,312
Mutual Funds	2,286,781	-	-	2,286,781
Mortgage-Backed Securities	-	79,097	-	79,097
Corporate Bonds	-	2,622,244	-	2,622,244
Common Stock	5,129,616	-	-	5,129,616
Total Assets in the Fair Value Hierarchy	<u>\$ 7,453,190</u>	<u>\$ 3,104,653</u>	<u>\$ -</u>	10,557,843
Investments Measured at NAV as a Practical Expedient				1,226,113
Investments at Fair Value				<u>\$ 11,783,956</u>

The following table sets forth additional disclosures for the fair value measurement of investments in certain entities that calculate net asset value per share (or its equivalent):

	December 31, 2023 Fair Value	December 31, 2022 Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Real Estate Collective Trust Fund	\$ 809,137	\$ 1,226,113	\$ -	Quarterly	60 Days, One Year Prior to Withdrawal

BAC #1 SUPPLEMENTAL RETIREMENT FUND
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2023 AND 2022

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

Real Estate Collective Trust Fund is invested in commercial real estate, real estate loans, and other properties with the objective of generative competitive risk-adjusted returns, long-term capital appreciation, or both.

NOTE 6 TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Plan by a letter dated August 12, 2015 that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter; however, the Board of Trustees believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the IRC.

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

NOTE 7 PARTY-IN-INTEREST TRANSACTIONS

The Plan's checking accounts are maintained at North Shore Bank of Commerce, a custodian. North Shore Investments & Trust is a division of North Shore Bank of Commerce. Therefore, these transactions qualify as party-in-interest.

NOTE 8 CONCENTRATION

During the years ended December 31, 2023 and 2022, there were four and three employers, respectively, that individually represented more than 10% of total employer contributions.

NOTE 9 SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through August 19, 2024, the date on which the financial statements were available to be issued.

BAC #1 SUPPLEMENTAL RETIREMENT FUND
E.I.N. 41-1868381 PLAN NO. 001
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2023

(a)	(b)	(c)	(d)	(g)	(h)	(i)
<u>Identity of Party Involved</u>	<u>Description of Asset</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Cost of Assets</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain (Loss)</u>
<u>Category (iii) - Series of Transactions</u>						
Goldman Sachs Financial Square Government Fund W265	Money Market Fund	\$ 1,157,654	\$ -	\$ 1,157,654	\$ 1,157,654	\$ -
Goldman Sachs Financial Square Government Fund W265	Money Market Fund	-	1,003,654	1,003,654	1,003,654	-

There were no category (i), (ii) or (iv) transactions.
Columns (e) and (f) omitted as they are not applicable.



CLA (CliftonLarsonAllen LLP) is a network member of CLA Global. See CLAGlobal.com/disclaimer. Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.

BAC #1 SUPPLEMENTAL RETIREMENT FUND
E.I.N. 41-1868381 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2023

Schedule Of Investments

UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
SHORT TERM INVESTMENTS								
190,792.34	FOAXX	GOLDMAN SACHS FINL SQUARE GOVT FUND ADMIN SHS #466 38141W265	190,792.34	190,792.34			774.89	2
		ACCOUNT 1564193001	97,394.89					
		ACCOUNT 1564193010	93,397.45					
U S TREASURY BILLS								
UNCLASSIFIED								
100,000		US TREASURY BILL 0% BILL 25/01/2024 USD 0% 01/25/2024 912796ZY8	99,663.00	95,585.19			4,077.81	
		ACCOUNT 1564193010	100,000					
50,000		UNITED STATES TREASURY BILLS 0% BILL 08/08/2024 USD 0% 08/08/2024 912797QK7	48,561.50	47,527.54			1,033.96	
		ACCOUNT 1564193010	50,000					
		TOTAL UNCLASSIFIED	148,224.50	143,112.73			5,111.77	
US TREASURY OBLIGATIONS								
UNCLASSIFIED								
100,000		US TREAS BOND 3.875% BIDS 15/02/2043 USD (BONDS 02/43) 3.875% 02/15/2043 912810TQ1	95,344.00	102,245.47	Aaa		1,453.13	1
		ACCOUNT 1564193010	100,000					
50,000		US TREAS BOND 4.375% BIDS 15/08/2043 USD (BOND 08/43) 4.375% 08/15/2043 912810TU2	51,039.00	49,992.19	Aaa		820.31	1
		ACCOUNT 1564193010	50,000					
100,000		UNITED STATES TREASURY NOTES .25% 06/15/2024 91282CCG4	97,816.00	99,296.88	Aaa		10.93	1
		ACCOUNT 1564193010	100,000					
100,000		UNITED STATES TREASURY NOTES 1% NTS 31/07/2028 USD (N-2028) 1% 07/31/2028 91282CCR0	87,957.00	99,839.49	Aaa		415.76	1
		ACCOUNT 1564193010	100,000					

BAC #1 SUPPLEMENTAL RETIREMENT FUND
E.I.N. 41-1868381 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2023

Schedule Of Investments

UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
50,000		UNITED STATES TREASURY NOTES 4.125% NTS 31/10/2027 USD (AF-2027) 4.125% 10/31/2027 91282CFU0 ACCOUNT 1564193010	50,314.50	49,662.11		Aaa	349.39	1
50,000		UNITED STATES TREASURY NOTES 4% NTS 15/12/2025 USD (AV-2025) 4% 12/15/2025 91282CGA3 ACCOUNT 1564193010	49,732.50	49,752.91		Aaa	87.43	
100,000		UNITED STATES TREASURY NOTES 3.5% NTS 15/02/2033 USD (B-2033) 3.5% 02/15/2033 91282CGM7 ACCOUNT 1564193010	96,973.00	101,189.59		Aaa	1,312.50	
50,000		UNITED STATES TREASURY NOTES 4% NTS 28/02/2030 USD (H-2030) 4% 02/28/2030 91282CGJ8 ACCOUNT 1564193010	50,236.50	49,517.58		Aaa	673.91	
50,000		UNITED STATES TREASURY NOTES 3.75% NTS 31/05/2030 USD (L-2030) 3.75% 05/31/2030 91282CHF1 ACCOUNT 1564193010	49,556.50	49,626.05		Aaa	159.68	1
50,000		UNITED STATES TREASURY NOTES 4.125% NTS 15/06/2026 USD (AP-2026) 4.125% 06/15/2026 91282CHH7 ACCOUNT 1564193010	49,988.50	49,716.80		Aaa	90.16	1
50,000		UNITED STATES TREASURY NOTES 4.75% NTS 31/07/2025 USD (BE-2025) 4.75% 07/31/2025 91282CHN4 ACCOUNT 1564193010	50,226.50	49,919.92		Aaa	987.43	1
150,000		UNITED STATES TREASURY NOTES 3.875% NTS 15/08/2033 USD (E-2033) 3.875% 08/15/2033 91282CHT1 ACCOUNT 1564193010	149,812.50	141,121.10		Aaa	2,179.69	1
50,000		UNITED STATES TREASURY NOTES 5% NTS 31/08/2025 USD (BG-2025) 5% 08/31/2025 91282CHV6 ACCOUNT 1564193010	50,461.00	49,853.52		Aaa	828.80	1

BAC #1 SUPPLEMENTAL RETIREMENT FUND
E.I.N. 41-1868381 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2023

Schedule Of Investments

UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
		TOTAL UNCLASSIFIED	929,457.50	941,733.61			9,369.12	
		CMO SECURITIES						
		TRANSPORTATION						
95,104.5		AMERICAN AIRLINES ABS 3.65% 12/15/2029 023764AA1	84,943.18	95,461.10	BBB	Baa3	289.28	2
		ACCOUNT 1564193010	95,104.5					
		MUNICIPAL OBLIGATIONS						
		UNCLASSIFIED						
100,000		WEST BEND WIS AA 2.9% 02/01/2038-2029 951428FA4	79,884.00	100,283.00	AA		1,208.33	
		ACCOUNT 1564193010	100,000					
		CORPORATE BONDS						
		ENERGY						
50,000	KMI34	KINDER MORGAN INC DEL 5.3% SNR NTS 01/12/2034 USD (SEC REGD) 5.3% 12/01/2034 49456BA06	49,614.50	60,296.91	BBB	Baa2	213.47	1
		ACCOUNT 1564193010	50,000					
		MATERIALS						
100,000		CABOT CORP 4% SNR PIDI NTS 01/07/2029 USD (SEC REGD) 4% 07/01/2029 127055AL5	94,832.00	101,325.00	BBB	Baa2	1,988.89	1
		ACCOUNT 1564193010	100,000					
150,000		KENNAMETAL INC 4.625% SNR PIDI NTS 15/06/2028 USD (SEC REGD) 4.625% 06/15/2028 489170AE0	146,329.50	162,960.00	BBB	Baa3	289.06	1
		ACCOUNT 1564193010	150,000					
		TOTAL MATERIALS	241,161.50	264,285.00			2,277.95	
		CAPITAL GOODS						
100,000	FBH529	FORTUNE BRANDS INNOVATIONS INC 3.25% SNR PIDI NTS 15/09/2029 USD (SEC REGD) 3.25% 09/15/2029 34964CAE6	92,414.00	99,913.00	BBB	Baa2	947.92	1
		ACCOUNT 1564193010	100,000					
115,000	SHW45B	SHERWIN WILLIAMS CO 4.4% SNR PIDI NTS 01/02/2045 USD (SEC REGD) 4.4% 02/01/2045 824348BH8	93,285.70	120,885.70	BBB	Baa2	2,094.28	1

BAC #1 SUPPLEMENTAL RETIREMENT FUND
E.I.N. 41-1868381 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
DECEMBER 31, 2023

Schedule Of Investments

UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
		ACCOUNT 1564193010	115,000					
		TOTAL CAPITAL GOODS	185,699.70	220,798.70			3,042.20	
		AUTOMOBILES AND COMPONENTS						
100,000	LEA30	LEAR CORP 3.5% SNR PIDI NTS 30/05/2030 USD (SEC RECD) 3.5% 05/30/2030 521865BB0	89,091.00	101,934.00	BBB	Baa2	291.67	1
		ACCOUNT 1564193010	100,000					
		CONSUMER DURABLES AND APPAREL						
100,000		MOHAWK IND INC 3.625% SNR PIDI NTS 15/05/2030 USD (SEC RECD) 3.625% 05/15/2030 608190ALL8	92,409.00	100,641.00	BBB+	Baa1	453.13	1
		ACCOUNT 1564193010	100,000					
		CONSUMER SERVICES						
100,000	FDX43	FEDEX CORP 4.1% SNR PIDI NTS 15/04/2043 USD (SEC RECD) 4.1% 04/15/2043 31428XAU0	84,871.00	99,260.00	BBB	Baa2	854.17	1
		ACCOUNT 1564193010	100,000					
50,000		FEDEX CORP 4.25% SNR PIDI NTS 15/05/2030 USD (SEC RECD) 4.25% 05/15/2030 31428XRBZ8	48,858.00	49,879.00	BBB	Baa2	265.63	1
		ACCOUNT 1564193010	50,000					
		TOTAL CONSUMER SERVICES	133,729.00	149,139.00			1,119.80	
		RETAILING						
75,000	KSS37	KOHL'S CORP 6.875% 12/15/2037 500255AQ7	56,111.25	82,902.52	BB	Ba3	214.84	1
		ACCOUNT 1564193010	75,000					
		PHARMACEUTICAL BIOTECH LIFE SCI						
100,000	CAH27	CARDINAL HEALTH INC 3.41% SNR PIDI NTS 15/06/2027 USD (SEC RECD) 3.41% 06/15/2027 14149YB36	95,943.00	99,524.50	BBB	Baa2	142.08	1
		ACCOUNT 1564193010	100,000					
		BANKS						
50,000		BANK AMERICA FDG CORP FXD-FRN SNR 22/07/2028 USD (SEC RECD) (N) 4.948% 07/22/2028 06051CKW8	49,993.00	50,406.50	A-	A1	1,085.81	1
		ACCOUNT 1564193010	50,000					

BAC #1 SUPPLEMENTAL RETIREMENT FUND
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SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
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UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
100,000		BANK OF NEW YORK MELLON CORP FXD-FRN PERP USD (SEC REGD) 3.75% 12/31/2049 064058AL4 ACCOUNT 1564193010	86,433.00 100,000	100,000.00	BBB	Baa1	104.17	1
100,000		PNC FINL CORP FXD-FRN PERP USD (SEC REGD) (T) 3.4% 693473BC8 ACCOUNT 1564193010	79,993.00 100,000	100,225.00	BBB-	Baa2	0.00	
100,000		US BANCORP FXD-FRN TIER I PERP USD (SEC REGD) (N) 3.7% 12/31/2049 902973BC9 ACCOUNT 1564193010	78,503.00 100,000	100,225.00	BBB	Baa2	770.83	1
100,000		WINTRUST FINL CORP 4.85% SUB PIDI NTS 06/06/2029 USD (SEC REGD) 4.85% 06/06/2029 97650WAC3 ACCOUNT 1564193010	90,808.00 100,000	108,527.00			323.33	1
		TOTAL BANKS	385,730.00	459,383.50			2,284.14	
		DIVERSIFIED FINANCIALS						
50,000	BKH34	BLACK HILLS CORP 6.15% SNR NTS 15/05/2034 USD (SEC REGD) 6.15% 05/15/2034 092113AW9 ACCOUNT 1564193010	52,056.50 50,000	50,311.00	BBB+	Baa2	896.88	1
50,000		CINN FINL 6.125% SNR NTS 01/11/2034 USD (SEC REGD) 6.125% 11/01/2034 172062AE1 ACCOUNT 1564193010	52,338.50 50,000	52,602.50	BBB+	A3	501.91	1
150,000		JP MORGAN CHASE & CO FXD-FRN ALT TIER I PERP USD (SEC REGD) 3.65% 12/31/2099-2026 48128BAN1 ACCOUNT 1564193010	137,269.50 150,000	149,925.00	BBB-	Baa2	441.04	1
100,000		MORGAN STANLEY 3.875% 01/27/2026 61746BDZ6 ACCOUNT 1564193010	97,941.00 100,000	101,676.00	A-	A1	1,646.88	2
		TOTAL DIVERSIFIED FINANCIALS	339,605.50	354,514.50			3,486.71	
		INSURANCE						

BAC #1 SUPPLEMENTAL RETIREMENT FUND
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UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FYML
75,000	AIE30	ASSURANT INC 3.7% SNR PIDI NTS 22/02/2030 USD (SEC REGD) 3.7% 02/22/2030 04621XAM0 ACCOUNT 1564193010	67,530.00 75,000	78,920.25	BBB	Baa2	986.67	1
SOFTWARE AND SERVICES								
100,000		NETAPP INC 3.3% 09/29/2024 64110DAF1 ACCOUNT 1564193010	98,260.00 100,000	99,484.00	BBB+	Baa2	834.17	2
50,000		SCIENCE APPLICATIONS 5.5% 07/01/2033 808626AC0 ACCOUNT 1564193010	48,312.50 50,000	50,360.50	BBB-	Baa2	1,367.36	2
TOTAL SOFTWARE AND SERVICES			146,572.50	149,844.50			2,201.53	
TECHNOLOGY HARDWARE AND EQUIP								
100,000	HPQ30	HP INC 3.4% SNR PIDI NTS 17/06/2030 USD (SEC REGD) 3.4% 06/17/2030 40434LAC9 ACCOUNT 1564193010	91,377.00 100,000	103,272.00	BBB	Baa2	122.78	1
TELECOMMUNICATION SERVICES								
100,000		VERIZON COMMUNICATIONS INC BBB+ 4.4% 11/01/2034 92343VCQ5 ACCOUNT 1564193010	96,208.00 100,000	101,138.00	BBB+	Baa1	721.11	2
UTILITIES								
50,000	LNTI43	INTERSTATE PWR & LT CO 4.7% SNR UNSEC DEB 15/10/2043 USD (SEC REGD) 4.7% 10/15/2043 461070AK0 ACCOUNT 1564193010	43,724.50 50,000	42,144.50	A-	Baa1	489.58	1
50,000		PUBLIC SVC CO COLORADO 6.5% 12T MTC BDS 01/08/2038 USD (SEC REGD) (19) 6.5% 08/01/2038 744448CA7 ACCOUNT 1564193010	55,782.00 50,000	54,853.50	A	A1	1,345.14	1
TOTAL UTILITIES			99,506.50	96,998.00			1,834.72	
TOTAL CORPORATE BONDS			2,170,288.45	2,423,592.38			19,392.80	
CONVERTIBLE CORPORATE BONDS								

BAC #1 SUPPLEMENTAL RETIREMENT FUND
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SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
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UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
DIVERSIFIED FINANCIALS								
200,000		SCHWAB CHARLES CORP FRN SUB-PERPETUAL CONVERTIBLE 4% 808513BJ3	157,962.00	200,531.25	BBB-	Baa2	0.00	2
		ACCOUNT 1564193010	200,000					
FOREIGN BONDS, NOTES & DEBENTURES								
UNCLASSIFIED								
175,000	ALB/29	ALBEMARLE WODICINA PROPERTY LTD 3.45% SNR PIDI NTS 15/11/2029 USD (SEC REGD) 3.45% 11/15/2029 01273PAB8	158,439.75	183,813.25	BBB	Baa3	754.69	
		ACCOUNT 1564193010	175,000					
COMMON STOCK								
UNCLASSIFIED								
600	JAMF	JAMF HOLDING CORP COM 47074L105	10,836.00	21,196.65			0.00	1
		ACCOUNT 1564193010	600					
ENERGY								
300	LNT	ALLIANT ENERGY CORP 018802108	15,390.00	15,927.40			0.00	1
		ACCOUNT 1564193010	300					
MATERIALS								
500	BMI	BADGER METER INC 056525108	77,185.00	9,350.02			0.00	1
		ACCOUNT 1564193010	500					
2,300	FAST	FASTENAL CO 311900104	148,971.00	29,349.03			0.00	1
		ACCOUNT 1564193010	2,300					
		TOTAL MATERIALS	226,156.00	38,699.05			0.00	
CAPITAL GOODS								
500	DICI	DONALDSON INC 257651109	32,675.00	10,040.39			0.00	1
		ACCOUNT 1564193010	500					
1,000	FUL	FULLER H B CO 359694106	81,410.00	17,441.79			0.00	1
		ACCOUNT 1564193010	1,000					
2,700	GGO	GRACO INC 384109104	234,252.00	16,395.96			0.00	1
		ACCOUNT 1564193010	2,700					

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SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
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UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
500	HON	HONEYWELL INTL INC A 438516106 ACCOUNT 1564193010	104,855.00 500	23,040.47	A		0.00	1
300	SHW	SHERWIN WILLIAMS CO 824348106 ACCOUNT 1564193010	93,570.00 300	48,297.49			0.00	1
300	TNC	TENNANT CO 880345103 ACCOUNT 1564193010	27,807.00 300	21,308.98			0.00	1
1,100	TTC	TORO CO 891092108 ACCOUNT 1564193010	105,589.00 1,100	26,240.58			396.00	1
		TOTAL CAPITAL GOODS	680,158.00	162,765.66			396.00	
		TRANSPORTATION						
200	CHRW	C H ROBINSON WORLDWIDE INC 12541W209 ACCOUNT 1564193010	17,278.00 200	13,025.38			122.00	1
450	UPS	UNITED PARCEL SERVICE INC 911312106 ACCOUNT 1564193010	70,753.50 450	32,900.64			0.00	1
		TOTAL TRANSPORTATION	88,031.50	45,926.02			122.00	
		AUTOMOBILES AND COMPONENTS						
550	GNRC	GENERAC HLDS INC 368736104 ACCOUNT 1564193010	71,082.00 550	25,405.92			0.00	1
1,000	THRM	GENTHERM INC 37253A103 ACCOUNT 1564193010	52,360.00 1,000	58,663.75			0.00	1
		TOTAL AUTOMOBILES AND COMPONENTS	123,442.00	84,069.67			0.00	
		CONSUMER DURABLES AND APPAREL						
400	ENTG	ENTEGRIS INC 29363U104 ACCOUNT 1564193010	47,928.00 400	48,821.94			0.00	1
		MEDIA						
500	DIS	WALT DISNEY CO 254687106 ACCOUNT 1564193010	45,145.00 500	32,395.37			150.00	1

BAC #1 SUPPLEMENTAL RETIREMENT FUND
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SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
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UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
RETAILING								
2,000	AMZN	AMAZON INC 023135106 ACCOUNT 1564193010	303,880.00 2,000	336,490.71			0.00	1
325	HD	HOME DEPOT CO 437076102 ACCOUNT 1564193010	112,628.75 325	13,499.08			0.00	1
400	TGT	TARGET CORP 87612E106 ACCOUNT 1564193010	56,968.00 400	18,526.62			0.00	1
		TOTAL RETAILING	473,476.75	368,516.41			0.00	
FOOD BEVERAGE AND TOBACCO								
300	HSY	THE HERSHEY CO 437866108 ACCOUNT 1564193010	55,932.00 300	43,598.12			0.00	1
2,000	HRL	HORMEL FOODS CORP 440452100 ACCOUNT 1564193010	64,220.00 2,000	44,094.10			0.00	1
600	SYV	SYSCO CORP 871829107 ACCOUNT 1564193010	43,878.00 600	36,730.98			0.00	1
		TOTAL FOOD BEVERAGE AND TOBACCO	164,030.00	124,423.20			0.00	
HOUSEHOLD AND PERSONAL PRODUCTS								
750	ECL	ECOLAB INC 278865100 ACCOUNT 1564193010	148,762.50 750	40,709.51			427.50	1
HEALTH CARE EQUIP AND SERVICES								
1,600	TECH	BIO-TECHNE CORP 09073M104 ACCOUNT 1564193010	123,456.00 1,600	21,407.76			0.00	1
550	UNH	UNITED HEALTH GROUP INC 91324P102 ACCOUNT 1564193010	289,558.50 550	62,591.35			0.00	1
		TOTAL HEALTH CARE EQUIP AND SERVICES	413,014.50	83,999.11			0.00	
PHARMACEUTICAL BIOTECH LIFE SCI								
1,450	ABB	ABBOTT LABS 002824100	159,601.50	43,848.65			0.00	1

BAC #1 SUPPLEMENTAL RETIREMENT FUND
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UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FYML
		ACCOUNT 1564193010	1,450					
900	JNJ	JOHNSON & JOHNSON 478160104	141,066.00	67,011.31			0.00	1
		ACCOUNT 1564193010	900					
575	LLY	LILLY ELI & CO 532457108	335,179.00	30,124.17			0.00	1
		ACCOUNT 1564193010	575					
		TOTAL PHARMACEUTICAL BIOTECH LIFE SCI	635,846.50	140,984.13			0.00	
		BANKS						
300	JPM	JP MORGAN CHASE & CO 46625H100	51,030.00	49,387.36			0.00	1
		ACCOUNT 1564193010	300					
2,000	USB	US BANCORP 902973304	86,560.00	74,182.63			980.00	1
		ACCOUNT 1564193010	2,000					
2,000	WFC	WELLS FARGO BANK NA 949746101	98,440.00	64,372.28			0.00	1
		ACCOUNT 1564193010	2,000					
		TOTAL BANKS	236,030.00	187,942.27			980.00	
		DIVERSIFIED FINANCIALS						
600	AXP	AMERICAN EXPRESS CO 025816109	112,404.00	49,520.73			0.00	1
		ACCOUNT 1564193010	600					
700	V	VISA INC 92826C839	182,245.00	94,066.11			0.00	1
		ACCOUNT 1564193010	700					
		TOTAL DIVERSIFIED FINANCIALS	294,649.00	143,586.84			0.00	
		INSURANCE						
500	PFG	PRINCIPAL FINL GROUP 74251V102	39,335.00	17,408.51			0.00	1
		ACCOUNT 1564193010	500					
		SOFTWARE AND SERVICES						
3,200	GOOG	ALPHABET INC 02079K107	450,976.00	125,717.19			0.00	1
		ACCOUNT 1564193010	3,200					
300	ADP	AUTO DATA PROCESSING INC 053015103	69,891.00	66,275.44			420.00	1

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UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
		ACCOUNT 1564193010	300					
1,600	FISV	FISERV INC 337738108	212,544.00	19,014.42			0.00	1
		ACCOUNT 1564193010	1,600					
1,000	MSFT	MICROSOFT CORP 584918104	376,040.00	115,536.53			0.00	1
		ACCOUNT 1564193010	1,000					
100	PANW	PALO ALTO NETWORKS INC 697435105	29,488.00	24,054.95			0.00	1
		ACCOUNT 1564193010	100					
400	CRM	SALESFORCE INC 79466L302	105,256.00	117,968.33			0.00	1
		ACCOUNT 1564193010	400					
		TOTAL SOFTWARE AND SERVICES	1,244,195.00	468,566.86			420.00	
		TECHNOLOGY HARDWARE AND EQUIP						
500	LFUS	LITTELFUSE INC 537008104	133,780.00	91,601.23			0.00	1
		ACCOUNT 1564193010	500					
500	MSI	MOTOROLA SOLUTIONS INC 620076307	156,545.00	72,940.92			490.00	1
		ACCOUNT 1564193010	500					
700	QCOM	QUALCOMM INC 747525103	101,241.00	43,772.62			0.00	1
		ACCOUNT 1564193010	700					
		TOTAL TECHNOLOGY HARDWARE AND EQUIP	391,566.00	208,314.77			490.00	
		SEMICONDUCTORS AND EQUIPMENT						
1,100	NVDA	VIDIA CORP 67066C104	544,742.00	46,407.35			0.00	1
		ACCOUNT 1564193010	1,100					
		UTILITIES						
175	XEL	XCEL ENERGY INC 98389B100	10,834.25	3,821.52			91.00	1
		ACCOUNT 1564193010	175					
		TOTAL COMMON STOCK	5,833,568.00	2,284,482.24			3,076.50	
		EQUITY FUNDS						

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UNITS	TICKER	DESCRIPTION	MARKET VALUE	BOOK VALUE	S&P RATE	MOODY RATE	ACCRUED INCOME	FVML
UNCLASSIFIED								
10,850.951	VEXAX	VANGUARD EXTENDED MARKET INDEX ADMIRAL #598 922908694 ACCOUNT 1564193001	1,369,715.54 10,850.951	888,393.02			0.00	1
FOREIGN STOCK								
UNCLASSIFIED								
1,700	NVT	NVENT ELECTRIC PLC G6700C107 ACCOUNT 1564193010	100,453.00 1,700	30,190.01			0.00	1
TECHNOLOGY HARDWARE AND EQUIP								
1,200	MDT	MEDTRONIC PLC G5960L103 ACCOUNT 1564193010	98,856.00 1,200	92,432.45			828.00	1
TOTAL FOREIGN STOCK			199,309.00	122,622.46			828.00	
INTL EQUITY FUNDS								
UNCLASSIFIED								
44,802.723	VTIAX	VANGUARD INTL STOCK INDEX ADMIRAL #569 921909818 ACCOUNT 1564193001	1,392,468.63 44,802.723	1,246,764.88			0.00	1
MUTUAL FUNDS								
UNCLASSIFIED								
148.511124		AFL-CIO BUILDING INVESTMENT TRUST FUND 998500BD3 ACCOUNT 1564193029	809,136.96 148.511124	940,923.46			0.00	1
Total Fund			13,524,189.85	9,798,199.33			40,805.38	