# 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**

## Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 05/01/2023 and ending 04/30/2024

**A** This return/report is for:
- [X] 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. . . . . ▶ [X]

**D** Check box if filing under:
- [X] 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
CENTRAL ILLINOIS CARPENTERS RETIREMENT SAVINGS FUN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 05/01/1988

**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 CENTRAL ILLINOIS CARPENTERS RETIREMENT SAVINGS FUND

200 S MADIGAN DRIVE
LINCOLN, IL 62656-9601

200 S MADIGAN DRIVE
LINCOLN, IL 62656-9601

**2b** Employer Identification Number (EIN)
37-1234126

**2c** Plan Sponsor's telephone number
217-732-1919

**2d** Business code (see instructions)
238900

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 01/23/2025 | KRISTINA GUASTAFERRI |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 01/23/2025 | MATTHEW BENDER |
| | **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 [X] 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

**4b** EIN

**c** Plan Name

**4d** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 7538 |
| **6** | Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**). | | |
| **a(1)** | Total number of active participants at the beginning of the plan year | **6a(1)** | 2998 |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | 3272 |
| **b** | Retired or separated participants receiving benefits | **6b** | 58 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 4548 |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | 7878 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 101 |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 7979 |
| **g(1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | 7538 |
| **g(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | 7899 |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | 381 |

**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)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] Trust
- **(4)** [ ] General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- **(1)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2023**

**This Form is Open to Public Inspection**

For calendar plan year 2023 or fiscal plan year beginning 05/01/2023 and ending 04/30/2024

**A** Name of plan
CENTRAL ILLINOIS CARPENTERS RETIREMENT SAVINGS FUN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES CENTRAL ILLINOIS CARPENTERS RETIREMENT SAVINGS FUND

**D** Employer Identification Number (EIN)
37-1234126

## Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier
THE UNION LABOR LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 13-1423090 | 69744 | GA-02111 | | 05/01/2023 | 04/30/2024 |

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

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 2982 | 27742 |

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

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid
THE UNION LABOR LIFE INSURANCE COMP
8403 COLESVILLE RD, 13TH FLOOR
SILVER SPRING, MD 20910

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| | 27742 | | 7 |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid
ULLICO INVESTMENT COMPANY, LLC
8403 COLESVILLE RD, 13TH FLOOR
SILVER SPRING, MD 20910

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | (c) Amount | (d) Purpose | (e) Organization code |
| 2982 | | | 0 |

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

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

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

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

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

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

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

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

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

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

## Part II Investment and Annuity Contract Information

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

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 5209949 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

| | | | |
|---|---|---|---|
| b | Premiums paid to carrier | 6b | |
| c | Premiums due but unpaid at the end of the year | 6c | |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ | 6d | |

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

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

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

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

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

## Part III Welfare Benefit Contract Information

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

**8** Benefit and contract type (check all applicable boxes)

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

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **10b** | |

Specify nature of costs.

## Part IV Provision of Information

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

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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2023**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2023 or fiscal plan year beginning 05/01/2023 and ending 04/30/2024

**A** Name of plan
CENTRAL ILLINOIS CARPENTERS RETIREMENT SAVINGS FUN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES CENTRAL ILLINOIS CARPENTERS RETIREMENT SAVINGS FUND

**D** Employer Identification Number (EIN)
37-1234126

## 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] Yes [ ] No

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

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

INVESCO TRUST COMPANY

46-3793325

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

FIDELITY GLOBAL EX US INDEX FUND

245 SUMMER STREET
BOSTON, MA 02110

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

NUVEEN FLOATING RATE INCOME FUND

333 WEST WACKER DRIVE
CHICAGO, IL 60606

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

HARBOR CORE BOND FUND

111 SOUTH WACKER DRIVE, 34TH FLOOR
CHICAGO, IL 60606

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

BAIRD CORE PLUS BOND FUND

777 EAST WISCONSIN AVE
MILWAUKEE, WI 53202

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

INVESCO ADVISERS, INC.

58-1707262

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

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

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

CICH & WTF

37-1117215

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 13 50 | RELATED PARTY | 168323 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**(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? |
|---|---|---|---|---|---|---|
| 16 50 | NONE | 90000 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

GARCIA HAMILTON & ASSOCIATES, LP

76-0589652

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 28 51 | NONE | 49777 | Yes [ ] No [X] | 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)

REGIONS BANK

63-0371391

| (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 | 25036 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

CAVANAGH & O'HARA LLP

37-1259635

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 29 50 | NONE | 18005 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

ROMOLO & ASSOCIATES, LLC

84-2885766

| (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 | 16000 | Yes [ ] No [X] | 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)

PARAMETRIC PORTFOLIO ASSOCIATES, LL

20-0292745

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 28 51 | NONE | 15679 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

NEUBERGER BERMAN INVESTMENT ADVISER

02-0654486

| (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 52 | NONE | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 15167 | Yes [ ] No [ ] |

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

THE UNION LABOR LIFE INSURANCE COMP

13-1423090

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 51 | NONE | 0 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | 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 05/01/2023 and ending 04/30/2024

**A** Name of plan
CENTRAL ILLINOIS CARPENTERS RETIREMENT SAVINGS FUN

**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 CENTRAL ILLINOIS CARPENTERS RETIREMENT SAVINGS FUND

**D** Employer Identification Number (EIN)
37-1234126

**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: ULLICO SEPERATE ACCOUNT W1

**b** Name of sponsor of entity listed in (a): THE UNION LABOR LIFE INSURANCE COMPANY

| **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) |
|---|---|---|
| 13-1423090-209 | P | 5209949 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: UBC RUSSELL 3000 INDEX TRUST

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

| **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) |
|---|---|---|
| 20-2583973-306 | C | 94125597 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN US EQUITY INDEX

**b** Name of sponsor of entity listed in (a): NEUBERGER BERMAN INVESTMENT ADVISERS LLC

| **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) |
|---|---|---|
| 81-4341513-001 | E | 4694873 |

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

**b** Name of sponsor of entity listed in (a): PARAMETRIC DEFENSIVE EQUITY FUND LLC

| **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) |
|---|---|---|
| 45-2531297-001 | E | 4648069 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL US PROPERTY SEPARATE ACCO

**b** Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

| **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) |
|---|---|---|
| 42-0217290-027 | P | 7018829 |

**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) |
|---|---|---|

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

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

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**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 05/01/2023 and ending 04/30/2024

**A** Name of plan
CENTRAL ILLINOIS CARPENTERS RETIREMENT SAVINGS FUN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES CENTRAL ILLINOIS CARPENTERS RETIREMENT SAVINGS FUND

**D** Employer Identification Number (EIN)
37-1234126

## 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 | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 1849092 | 2060779 |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | 206356 | 289563 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 9730135 | 14581568 |
| **(2)** U.S. Government securities | 1c(2) | 17731345 | 18140361 |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | 2132271 | 1421175 |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(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) | 82720931 | 94125597 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 4917057 | 12228778 |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | 9049075 | 9342942 |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 72138722 | 77328421 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | 845586 | 960145 |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(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 | 201320570 | 230479329 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | | |
| **h** Operating payables | 1h | 204768 | 215361 |
| **i** Acquisition indebtedness | 1i | | |
| **j** Other liabilities | 1j | 47390 | 47390 |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 252158 | 262751 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 201068412 | 230216578 |

## 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) | 18341103 | |
| **(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) | | 18341103 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 364072 | |
| **(B)** U.S. Government securities | 2b(1)(B) | 598273 | |
| **(C)** Corporate debt instruments | 2b(1)(C) | 72645 | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 1034990 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | 0 | |
| **(B)** Common stock | 2b(2)(B) | 0 | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 2970076 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 2970076 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 11084805 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 11426248 | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | -341443 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | -612509 | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | -612509 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **(6)** Net investment gain (loss) from common/collective trusts | 2b(6) | | 18204666 |
| **(7)** Net investment gain (loss) from pooled separate accounts | 2b(7) | | 342840 |
| **(8)** Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| **(9)** Net investment gain (loss) from 103-12 investment entities | 2b(9) | | 1391852 |
| **(10)** Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 651656 |
| **c** Other income | 2c | | 15913 |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 41999144 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 12341844 | |
| **(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) | | 12341844 |
| **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) | 168323 | |
| **(3)** Recordkeeping fees | 2i(3) | | |
| **(4)** IQPA audit fees | 2i(4) | 16000 | |
| **(5)** Investment advisory and investment management fees | 2i(5) | 214987 | |
| **(6)** Bank or trust company trustee/custodial fees | 2i(6) | 25036 | |
| **(7)** Actuarial fees | 2i(7) | | |
| **(8)** Legal fees | 2i(8) | 18005 | |
| **(9)** Valuation/appraisal fees | 2i(9) | | |
| **(10)** Other trustee fees and expenses | 2i(10) | | |
| **(11)** Other expenses | 2i(11) | 66783 | |
| **(12)** Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 509134 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 12850978 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | 29148166 |
| **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)** [X] 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)** [X] 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: ROMOLO & ASSOCIATES, LLC **(2)** EIN: 84-2885766

**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.) | **4a** | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | **4b** | | X | |
| **c** Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | **4c** | | X | |
| **d** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | **4d** | | X | |
| **e** Was this plan covered by a fidelity bond? | **4e** | X | | 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? | **4f** | | X | |
| **g** Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4g** | | X | |
| **h** Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4h** | | X | |
| **i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | X | | |
| **j** Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | **4j** | X | | |
| **k** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | X | |
| **l** Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | X | |
| **n** If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | **4n** | | X | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.**

For calendar plan year 2023 or fiscal plan year beginning 05/01/2023 and ending 04/30/2024

**A** Name of plan
CENTRAL ILLINOIS CARPENTERS RETIREMENT SAVINGS FUN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
BOARD OF TRUSTEES CENTRAL ILLINOIS CARPENTERS RETIREMENT SAVINGS FUND

**D** Employer Identification Number (EIN)
37-1234126

## 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): _____ _____

**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 |

## 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

## 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_____.

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& ASSOCIATES, LLC
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# INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
the Central Illinois Carpenters Retirement Savings Fund
Lincoln, Illinois

## Opinion

We have audited the accompanying financial statements of Central Illinois Carpenters Retirement Savings Fund, 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 April 30, 2024 and 2023, and the related Statements of Changes in Net Assets Available for Benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Central Illinois Carpenters Retirement Savings Fund as of April 30, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

## Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Central Illinois Carpenters Retirement Savings 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 Central Illinois Carpenters Retirement Savings Fund's ability to continue as a going concern for one year after the date 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.

**Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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 Central Illinois Carpenters Retirement Savings 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 Central Illinois Carpenters Retirement Savings 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 Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Assets (Held at End of Year) and Reportable Transactions, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Romolo & Associates, LLC
Certified Public Accountants
Peoria, Illinois

December 4, 2024

## *CENTRAL ILLINOIS CARPENTERS RETIREMENT SAVINGS FUND*

**SCHEDULE H, LINE 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)** **SCHEDULE 1**

**37-1234126 PLAN #001**

**APRIL 30, 2024**

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value: Description | Maturity Date | Rate of Interest | Par or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|---|---|---|
| | US Treasury Note | Gov't Security | 2/15/30 | 1.5% | 760,000 | $653,364 | $637,306 |
| | US Treasury Note | Gov't Security | 11/15/27 | 2.25% | 615,000 | 572,597 | 563,857 |
| | US Treasury Note | Gov't Security | 5/15/29 | 2.375% | 825,000 | 758,526 | 738,796 |
| | US Treasury Note | Gov't Security | 2/15/29 | 2.625% | 2,020,000 | 1,888,615 | 1,838,038 |
| | US Treasury Note | Gov't Security | 1/31/28 | 3.5% | 1,785,000 | 1,784,644 | 1,704,746 |
| | US Treasury Note | Gov't Security | 1/31/29 | 3.875% | 2,130,000 | 2,122,431 | 2,040,391 |
| | FNMA Pool FN CB3496 | Gov't Security | 5/1/52 | 3.0% | 680,273.80 | 582,591 | 562,709 |
| | FNMA Pool FN FM0073 | Gov't Security | 8/1/38 | 3.5% | 258,446.10 | 611,528 | 236,072 |
| | FNMA Pool FN FM6989 | Gov't Security | 9/1/40 | 3.0% | 343,504.43 | 686,041 | 298,220 |
| | FNMA Pool FN FM7033 | Gov't Security | 8/1/39 | 3.5% | 318,093.60 | 638,481 | 290,992 |
| | FNMA Pool FN FM7372 | Gov't Security | 4/1/40 | 3.5% | 230,050.68 | 490,252 | 209,949 |
| | FNMA Pool FN FS1507 | Gov't Security | 2/1/52 | 3.0% | 1,151,364.27 | 997,270 | 952,201 |
| | FNMA Pool FN MA4571 | Gov't Security | 3/1/42 | 2.5% | 803,535.06 | 705,455 | 672,382 |
| | FNMA Pool FN MA4699 | Gov't Security | 8/1/52 | 3.5% | 1,131,763.50 | 986,403 | 976,565 |
| | FNMA Pool FN MA4730 | Gov't Security | 9/1/52 | 3.0% | 477,243.78 | 398,126 | 394,666 |
| | FNMA Pool FN MA4782 | Gov't Security | 10/1/52 | 3.5% | 1192,617.91 | 105,213 | 1,029,015 |
| | FNMA Pool FN MA4783 | Gov't Security | 10/1/52 | 4.0% | 1032,272.64 | 951,505 | 924,359 |
| | FNMA Pool FN MA4803 | Gov't Security | 11/1/52 | 3.5% | 556,647.65 | 497,808 | 480,276 |
| | FREDDIE MAC | Gov't Security | 2/1/53 | 4.0% | 707,222.34 | 680,757 | 633,749 |
| | FREDDIE MAC POOL QE9001 | Gov't Security | 8/1/52 | 4.0% | 1,282,659.77 | 1,175,838 | 1,149,712 |
| | FREDDIE MAC POOL SC0314 | Gov't Security | 9/1/42 | 2.5% | 651,175.39 | 566,925 | 538,639 |
| | FREDDIE MAC POOL SD1373 | Gov't Security | 5/1/52 | 3.0% | 878,115.07 | 753,807 | 726,254 |
| | FREDDIE MAC POOL SD8244 | Gov't Security | 9/1/52 | 4.0% | 604,883.07 | 571,993 | 541,467 |
| | **TOTAL** | Gov't Security | | | | **$19,180,170** | **$18,140,361** |
| | AFLAC | Corporate Bond | 4/1/30 | 3.6% | 315,000 | $328,971 | $286,450 |
| | Bank of America | Corporate Bond | 2/7/30 | 3.974% | 460,000 | 502,213 | 427,565 |
| | Citigroup | Corporate Bond | 3/31/31 | 4.412% | 340,000 | 395,640 | 317,373 |
| | Walt Disney | Corporate Bond | 3/22/30 | 3.8% | 420,000 | 444,954 | 389,787 |
| | **TOTAL** | Corporate Bond | | | | **$1,671,778** | **$1,421,175** |
| | Fidelity Glocal ex US Index Fund | Reg'd Investmt Co | | | 2,549,260.78 | $33,763,380 | $36,734,848 |
| | Nuveen Floating Rate Income Fund/Open End | Reg'd Investmt Co | | | 368,347.62 | 6,581,545 | 6,718,661 |
| | Harbor Core Bond Fund | Reg'd Investmt Co | | | 2,293,526.10 | 19,846,460 | 19,724,299 |
| | Baird Core Plus Bond Fund | Reg'd Investmt Co | | | 1,445,415.07 | 14,219,915 | 14,150,613 |
| | **TOTAL** | Reg'd Investmt Co | | | | **$74,411,300** | **$77,328,421** |
| | Illinois National Bank | Interest-Bearing Cash | | 0.21% | 11,750,740.85 | $11,750,741 | $11,750,741 |
| | ULLICO Separate Account W-1 | Pooled Sep. Acct. | | | 2,994,626.20 | $3,366,086 | $5,209,949 |
| | Principal U.S. Property Sep Acct | Pooled Sep. Acct. | | | 110,953.08 | 7,000,000 | 7,018,829 |
| | **TOTAL** | Pooled Sep. Acct. | | | | **$10,366,086** | **$12,228,778** |
| | Invesco UBC Russell 3000 index Trust Fund | Collective Trust Fund | | | 685,347.29 | $78,522,983 | $94,125,597 |

The accompanying notes are an integral part of these financial statements.

## *CENTRAL ILLINOIS CARPENTERS RETIREMENT SAVINGS FUND*

**SCHEDULE H, LINE 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)** **SCHEDULE 1**

**37-1234126 PLAN #001**

**APRIL 30, 2024**

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value: Description | Maturity Date | Rate of Interest | Par or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|---|---|---|
| | Skybridge Multi-Adviser Hedge Fund Portfolios LLC | Hedge Fd of Funds | | | 944.51 | $750,000 | $960,145 |
| | Neuberger Berman US Equity Index Fund | Hedge Fd of Funds | | | N/A | 3,950,000 | 4,694,873 |
| | Parametric Defensive Equity Fund LLC | Hedge Fd of Funds | | | N/A | 3,750,000 | 4,648,069 |
| | **TOTAL** | Hedge Fd of Funds | | | | **$8,450,000** | **$10,303,087** |
| | Morgan Stanley Private Bank, NA | Money Market Fd | | | 150,827.55 | $150,827 | $150,827 |
| | Fidelity Government Portfolio | Money Market Fd | | | 2,680,000 | 2,680,000 | 2,680,000 |
| | **TOTAL** | Money Market Fd | | | | **$2,830,827** | **$2,830,827** |
| | TOTAL | | | | | | **$228,128,987** |

The accompanying notes are an integral part of these financial statements.

# CENTRAL ILLINOIS CARPENTERS
# RETIREMENT SAVINGS FUND
# FINANCIAL STATEMENTS
# APRIL 30, 2024 AND 2023

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# INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
the Central Illinois Carpenters Retirement Savings Fund
Lincoln, Illinois

## Opinion

We have audited the accompanying financial statements of Central Illinois Carpenters Retirement Savings Fund, 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 April 30, 2024 and 2023, and the related Statements of Changes in Net Assets Available for Benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Central Illinois Carpenters Retirement Savings Fund as of April 30, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

## Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Central Illinois Carpenters Retirement Savings 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 Central Illinois Carpenters Retirement Savings Fund's ability to continue as a going concern for one year after the date 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.

**Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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 Central Illinois Carpenters Retirement Savings 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 Central Illinois Carpenters Retirement Savings 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 Schedules Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Assets (Held at End of Year) and Reportable Transactions, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Romolo & Associates, LLC
Certified Public Accountants
Peoria, Illinois

December 4, 2024

## *CENTRAL ILLINOIS CARPENTERS RETIREMENT SAVINGS FUND*

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS** **STATEMENT A**

**APRIL 30, 2024 AND 2023**

### ASSETS

| | 2024 | 2023 |
|---|---|---|
| Investments, at Fair Value | | |
| U.S. Government Obligations | $ 18,140,361 | $ 17,731,345 |
| Corporate Obligations | 1,421,175 | 2,132,271 |
| Registered Investment Companies | 77,328,421 | 72,138,722 |
| Pooled Separate Account | 12,228,778 | 4,917,057 |
| Hedge Fund of Funds | 10,303,087 | 9,894,661 |
| Collective Trust Fund | 94,125,597 | 82,720,931 |
| Money Market Funds | 2,830,827 | 3,558,556 |
| Interest-Bearing Cash | 11,750,741 | 6,171,579 |
| Total Investments | $ 228,128,987 | $ 199,265,122 |
| Receivables | | |
| Interest and Dividends | $ 247,469 | $ 194,057 |
| Employer Contributions | 2,060,779 | 1,849,092 |
| Due From Central Illinois Carpenters H&W | 248 | 248 |
| Other Receivable | 490 | - |
| Overpaid Distribution Withholdings | 122 | - |
| Total Receivables | $ 2,309,108 | $ 2,043,397 |
| Prepaid Expenses | $ 41,234 | $ 12,051 |
| TOTAL ASSETS | $ 230,479,329 | $ 201,320,570 |

### LIABILITIES

| | | |
|---|---|---|
| Liabilities | | |
| Accounts Payable | $ 210,217 | $ 199,873 |
| Due to Central Illinois Carpenters H&W | 5,144 | 4,636 |
| Distribution Withholdings | - | 259 |
| Contribution Reserve Liability - Note 9 | 47,390 | 47,390 |
| TOTAL LIABILITIES | $ 262,751 | $ 252,158 |
| NET ASSETS AVAILABLE FOR BENEFITS | $ 230,216,578 | $ 201,068,412 |

The accompanying notes are an integral part of these financial statements.

## *CENTRAL ILLINOIS CARPENTERS RETIREMENT SAVINGS FUND*

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS** **STATEMENT B**

**FOR THE YEARS ENDED APRIL 30, 2024 AND 2023**

| | 2024 | 2023 |
|---|---|---|
| **ADDITIONS** | | |
| Investment Income (Loss) | | |
| Net Appreciation (Depreciation) in Fair Market Value of Investments | $ 19,637,062 | $ (3,621,307) |
| Interest | 1,034,990 | 764,641 |
| Dividends | 2,970,076 | 3,334,404 |
| Class Action Settlements | 15,889 | - |
| Total Investment Income (Loss) | $ 23,658,017 | $ 477,738 |
| Less Investment Expenses | (150,023) | (187,037) |
| Net Investment Income (Loss) | $ 23,507,994 | $ 290,701 |
| Contributions from Employers | $ 18,341,103 | $ 16,111,985 |
| Interest on IRS Refund | $ 24 | $ 17 |
| Investment Fee Rebates | $ - | $ 12,250 |
| TOTAL ADDITIONS | $ 41,849,121 | $ 16,414,953 |
| **DEDUCTIONS** | | |
| Distributions to Participants | $ 12,341,844 | $ 12,731,149 |
| Administrative Expenses - Schedule 1 | 359,111 | 346,891 |
| TOTAL DEDUCTIONS | $ 12,700,955 | $ 13,078,040 |
| Net Increase (Decrease) | $ 29,148,166 | $ 3,336,913 |
| Net Assets Available for Benefits | | |
| Beginning of Year | 201,068,412 | 197,731,499 |
| END OF YEAR | $ 230,216,578 | $ 201,068,412 |

The accompanying notes are an integral part of these financial statements.

## NOTE 1: DESCRIPTION OF PLAN

The following description of Central Illinois Carpenters Retirement Savings Fund (the Plan) provides only general information. Participants and readers should refer to the plan agreement for a more complete description of the Plan's provisions.

### General

The Plan is a multiemployer defined contribution plan established by a Trust agreement approved May 1, 1988. The purpose of the Plan is to provide retirement benefits to participants through a defined-contribution plan. The Plan is subject to the provisions of ERISA. Administration of the Plan is the responsibility of the joint board of trustees.

### Contributions

The Plan is maintained by contributions of employers based on various rates per hour of eligible participants in accordance with collective bargaining agreements and participation agreements. The Plan does not allow for any participant contributions.

### Vesting

Participants are immediately vested in the contributions made on their behalf and in allocations of the Plan's investment income less administrative expenses.

### Payment of Benefits

The basic benefits of the Plan are retirement, death, and disability. During the plan years ended April 30, 2024 and 2023, several participants met the plan requirements for a complete or partial distribution of their account balances. The distributions were made in accordance with the plan trust document which calls for a distribution based on the participant's account balance at the last valuation date plus any contributions received during the current year up to the date of the distribution. Hardship distributions and partial distributions are also allowed per the plan document. Readers should refer to the Summary Plan Description for more information regarding the qualifications for distributions. Total distributions during the plan years ended April 30, 2024 and 2023, were $12,341,844 and $12,731,149.

### Participant Accounts

Each participant's account balance at April 30, 2024 and 2023, was determined as follows:

Account balance at previous valuation date.

PLUS: Investment yield which is determined by comparing the total plan assets at the beginning of the plan year, (less the plan distributions) to the plan assets at the end of the plan year, (less the contributions, plus the net administrative costs). This amount is then reduced by the investment fees to get the investment yield. This yield is then allocated to each participant's account based on his account balance at the previous valuation date as it was to the total of all participants' account balances at that date, exclusive of all distributions during the plan year.

## NOTE 1: DESCRIPTION OF PLAN (continued)

PLUS: The total amount of employer contributions received on behalf of the participant since the previous valuation date.

LESS: Administrative expenses which are allocated evenly to all accounts with balances at the end of the year.

The above formula is used to arrive at the participants' individualized account balances at April 30, 2024 and 2023, the totals of which are equal to the net assets available for benefits at April 30, 2024 and 2023, less contributions receivable.

| | 2024 | 2023 |
|---|---|---|
| Participant Balances | $ 228,154,890 | $ 199,220,044 |
| Plus Contributions Receivable | 2,060,779 | 1,849,092 |
| Plus (Less) Rounding Differences | 909 | (724) |
| Total Net Assets per Audited Financial Statements | $ 230,216,578 | $ 201,068,412 |

Plan Termination

Although it has not expressed any intent to do so, the Plan's board of trustees has the right under the Plan to terminate the Plan subject to the provisions of ERISA. Each participant shall receive the balance in his or her account as of the final valuation date.

## NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Change in Accounting Policy

The Plan has adopted FASB ASU 2016-13, *Financial Instruments-Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments,* effective May 1, 2023, utilizing the modified retrospective transition method. The accounting standard modifies the method for estimating credit losses on financial assets from probable or incurred credit losses to lifetime expected future losses (CECL). The Credit Loss Standard requires consideration of a broader range of information to estimate expected credit losses, including historical information and current conditions through a reasonable forecast period. No cumulative effect adjustment to net assets available for benefits as of May 1, 2023, was necessary for adoption.

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

**NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

Accounts Receivable

The receivables for employer contributions at April 30, 2024 and 2023, consists of amounts collected in the succeeding months for work performed prior to April 30, 2024 and 2023. The estimate for expected credit losses considers historical loss experience, current economic conditions, and forward-looking information, including factors such as payment history, employer financial condition, and labor trends. As of April 30, 2024 and 2023, the allowance for credit loses was insignificant. The Plan does maintain an on-going audit program to collect theses amounts.

Investment Valuation and Income Recognition

The Plan's investments are stated 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. The Plan's board of trustees determines the Plan's valuation policies utilizing information provided by the investment advisers and custodians. See Note 3 for a discussion of fair value measurements.

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

Administrative Expenses

Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits. The Plan shares certain administrative expenses with the related welfare plan. In computing these allocated costs, various factors were considered, including the time spent, space used, costs incurred, and volume of transactions relating to the Plan in relation to the other plan (see related party note). Certain investment-related expenses are included in net appreciation in fair value of investments presented in the accompanying Statements of Changes in Net Assets Available for Benefits.

Reciprocity Agreements

The Plan has entered into Reciprocity Agreements with various annuity funds. In accordance with these agreements, the Plan is required to remit funds received and is entitled to receive funds from contributing employers on behalf of temporary employees to and from the employees' participating local unions.

For the year ended April 30, 2024 and 2023, the Plan remitted $1,714,566 and $913,997 of reciprocal cash payments in accordance with these agreements with the participating local unions. Reciprocal payments received are included in the employers' contributions in the Statements of Changes in Net Assets Available for Benefits. No allowance for credit losses as of April 30, 2024 and 2023, was necessary for reciprocal payments due to the Plan. Payments made to other plans for reciprocal contributions collected on behalf of those plans are recorded as a reduction in the employers' contributions in the Statements of Changes in Net Assets Available for Benefits. Amounts payable and receivable at year-end are included in the respective employer contributions receivable and accounts payable in the Statements of Net Assets Available for Benefits.

**NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

Payment of Benefits
Benefits are recorded when paid.

**NOTE 3: FAIR VALUE MEASUREMENTS**

The framework for measuring fair value 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 under FASB ASC 820 are described as follows:

*Level 1 Fair Value Measurements*
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 Fair Value Measurements*
Inputs to the valuation methodology include 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 Fair Value Measurements*
Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at April 30, 2024 and 2023.

*Money Market Funds and Interest-bearing Cash:* Valued using cost which approximates fair value.

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

**NOTE 3: FAIR VALUE MEASUREMENTS (continued)**

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

*Registered Investment Companies:* Valued at the daily closing price as reported by the fund. Registered investment companies held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to transact at their net asset value.

*Pooled Separate Accounts*: Valued at the net asset value of shares held by the Plan at year-end. Pooled separate accounts are made up of a wide variety of underlying investments such as equities, preferred stock, bonds, real estate and mutual funds. The NAV is based on the market value of the underlying investments. The NAV is not a publicly-quoted price in an active market.

*Hedge Fund of Funds*: Valued based on the net asset value per share, without further adjustment. Net asset value is based upon the fair value of the underlying investments. The NAV is not a publicly quoted price in an active market.

*Collective Investment Funds:* Valued at the Net Asset Value (NAV) of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

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

**NOTE 3: FAIR VALUE MEASUREMENTS (continued)**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of April 30, 2024:

| | Fair Value Measurements at April 30, 2024 Using: | | | |
|---|---|---|---|---|
| | Quoted Prices in Active Markets Level 1 | Significant Other Observable Inputs Level 2 | Significant Unobservable Inputs Level 3 | Total |
| U.S. Government Obligations | $ - | $ 18,140,361 | $ - | $ 18,140,361 |
| Corporate Obligations | - | 1,421,175 | - | 1,421,175 |
| Reg'd Investment Co. | 77,328,421 | - | - | 77,328,421 |
| Money Market Funds | 2,830,827 | - | - | 2,830,827 |
| Interest-Bearing Cash | 11,750,741 | - | - | 11,750,741 |
| Total Assets in the Fair Value Hierarchy | $ 91,909,989 | $ 19,561,536 | $ - | $ 111,471,525 |
| Investments Measured at NAV | - | - | - | 116,657,462 |
| **Total Investments at Fair Value** | $ 91,909,989 | $ 19,561,536 | $ - | $ 228,128,987 |

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of April 30, 2023:

| | Fair Value Measurements at April 30, 2023 Using: | | | |
|---|---|---|---|---|
| | Quoted Prices in Active Markets Level 1 | Significant Other Observable Inputs Level 2 | Significant Unobservable Inputs Level 3 | Total |
| U.S. Government Obligations | $ - | $ 17,731,345 | $ - | $ 17,731,345 |
| Corporate Obligations | - | 2,132,271 | - | 2,132,271 |
| Reg'd Investment Co. | 72,138,722 | - | - | 72,138,722 |
| Money Market Funds | 3,558,556 | - | - | 3,558,556 |
| Interest-Bearing Cash | 6,171,579 | - | - | 6,171,579 |
| Total Assets in the Fair Value Hierarchy | $ 81,868,857 | $ 19,863,616 | $ - | $ 101,732,473 |
| Investments Measured at NAV | - | - | - | 97,532,649 |
| **Total Investments at Fair Value** | $ 81,868,857 | $ 19,863,616 | $ - | $ 199,265,122 |

## NOTE 3: FAIR VALUE MEASUREMENTS (continued)

### Fair Value of Investments that Calculate Net Asset Value

The following table summarizes investments measured at fair value based on net asset value (NAV) per share as of April 30, 2024 and 2023, respectively.

| | Fair Value at 4/30/2024 | Fair Value at 4/30/2023 | Unfunded Commitments | Redemption Frequency (if currently eligible) | Redemption Notice Period |
|---|---|---|---|---|---|
| **POOLED SEPRATE ACCOUNT** | | | | | |
| Separate Account W1 [a] | $5,209,949 | $4,917,057 | $ - | Quarterly | See [a] |
| Principal U.S. Property Separate Account | 7,018,829 | $ - | - | Daily | Daily |
| **HEDGE FUND OF FUNDS** | | | | | |
| SkyBridge [b] | $960,145 | $845,586 | $ - | See [b] | See [b] |
| Parametric Defensive Equity Fund | 4,648,069 | $4,530,047 | - | Monthly | 5 Days |
| Neuberger Berman U.S. Equity Index Fund | 4,694,873 | $4,519,028 | - | Monthly | 7 Days |
| **COLLECTIVE INVESTMENT FUNDS** | | | | | |
| Invesco UBC Rusell 3000 Index Trust Fund | $94,125,597 | $82,720,931 | $ - | Daily | Daily |

### Valuation of Pooled Separate Account

Separate Account W1 of the Union Labor Life Insurance Company [a]

Contract holders may withdraw an amount equal to all or a portion of their investment in the Account by making a written request for a redemption of their units to Union Labor Life. If a contract holder makes a redemption request in which it requests a redemption of less than 80% of its investment in the Account, Union Labor Life will make a payment to such contract holder equal to the full amount of the redemption request through the redemption of the contract holder's units on the first business day following the third valuation date from the date of receipt of the redemption request. The unit value of the contract holder's units will be calculated as of the third valuation date. Union Labor Life may, in its discretion, make payments in the amount of the redemption request on the first or second valuation date following receipt of the redemption request.

If a contract holder makes a redemption request to withdraw greater than 80% of the contract holder's units in the Account, Union Labor Life will make a partial payment to the contract holder in an amount equal to 80% of the value of the redeemed units calculated as of the second valuation date following receipt of the redemption request and such payment will be made on the first business day following the third valuation date. Union Labor Life will make a final payment equal to the value of the remainder of the redeemed units within three weeks after the third valuation date. Union Labor Life will credit the remaining amount of the contract holder's investment to be withdrawn (as finally determined as of the second valuation date) with short-term interest, accruing from the first business day after the third valuation date until payment is actually made.

## NOTE 3: FAIR VALUE MEASUREMENTS (continued)

### Valuation of Hedge Fund of Funds

Hedge Fund of Funds [b]
SkyBridge Multi-Adviser Hedge Fund Portfolios LLC is registered as a closed-end, non-diversified management investment company.

The board of directors from time to time and in its complete and exclusive discretion, may determine to cause the Company to repurchase shares from shareholders pursuant to written tenders by shareholders on such terms and conditions as it may determine. The adviser expects that it typically will recommend to the board of directors that the Company offer to repurchase 5% to 25% of total outstanding shares from shareholders quarterly, on each March 31, June 30, September 30, and December 31 (or, if any such date is not a business day, on the immediately preceding business day). Tender requests for redemptions generally must be submitted in the period between approximately 60 to 90 days before the end of the quarter.

## NOTE 4: RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan pays fees for several arrangements with service providers and affiliated entities. These transactions are considered exempt party-in-interest transactions under ERISA. The Plan is affiliated with the Central Illinois Carpenters Health and Welfare Trust Fund. Operations of the Central Illinois Carpenters Health and Welfare Trust Fund are not part of the financial statements.

The Plan has contracted with the Central Illinois Carpenters Health and Welfare Trust Fund for collection of all funds, processing of all employer contributions, and maintenance of employer and participant records. This fee is 2% of the contributions to a maximum of $40,000 effective May 1, 2014. The board of trustees also approved reimbursing the Welfare Trust Fund actual expenses for the employees working on the Plan effective May 1, 2014. The contribution fee amounted to $40,000 and $40,000 for the years ended April 30, 2024 and 2023. The Plan's share of actual wages, benefits and taxes reimbursed to the Welfare Fund was $122,323 and $99,963 as of April 30, 2024 and 2023. The Plan reimbursed the Welfare Fund for postage expense totaling $14,253 and $18,354 as of April 30, 2024 and 2023. As of April 30, 2024 and 2023, the Central Illinois Carpenters Health and Welfare Trust Fund owed the Plan $248 and $248, respectively, for contributions received, but not yet transferred as of the year end. As of April 30, 2024 and 2023, the Plan owed Central Illinois Carpenters Health and Welfare Trust Fund $5,144 and $4,636, respectively, for contributions received in error and cyber liability insurance premium.

During the plan year ended April 30, 2023, the Plan's previous investment custodian, Morgan Stanley, did not have funds available for a wire transfer to the Invesco UBC 3000 Russell 3000 Index Fund. The Plan was charged a penalty of $12,250. This is shown as Investment Penalty in Note 12: Administrative Expenses. The full amount of the penalty was received from Morgan Stanley and is shown as investment fee rebate on the Statements of Changes in Net Assets Available for Benefits.

These administrative expenses above are recorded as administrative expenses on the Statements of Changes in Net Assets Available for Benefits.

## NOTE 5: REPORTABLE TRANSACTIONS

Transactions in excess of 5% of the Plan's beginning net assets are detailed in Schedule 2 of the supplemental information.

## NOTE 6: TAX STATUS

The IRS has determined and informed the Plan by a letter dated September 24, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator and the board of trustees believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

The total amounts of interest and penalties recognized in the Statements of Changes in Net Assets Available for Benefits and the total amounts of interest and penalties recognized in the Statements of Net Assets Available for Benefits are $0. Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain tax position that more likely than not would not be sustained upon examination by federal and state taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of April 30, 2024 and 2023, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan has never had unrelated business income tax (UBIT) nor has it filed the Form 990-T. Therefore, all years are open for examination by federal and state taxing authorities relating to UBIT.

## NOTE 7: RISKS AND UNCERTAINTIES

Investment Risk

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits. The Plan's investment in the Invesco UBC Russell 3000 Index Trust fund represents 40% and 41% of the Plan's net assets available for benefits as of April 30, 2024 and 2023, respectively. This subjects the Plan to concentrations of credit risk.

Concentration of Revenue

Revenues consist predominantly of employer contributions pursuant to a collective bargaining agreement and are directly tied to the amount of work available in the region. A significant decline in work available to participants would severely impact the revenues of the Plan.

## NOTE 8: PLAN AND TRUST AMENDMENTS

During the plan years ended April 30, 2024 and 2023, the following plan amendments were adopted:

Effective January 1, 2023, the Plan Document and Summary Plan Description were amended to increase the RMD age to 73.

Effective March 9, 2023, the Summary Plan Description was amended to update the information located in the Introductory and the Administrative Facts section.

Effective November 1, 2023, the Summary Plan Description was amended to allow for missing participants to be charged expenses related to locating services used.

Readers should refer to the most recent Summary Plan Description and applicable Summary of Material Modifications for further information regarding changes to the Plan.

## NOTE 9: CONTRIBUTION RESERVE LIABILITY

During the plan year ended April 30, 2003, the Plan adopted a procedure to provide for a reserve which is to be used to credit contributions to those individuals who are covered by the Uniformed Services Employment and Reemployment Rights Act (USERRA). The reserve will be computed by multiplying the number of participants with balances at the end of the year by $2.00. The annual addition to the contribution reserve liability was suspended indefinitely for the fiscal year ended April 30, 2014. Future USERRA requests will be allocated to the existing balance, which as of April 30, 2024 and 2023, was $47,390.

## NOTE 10: PRIOR YEAR RECLASSIFICATIONS

Certain reclassifications have been made to the prior year's financial statements to conform to the current year presentation. These reclassifications had no effect on previously reported results of operations or net assets available for benefits.

## NOTE 11: SUBSEQUENT EVENTS

Management has evaluated subsequent events through December 4, 2024, the date on which the financial statements were available to be issued.

## NOTE 12: ADMINISTRATIVE EXPENSES

A summary of expenses incurred by the Plan during the years ended April 30, 2024 and 2023, follows:

| | 2024 | 2023 |
|---|---|---|
| Auditing Fees | $ 16,000 | $ 14,200 |
| Legal Fees | 18,005 | 33,683 |
| Administrative Services | 128,323 | 99,963 |
| Service Fees | 40,000 | 40,000 |
| Office Expense | 21,621 | 27,070 |
| Insurance | 28,342 | 25,390 |
| Investment Consulting | 90,000 | 90,000 |
| Participant Location Services | 10,664 | 4,335 |
| Cyber Security Review | 6,156 | - |
| Investment Penalty | - | 12,250 |
| Total Administrative Expenses | $ 359,111 | $ 346,891 |

# CENTRAL ILLINOIS CARPENTERS
# RETIREMENT SAVINGS FUND
# SUPPLEMENTAL INFORMATION

## *CENTRAL ILLINOIS CARPENTERS RETIREMENT SAVINGS FUND*

**SCHEDULE H, LINE 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)** **SCHEDULE 1**

**37-1234126 PLAN #001**

**APRIL 30, 2024**

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value: Description | Maturity Date | Rate of Interest | Par or Maturity Value | (d) Cost | (e) Current Value |
|---|---|---|---|---|---|---|---|
| | US Treasury Note | Gov't Security | 2/15/30 | 1.5% | 760,000 | $653,364 | $637,306 |
| | US Treasury Note | Gov't Security | 11/15/27 | 2.25% | 615,000 | 572,597 | 563,857 |
| | US Treasury Note | Gov't Security | 5/15/29 | 2.375% | 825,000 | 758,526 | 738,796 |
| | US Treasury Note | Gov't Security | 2/15/29 | 2.625% | 2,020,000 | 1,888,615 | 1,838,038 |
| | US Treasury Note | Gov't Security | 1/31/28 | 3.5% | 1,785,000 | 1,784,644 | 1,704,746 |
| | US Treasury Note | Gov't Security | 1/31/29 | 3.875% | 2,130,000 | 2,122,431 | 2,040,391 |
| | FNMA Pool FN CB3496 | Gov't Security | 5/1/52 | 3.0% | 680,273.80 | 582,591 | 562,709 |
| | FNMA Pool FN FM0073 | Gov't Security | 8/1/38 | 3.5% | 258,446.10 | 611,528 | 236,072 |
| | FNMA Pool FN FM6989 | Gov't Security | 9/1/40 | 3.0% | 343,504.43 | 686,041 | 298,220 |
| | FNMA Pool FN FM7033 | Gov't Security | 8/1/39 | 3.5% | 318,093.60 | 638,481 | 290,992 |
| | FNMA Pool FN FM7372 | Gov't Security | 4/1/40 | 3.5% | 230,050.68 | 490,252 | 209,949 |
| | FNMA Pool FN FS1507 | Gov't Security | 2/1/52 | 3.0% | 1,151,364.27 | 997,270 | 952,201 |
| | FNMA Pool FN MA4571 | Gov't Security | 3/1/42 | 2.5% | 803,535.06 | 705,455 | 672,382 |
| | FNMA Pool FN MA4699 | Gov't Security | 8/1/52 | 3.5% | 1,131,763.50 | 986,403 | 976,565 |
| | FNMA Pool FN MA4730 | Gov't Security | 9/1/52 | 3.0% | 477,243.78 | 398,126 | 394,666 |
| | FNMA Pool FN MA4782 | Gov't Security | 10/1/52 | 3.5% | 1192,617.91 | 105,213 | 1,029,015 |
| | FNMA Pool FN MA4783 | Gov't Security | 10/1/52 | 4.0% | 1032,272.64 | 951,505 | 924,359 |
| | FNMA Pool FN MA4803 | Gov't Security | 11/1/52 | 3.5% | 556,647.65 | 497,808 | 480,276 |
| | FREDDIE MAC | Gov't Security | 2/1/53 | 4.0% | 707,222.34 | 680,757 | 633,749 |
| | FREDDIE MAC POOL QE9001 | Gov't Security | 8/1/52 | 4.0% | 1,282,659.77 | 1,175,838 | 1,149,712 |
| | FREDDIE MAC POOL SC0314 | Gov't Security | 9/1/42 | 2.5% | 651,175.39 | 566,925 | 538,639 |
| | FREDDIE MAC POOL SD1373 | Gov't Security | 5/1/52 | 3.0% | 878,115.07 | 753,807 | 726,254 |
| | FREDDIE MAC POOL SD8244 | Gov't Security | 9/1/52 | 4.0% | 604,883.07 | 571,993 | 541,467 |
| | **TOTAL** | Gov't Security | | | | **$19,180,170** | **$18,140,361** |
| | AFLAC | Corporate Bond | 4/1/30 | 3.6% | 315,000 | $328,971 | $286,450 |
| | Bank of America | Corporate Bond | 2/7/30 | 3.974% | 460,000 | 502,213 | 427,565 |
| | Citigroup | Corporate Bond | 3/31/31 | 4.412% | 340,000 | 395,640 | 317,373 |
| | Walt Disney | Corporate Bond | 3/22/30 | 3.8% | 420,000 | 444,954 | 389,787 |
| | **TOTAL** | Corporate Bond | | | | **$1,671,778** | **$1,421,175** |
| | Fidelity Glocal ex US Index Fund | Reg'd Investmt Co | | | 2,549,260.78 | $33,763,380 | $36,734,848 |
| | Nuveen Floating Rate Income Fund/Open End | Reg'd Investmt Co | | | 368,347.62 | 6,581,545 | 6,718,661 |
| | Harbor Core Bond Fund | Reg'd Investmt Co | | | 2,293,526.10 | 19,846,460 | 19,724,299 |
| | Baird Core Plus Bond Fund | Reg'd Investmt Co | | | 1,445,415.07 | 14,219,915 | 14,150,613 |
| | **TOTAL** | Reg'd Investmt Co | | | | **$74,411,300** | **$77,328,421** |
| | Illinois National Bank | Interest-Bearing Cash | | 0.21% | 11,750,740.85 | $11,750,741 | $11,750,741 |
| | ULLICO Separate Account W-1 | Pooled Sep. Acct. | | | 2,994,626.20 | $3,366,086 | $5,209,949 |
| | Principal U.S. Property Sep Acct | Pooled Sep. Acct. | | | 110,953.08 | 7,000,000 | 7,018,829 |
| | **TOTAL** | Pooled Sep. Acct. | | | | **$10,366,086** | **$12,228,778** |
| | Invesco UBC Russell 3000 index Trust Fund | Collective Trust Fund | | | 685,347.29 | $78,522,983 | $94,125,597 |

The accompanying notes are an integral part of these financial statements.

## *CENTRAL ILLINOIS CARPENTERS RETIREMENT SAVINGS FUND*

**SCHEDULE H, LINE 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)** **SCHEDULE 1**

**37-1234126 PLAN #001**

**APRIL 30, 2024**

| (a) | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value | | | | (d) Cost | (e) Current Value |
|---|---|---|---|---|---|---|---|
| | | Description | Maturity Date | Rate of Interest | Par or Maturity Value | | |
| | Skybridge Multi-Adviser Hedge Fund Portfolios LLC | Hedge Fd of Funds | | | 944.51 | $750,000 | $960,145 |
| | Neuberger Berman US Equity Index Fund | Hedge Fd of Funds | | | N/A | 3,950,000 | 4,694,873 |
| | Parametric Defensive Equity Fund LLC | Hedge Fd of Funds | | | N/A | 3,750,000 | 4,648,069 |
| | **TOTAL** | Hedge Fd of Funds | | | | **$8,450,000** | **$10,303,087** |
| | Morgan Stanley Private Bank, NA | Money Market Fd | | | 150,827.55 | $150,827 | $150,827 |
| | Fidelity Government Portfolio | Money Market Fd | | | 2,680,000 | 2,680,000 | 2,680,000 |
| | **TOTAL** | Money Market Fd | | | | **$2,830,827** | **$2,830,827** |
| | TOTAL | | | | | | **$228,128,987** |

The accompanying notes are an integral part of these financial statements.

## *CENTRAL ILLINOIS CARPENTERS RETIREMENT SAVINGS FUND*

**SCHEDULE H, LINE 4j -- SCHEDULE OF REPORTABLE TRANSACTIONS** **SCHEDULE 2**

**37-1234126 PLAN #001**

**FOR THE YEAR ENDED APRIL 30, 2024**

| (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) | (I) |
|---|---|---|---|---|---|---|---|---|
| Identity of Party Involved | Description of Asset | Purchase Price | Selling Price | Lease Rental | Expense Incurred with Transaction | Cost of Asset | Current Value of Asset on Transaction Date | Net Gain or (Loss) |
| FIDELITY GOVERNMENT PORTFOLIO | MONEY MARKET FUND | $21,452,620 | N/A | N/A | $ 0 | $21,452,620 | $21,452,620 | N/A |
| FIDELITY GOVERNMENT PORTFOLIO | MONEY MARKET FUND | N/A | $ 22,261,259 | N/A | $ 0 | $ 22,261,259 | $ 22,261,259 | $ 0 |

The accompanying notes are an integral part of these financial statements.

# 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**

## Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 05/01/2023 and ending 04/30/2024

**A** This return/report is for: [X] 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 ▶ [X]

**D** Check box if filing under: [X] 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
CENTRAL ILLINOIS CARPENTERS RETIREMENT SAVINGS FUN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 05/01/1988

**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 CENTRAL ILLINOIS CARPENTERS RETIR

200 S MADIGAN DRIVE

LINCOLN IL 62656-9601

**2b** Employer Identification Number (EIN) 37-1234126

**2c** Plan Sponsor's telephone number 217-732-1919

**2d** Business code (see instructions) 238900

**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 | Signature of plan administrator | 1/23/2025 Date | KRISTINA GUASTAFERRI Enter name of individual signing as plan administrator |
| SIGN HERE | Matthew R. Bender Signature of employer/plan sponsor | 1/23/25 Date | MATTHEW BENDER Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | Signature of DFE | Date | Enter name of individual signing as DFE |

## *CENTRAL ILLINOIS CARPENTERS RETIREMENT SAVINGS FUND*

**SCHEDULE H, LINE 4j -- SCHEDULE OF REPORTABLE TRANSACTIONS** **SCHEDULE 2**

**37-1234126 PLAN #001**

**FOR THE YEAR ENDED APRIL 30, 2024**

| (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) | (I) |
|---|---|---|---|---|---|---|---|---|
| Identity of Party Involved | Description of Asset | Purchase Price | Selling Price | Lease Rental | Expense Incurred with Transaction | Cost of Asset | Current Value of Asset on Transaction Date | Net Gain or (Loss) |
| FIDELITY GOVERNMENT PORTFOLIO | MONEY MARKET FUND | $21,452,620 | N/A | N/A | $ 0 | $21,452,620 | $21,452,620 | N/A |
| FIDELITY GOVERNMENT PORTFOLIO | MONEY MARKET FUND | N/A | $ 22,261,259 | N/A | $ 0 | $ 22,261,259 | $ 22,261,259 | $ 0 |

The accompanying notes are an integral part of these financial statements.