

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan MID-AMERICA CARPENTERS REGIONAL COUNCIL HEALTH FUN
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 07/01/1953
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF MID-AMERICA CARPENTERS REGIONAL COUNCIL HEALTH FU 12 E. ERIE STREET CHICAGO, IL 60611
2b	Employer Identification Number (EIN) 36-6597428
2c	Plan Sponsor's telephone number 312-787-9455
2d	Business code (see instructions) 237990

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	02/13/2025	KRISTINA GUASTAFERRI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 20001
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 11635 6a(2) 11638 6b 8916 6c 6d 20554 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 1849

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

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

4A 4B 4D 4E 4F 4H 4Q

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE 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
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A Name of plan MID-AMERICA CARPENTERS REGIONAL COUNCIL HEALTH FUN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF MID-AMERICA CARPENTERS REGIONAL COUNCIL HEALTH FU	D Employer Identification Number (EIN) 36-6597428

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.
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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	GA02106	20554	07/01/2023	06/30/2024

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 10254	(b) Total amount of fees paid 95387
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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 ROAD, 13TH FLOOR
SILVER SPRING, MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	95387	ASSET MANAGEMENT FEE	3

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10254			7

(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
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(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	17957550

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.**6d**

Specify nature of costs ▶

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 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
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan MID-AMERICA CARPENTERS REGIONAL COUNCIL HEALTH FUN	B Three-digit plan number (PN) 501	
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF MID-AMERICA CARPENTERS REGIONAL COUNCIL HEALTH FU	D Employer Identification Number (EIN) 36-6597428	

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.
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1 Coverage Information:

(a) Name of insurance carrier BLUE CROSS BLUE SHIELD OF ILLINOIS
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(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
36-1236610	70670	050421	46841	01/01/2023	12/31/2023

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
0	0

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
--

(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	

(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	

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)	214180285	
(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)		214180285
b Benefit charges (1) Claims paid.....	9b(1)	206067535	
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....	9b(3)		206067535
(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)	8112750	
(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)		8112750
(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 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
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan	B Three-digit plan number (PN)	501
MID-AMERICA CARPENTERS REGIONAL COUNCIL HEALTH FUN		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
BOARD OF TRUSTEES OF MID-AMERICA CARPENTERS REGIONAL COUNCIL HEALTH FU	36-6597428	

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.
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1 Coverage Information:

(a) Name of insurance carrier					
VISION SERVICE PLAN					
(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
20-0891619	12516	30091694	23886	01/01/2023	12/31/2023

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
0	234816

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
VISION SERVICE PLAN
3333 QUALITY DRIVE
RANCHO CORDOVA, CA 95670

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	234816	VISION BENEFIT ADMINISTRATION FEE	3

(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
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	(c) Amount	(d) Purpose	

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

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	(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	

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	2079594
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 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 07/01/2023 and ending 06/30/2024

A Name of plan

MID-AMERICA CARPENTERS REGIONAL COUNCIL HEALTH FUN

B Three-digit plan number (PN)

501

C Plan sponsor's name as shown on line 2a of Form 5500

BOARD OF TRUSTEES OF MID-AMERICA CARPENTERS REGIONAL COUNCIL HEALTH FU

D Employer Identification Number (EIN)

36-6597428

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	G3362 C4625	20037	07/01/2023	06/30/2024

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
0	0

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

(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	

(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	

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) ▶ **ACCIDENTAL DEATH & DISMEMBERMENT**

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	1740424
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 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
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan	B Three-digit plan number (PN)	501
MID-AMERICA CARPENTERS REGIONAL COUNCIL HEALTH FUN		
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
BOARD OF TRUSTEES OF MID-AMERICA CARPENTERS REGIONAL COUNCIL HEALTH FU	36-6597428	

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					
VISION SERVICE PLAN					
(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
20-0891619	12516	30092874	4789	01/01/2023	12/31/2023

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
0	91651

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
VISION SERVICE PLAN
3333 QUALITY DRIVE
RANCHO CORDOVA, CA 95670

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	91651	VISION BENEFIT ADMINISTRATION FEE	3

(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	

(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	

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	572817
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan MID-AMERICA CARPENTERS REGIONAL COUNCIL HEALTH FUN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF MID-AMERICA CARPENTERS REGIONAL COUNCIL HEALTH FU	D Employer Identification Number (EIN) 36-6597428	

Part I

Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PIMCO
33-0629048

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BLACKROCK
100 BELLEVUE PARKWAY WILMINGTON, DE 19809

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
INTERCONTINENTAL REAL ESTATE CORP.
04-2895544

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
INVESCO CAPITAL MANAGEMENT, LLC
58-1709953

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

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

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

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

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

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

BLUE CROSS BLUE SHIELD

36-1236610

(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?
12 13 56 73	NONE	4428647	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

PREMISE HEALTH SYSTEMS, INC.

23-3057155

(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	NONE	2510200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MIDWEST COALITION OF LABOR

83-1371306

(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	NONE	2107214	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

EXPRESS SCRIPTS

43-1420563

(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?
12 13	NONE	674702	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCGANN KETTERMAN & RIOUX

36-3968279

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	620859	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEGACY PROFESSIONALS, LLP

32-0043599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 15	NONE	457997	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SEGAL

13-1975125

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16	NONE	425679	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LYRA HEALTH, INC.

47-2935915

(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?
12	NONE	422620	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLINGTON TRUST COMPANY

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	416679	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

OPTUM FINANCIAL

47-0858530

(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?
12 99	NONE	381826	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

AMALGAMATED BANK OF CHICAGO

36-0721895

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 51 62	NONE	295843	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

DELTA DENTAL OF ILLINOIS

36-2612058

(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?
12	NONE	263223	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

V HALSELL

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	205139	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

K GUASTAFERRI

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	199307	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGALL BRYANT & HAMILL, LLC

35-2679129

(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	187855	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

REMKE PRINTING, INC.

36-3840374

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36	NONE	184813	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

N DIAZ

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	175877	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ABSOLUTE SOLUTIONS, LLC

27-3584158

(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	NONE	171528	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

S GALINDO

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	157865	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

S CORNEJO-MAGANA

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	154957	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

L POWELL

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	151127	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

L CRAVION

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	148825	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

B LESTERS

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	148429	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

M ZAMUDIO

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	147092	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

M CRESPO

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	139854	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

S RIVERA

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	136930	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

A GAINES

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	135833	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

T DROGOS

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	133273	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

B RADTKE

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	125821	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

M HERRINGTON

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	124798	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MCJESSY CHING & THOMPSON, LLC

59-3776245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	124622	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

T PARSON

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	124600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

M MOLLOY

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	123044	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

L MARTINEZ

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	121961	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

S STIGLER

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	121368	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

D MCGHEE

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	119271	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

M OLLIE

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	118976	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

M AVILA

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	118282	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

S OLINGER

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	117092	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

K WEIDMAN

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	116209	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

A WOLOSZCZUK

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	116137	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

L JONES

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	116021	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

R KELLEY

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	115853	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

K DIAZ

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	115437	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

S GASCA

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	114944	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

R WEGNER

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	113652	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

T LOPEZ

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	110674	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

D DREW

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	109057	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Q BLAKELY

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	108534	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REINHART BOERNER VAN DEUREN SC

39-1126909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	108018	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

M SHOEMAKER

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	104790	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

J BALLENTINE

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	102066	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

S MENDOZA

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	98856	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

J CONKLIN

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	97288	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THE UNION LABOR LIFE INSURANCE CO.

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?
28 51 72	NONE	94900	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

J PERFECT

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	90414	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OLD NATIONAL BANK

35-1729164

(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	84496	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

M MARTINEZ

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	84406	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

J GARRETT

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	83360	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

K NEWELL

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	82593	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

H BOSWELL

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	82444	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

M VILLARREAL

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	81213	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRIDGEWAY BENEFIT TECHNOLOGIES

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	76773	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

A BEDOLLA

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	75339	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

T HENDRICKSON

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	69393	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

S GARCIA

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	66478	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

D GARCIA

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	65405	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

A MASSUCI

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	61389	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

R MILLER

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	60490	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

S MUNOZ

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	55097	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CALIBRE CPA GROUP, PLLC

47-0900880

(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?
15	NONE	50126	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST GLOBAL INVESTMENTS

36-2723087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52 99	NONE	49800	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

INSIGHT DIRECT USA, INC.

36-3948996

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	47114	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GARY PERINAR JR.

36-1894832

(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?
20 99	TRUSTEE	0	Yes ☒ No ☐	Yes ☐ No ☒	43633	Yes ☐ No ☒

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

G FRANGOS

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	41425	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

TCM SECURITY, INC.

84-1782146

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	32000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

R NOVOA

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	26684	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SOMMERS & FAHRENBACH, INC.

36-1796440

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36	NONE	24048	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

INVESCO ADVISERS INC.

58-1707262

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	24043	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL MARCO ADVISORS

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	20000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADVANCED RESOURCES ILLINOIS LLC

92-0825386

(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?
12	NONE	17687	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THE WAGNER LAW GROUP, PC

04-3323315

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	12230	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SCALAMBRINO & ARNOFF, LLP

36-3843693

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	11295	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARNOLD & KADJAN, LLP

36-2498571

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	10684	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

TURNKEY TECHNOLOGIES, INC.

43-1678778

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	9581	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GEORGE TUHOWSKI III

36-1894832

(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?
20 99	TRUSTEE	8158	Yes ☒ No ☐	Yes ☐ No ☒	500	Yes ☐ No ☒

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

THOMSON REUTERS

41-1426973

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36	NONE	7692	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

B&B NETWORKS, INC.

65-1177174

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	5507	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMALGAMATED MEDICAL CARE MANAGEMENT

1 NORTHEASTERN BLVD., SUITE 100
SALEM, NH 03079

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	5024	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GARY PERINAR JR.	20 99	23300

(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.
AMALGAMATED BANK OF CHICAGO 36-0721895	BANK BOARD DIRECTOR FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GARY PERINAR JR.	20 99	20333

(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.
HEALTH CARE SERVICE CORP. 36-1236610	BOARD MEMBER 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.
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

A Name of plan MID-AMERICA CARPENTERS REGIONAL COUNCIL HEALTH FUN	B Three-digit plan number (PN) ▶	501
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF MID-AMERICA CARPENTERS REGIONAL COUNCIL HEALTH FU	D Employer Identification Number (EIN) 36-6597428
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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: UBC RUSSELL 3000 INDEX FUND

b Name of sponsor of entity listed in (a): INVESCO MULTI-SERIES FUNDS II, LLC

c EIN-PN 85-3357652-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 252450614
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a Name of MTIA, CCT, PSA, or 103-12 IE: NT COMMON GOVT/CREDIT BOND INDEX

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

c EIN-PN 36-6826395-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 96832086
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a Name of MTIA, CCT, PSA, or 103-12 IE: CTF OPPORTUNISTIC INVT. ALLOCATION

b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA

c EIN-PN 20-0863941-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 78607758
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a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT W1

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

c EIN-PN 13-1423090-209	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17957550
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024		
A Name of plan MID-AMERICA CARPENTERS REGIONAL COUNCIL HEALTH FUN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF MID-AMERICA CARPENTERS REGIONAL COUNCIL HEALTH FU	D Employer Identification Number (EIN) 36-6597428	

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	1869272	3916713
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	25715028	25314522
(2) Participant contributions	1b(2)	2637276	2957872
(3) Other	1b(3)	47152448	14919842
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	15675662	17306090
(2) U.S. Government securities	1c(2)	101419681	110484146
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)	46202896	53158021
(B) All other.....	1c(3)(B)	44639474	43590610
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common	1c(4)(B)	1923942	1924853
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	47189521	42183964
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	191594243	175439844
(10) Value of interest in pooled separate accounts.....	1c(10)	16842054	17957550
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)	219059774	252450614
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	142265822	146161762
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other.....	1c(15)	16393145	13453972

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	763917	542366
f Total assets (add all amounts in lines 1a through 1e)	1f	921344155	921762741
Liabilities			
g Benefit claims payable	1g	27881807	26504131
h Operating payables	1h	653127	1259780
i Acquisition indebtedness	1i		
j Other liabilities	1j	47343729	25112951
k Total liabilities (add all amounts in lines 1g through 1j)	1k	75878663	52876862
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	845465492	868885879

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)	242014385	
(B) Participants	2a(1)(B)	58553326	
(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)		300567711
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	699357	
(B) U.S. Government securities	2b(1)(B)	3308090	
(C) Corporate debt instruments	2b(1)(C)	3691869	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	156656	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		7855972
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	66732	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	6821833	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		6888565
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	205641689	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	206389193	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-747504
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	-5005557	
(B) Other	2b(5)(B)	1283412	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		9304455
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		1210882
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		49445351
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		5074107
c Other income	2c		3600654
d Total income. Add all income amounts in column (b) and enter total	2d		379478048

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	337191356	
(2) To insurance carriers for the provision of benefits.....	2e(2)	7323417	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		344514773
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)	5871228	
(2) Contract administrator fees.....	2i(2)	20282	
(3) Recordkeeping fees.....	2i(3)	481259	
(4) IQPA audit fees.....	2i(4)	100852	
(5) Investment advisory and investment management fees	2i(5)	1097263	
(6) Bank or trust company trustee/custodial fees	2i(6)	76353	
(7) Actuarial fees	2i(7)	434139	
(8) Legal fees	2i(8)	974746	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	2486766	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		11542888
j Total expenses. Add all expense amounts in column (b) and enter total	2j		356057661

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		23420387
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **LEGACY PROFESSIONALS**

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

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		1500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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



REPORT OF INDEPENDENT AUDITORS ON SUPPLEMENTAL SCHEDULES

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

We have audited the financial statements of Mid-America Carpenters Regional Council Health Fund (the Plan) as of and for the years ended June 30, 2024 and 2023, and our report thereon dated November 26, 2024, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedules 1 and 2 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Legacy Professionals LLP

Westchester, Illinois

November 26, 2024

SCHEDULE C	OTHER SERVICE PROVIDER SERVICE CODES	STATEMENT 1
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NAME	SERVICE CODES
BLUE CROSS BLUE SHIELD	12
BLUE CROSS BLUE SHIELD	13
BLUE CROSS BLUE SHIELD	56
BLUE CROSS BLUE SHIELD	73
AMALGAMATED BANK OF CHICAGO	19
AMALGAMATED BANK OF CHICAGO	28
AMALGAMATED BANK OF CHICAGO	51
AMALGAMATED BANK OF CHICAGO	62
NORTHERN TRUST GLOBAL INVESTMENTS	28
NORTHERN TRUST GLOBAL INVESTMENTS	51
NORTHERN TRUST GLOBAL INVESTMENTS	52
NORTHERN TRUST GLOBAL INVESTMENTS	99

CODES TO SCHEDULE C, LINE 2(B)

SCHEDULE H	OTHER RECEIVABLES	STATEMENT 2
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DESCRIPTION	BEGINNING	ENDING
RECEIVABLE FROM SERVICE PROVIDERS	8,810,338.	3,823,730.
DUE FROM BROKERS	35,720,133.	5,521,863.
ACCRUED INTEREST AND DIVIDENDS	2,173,464.	2,446,098.
MEDICARE PART D SUBSIDY RECEIVABLE	441,013.	906,522.
PREPAID EXPENSES	7,500.	7,500.
DUE FROM RELATED ORGANIZATION	0.	25,635.
TRANSITIONAL REINSURANCE FEE REFUND	0.	2,188,494.
TOTAL TO SCHEDULE H, LINE 1B(3)	47,152,448.	14,919,842.

SCHEDULE H	OTHER GENERAL INVESTMENTS	STATEMENT 3
------------	---------------------------	-------------

DESCRIPTION	BEGINNING	ENDING
COLLATERAL HELD FOR SECS. ON LOAN	11,524,392.	9,211,400.
MUNICIPAL OBLIGATIONS	4,868,753.	4,242,572.
TOTAL TO SCHEDULE H, LINE 1C(15)	16,393,145.	13,453,972.

SCHEDULE H	OTHER PLAN LIABILITIES	STATEMENT 4
DESCRIPTION	BEGINNING	ENDING
DUE TO BROKERS	33,931,165.	14,209,328.
LIAB TO RETURN COLLATERAL HELD	11,524,392.	9,211,400.
FEES MANDATED BY ACA	125,025.	136,455.
DEFERRED LEASE INCENTIVE	83,773.	49,108.
DUE TO RELATED ORGANIZATION	594,534.	482,798.
RECIPROCAL CONTRIBUTIONS PAYABLE	1,084,840.	1,023,862.
TOTAL TO SCHEDULE H, LINE 1J	47,343,729.	25,112,951.

SCHEDULE H	OTHER INCOME	STATEMENT 5
DESCRIPTION	AMOUNT	
LIQUIDATED DAMAGES	327,699.	
MISCELLANEOUS	19,248.	
MEDICARE PART D SUBSIDY	812,306.	
CLASS ACTION LITIGATION PROCEEDS	27,452.	
SECURITIES LENDING	25,298.	
VACATION FEE INCOME	200,157.	
TRANSITIONAL REINSURANCE FEE REFUND	2,188,494.	
TOTAL TO SCHEDULE H, LINE 2C	3,600,654.	

SCHEDULE H	OTHER ADMINISTRATIVE EXPENSES	STATEMENT 6
DESCRIPTION		AMOUNT
COMPUTER PROGRAMMING		65,138.
ALLOCATION OF JOINT ADMINISTRATIVE EXPENSES (WITH PENSION FUND)		1,294,044.
PRINTING AND POSTAGE		260,790.
RENT		287,865.
INSURANCE		38,864.
DEPRECIATION EXPENSE		221,550.
MISCELLANEOUS		23,508.
FEES MANDATED BY ACA		136,455.
WILL COUNTY ADMIN FEES		158,552.
TOTAL TO SCHEDULE H, LINE 2I(11)		2,486,766.

Mid-America Carpenters Regional Council Health Fund
EIN # 36-6597428
Year Ended June 30, 2024

Page 1 of 24

Schedule H, Part IV, Item 4i - Schedule of Investments Held

	Cost @ 6/30/2024	Market Value @ 6/30/2024
Interest Bearing Cash (Including Money Market Accounts):		
Dreyfus Treas & Agency Cash	11,415,439	11,415,439
Dreyfus Govt Cash Mgmt Fund	4,797,097	4,797,097
Dreyfus Gov Securities Variable Rate	27,728	27,728
Dreyfus Gov Prime MM Inst Shares	608,557	608,557
Goldman Sachs Financial	457,269	457,269
	<u>17,306,090</u>	<u>17,306,090</u>
U.S Government Securities		
Page 24 of 24	9,387,312	9,470,155
Page 6 of 24	105,482,598	101,013,991
	<u>114,869,910</u>	<u>110,484,146</u>
Corporate debt securities (other than employer securities): Preferred		
Page 11 of 24	56,103,336	53,158,021
	<u>56,103,336</u>	<u>53,158,021</u>
Corporate debt securities (other than employer securities): All Other		
Page 24 of 24	5,343,629	5,454,459
Page 16 of 24	40,735,800	38,136,151
	<u>46,079,429</u>	<u>43,590,610</u>
Corporate stocks (other than employer securities): Common		
Page 22 of 24	1,686,357	1,924,853
	<u>1,686,357</u>	<u>1,924,853</u>
Value of interest in common/collective trusts		
NTGI-QM Common Daily Govt/Credit Bond Index Fund - L	94,193,692	96,832,086
Wellington - CIF Opportunistic Investment Allocation Portfolio	74,754,085	78,607,758
	<u>168,947,777</u>	<u>175,439,844</u>
Value of interest in pooled separate accounts		
ULLICO Separate Account W1	16,749,657	17,957,550
	<u>16,749,657</u>	<u>17,957,550</u>
Value of interest in 103-12 investment entities		
Invesco UBC Russell 3000 Index Fund	206,606,129	252,450,614
	<u>206,606,129</u>	<u>252,450,614</u>
Value of interest in registered investment companies		
PIMCO All Asset Fund	69,896,408	71,021,539
Blackrock Income Opprtunities Fund - Class K	70,853,858	75,140,223
	<u>140,750,266</u>	<u>146,161,762</u>
Value of interst in partnership/joint venture		
US Real Estate Investment Fund (REIF)	46,732,371	42,183,964
	<u>46,732,371</u>	<u>42,183,964</u>
Other Investments:		
Municipal obligations - Page 17 of 24	4,170,030	4,242,572
Collateral Held for Securities on Loan - Page 18 of 24	9,007,291	9,211,400
	<u>13,177,321</u>	<u>13,453,972</u>
Total Investments	<u>829,008,643</u>	<u>874,111,426</u>



Schedule of Investments at End of Plan Year at Historical Cost

Report ID: M1102

Status: FINAL

CHGO REG CNCL CARP

CARP WEL COMBINED -

07/01/2023 - 06/30/2024

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
INTEREST-BEARING CASH					
NC9123455	CAD (CANADIAN DOLLARS)	0.020	0.02	0.01	(0.01)
TOTAL INTEREST-BEARING CASH			0.02	0.01	(0.01)
U. S. GOVERNMENT SECURITIES					
01F020653	COMMIT TO PUR FNMA SF MTG 2.000% 05/01/2054 DD 05/01/24	3,000,000.000	2,488,125.00	2,310,720.00	(177,405.00)
01F022675	COMMIT TO PUR FNMA SF MTG 2.500% 07/01/2054 DD 07/01/24	1,000,000.000	816,210.94	818,920.00	2,709.06
01F030678	COMMIT TO PUR FNMA SF MTG 3.000% 07/01/2054 DD 07/01/24	2,000,000.000	1,705,585.94	1,704,680.00	(905.94)
01F032674	COMMIT TO PUR FNMA SF MTG 3.500% 07/01/2054 DD 07/01/24	1,000,000.000	876,171.88	886,720.00	10,548.12
01F042665	COMMIT TO PUR FNMA SF MTG 4.500% 06/01/2054 DD 06/01/24	1,000,000.000	949,160.16	944,310.00	(4,850.16)
01F050650	COMMIT TO PUR FNMA SF MTG 5.000% 05/01/2054 DD 05/01/24	1,000,000.000	964,687.50	961,370.00	(3,317.50)
01F060618	COMMIT TO PUR FNMA SF MTG 6.000% 01/01/2055 DD 01/01/25	1,000,000.000	1,024,687.50	1,014,470.00	(10,217.50)
01F070674	COMMIT TO PUR FNMA SF MTG 7.000% 07/01/2054 DD 07/01/24	1,000,000.000	1,028,750.00	1,028,910.00	160.00
21H020675	COMMIT TO PUR GNMA II JUMBOS 2.000% 07/01/2051 DD 07/01/21	1,000,000.000	817,734.38	810,740.00	(6,994.38)
21H022671	COMMIT TO PUR GNMA II JUMBOS 2.500% 07/20/2054 DD 07/01/24	2,000,000.000	1,698,671.88	1,685,640.00	(13,031.88)
21H030641	COMMIT TO PUR GNMA II JUMBOS 3.000% 04/20/2054 DD 04/01/24	1,000,000.000	865,781.25	850,930.00	(14,851.25)
21H030674	COMMIT TO PUR GNMA II JUMBOS 3.000% 07/20/2054 DD 07/01/24	1,000,000.000	879,375.00	872,960.00	(6,415.00)
21H032613	COMMIT TO PUR GNMA II JUMBOS 3.500% 01/20/2055 DD 01/01/25	1,000,000.000	919,492.19	924,070.00	4,577.81
21H032621	COMMIT TO PUR GNMA II JUMBOS 3.500% 02/20/2055 DD 02/01/25	1,000,000.000	903,554.69	904,200.00	645.31
21H032688	COMMIT TO PUR GNMA II JUMBOS 3.500% 08/20/2054 DD 08/01/24	1,000,000.000	898,476.56	900,400.00	1,923.44
21H0326B1	COMMIT TO PUR GNMA II JUMBOS 3.500% 11/20/2054 DD 11/01/24	1,000,000.000	880,625.00	894,870.00	14,245.00
21H042620	COMMIT TO PUR GNMA II JUMBOS 4.500% 02/20/2055 DD 02/01/25	1,000,000.000	968,183.60	954,810.00	(13,373.60)
21H042646	COMMIT TO PUR GNMA II JUMBOS 4.500% 04/20/2054 DD 04/01/24	1,000,000.000	942,968.75	931,090.00	(11,878.75)
21H042695	COMMIT TO PUR GNMA II JUMBOS 4.500% 09/20/2054 DD 09/01/24	1,000,000.000	942,148.44	953,040.00	10,891.56
21H0426B0	COMMIT TO PUR GNMA II JUMBOS 4.500% 11/20/2054 DD 11/01/24	1,000,000.000	925,585.93	946,310.00	20,724.07
21H0426C8	COMMIT TO PUR GNMA II JUMBOS 4.500% 12/20/2054 DD 12/01/24	4,000,000.000	3,861,953.12	3,903,000.00	41,046.88
21H050672	COMMIT TO PUR GNMA II JUMBOS 5.000% 07/20/2054 DD 07/01/24	1,000,000.000	975,937.50	974,990.00	(947.50)
21H060671	COMMIT TO PUR GNMA II JUMBOS 6.000% 07/20/2054 DD 07/01/24	1,000,000.000	1,007,890.63	1,004,850.00	(3,040.63)
21H062644	COMMIT TO PUR GNMA II JUMBOS 6.500% 04/20/2054 DD 04/01/24	1,000,000.000	1,011,250.00	1,014,220.00	2,970.00
21H062677	COMMIT TO PUR GNMA II JUMBOS 6.500% 07/20/2054 DD 07/01/24	1,000,000.000	1,013,359.38	1,014,750.00	1,390.62
3130AT4C8	FEDERAL HOME LN BK CONS BD 3.375% 09/10/2032 DD 08/25/22	230,000.000	228,297.15	210,983.60	(17,313.55)
3130ATVX2	FEDERAL HOME LN BK CONS BD 4.750% 12/10/2032 DD 11/10/22	250,000.000	262,117.50	252,422.50	(9,695.00)
3132DMC60	FHLMC POOL #SD-0093 5.000% 10/01/2049 DD 09/01/19	460,257.852	457,021.73	453,639.34	(3,382.39)
3132DMKH7	FHLMC POOL #SD-0296 4.000% 03/01/2050 DD 03/01/20	783,033.177	791,200.00	728,017.27	(63,182.73)
3132DVLY9	FHLMC POOL #SD-7543 2.500% 08/01/2051 DD 07/01/21	1,934,626.399	1,648,362.17	1,612,743.26	(35,618.91)
3132DWA60	FHLMC POOL #SD-8129 2.500% 01/01/2051 DD 01/01/21	902,567.235	790,768.80	745,773.26	(44,995.54)
3132DWBP7	FHLMC POOL #SD-8146 2.000% 05/01/2051 DD 04/01/21	1,830,193.752	1,537,648.76	1,445,798.16	(91,850.60)
3133ENJ92	FEDERAL FARM CR BK CONS BD 3.500% 09/01/2032 DD 09/01/22	120,000.000	119,293.50	110,614.80	(8,678.70)
3133ENSY7	FEDERAL FARM CR BK CONS BD 2.850% 03/28/2034 DD 03/28/22	700,000.000	698,163.90	602,301.00	(95,862.90)
3133ENTJ9	FEDERAL FARM CR BK CONS BD 3.080% 03/30/2037 DD 03/30/22	340,000.000	341,057.40	284,981.20	(56,076.20)
3133ENUJ7	FEDERAL FARM CR BK CONS BD 2.900% 04/12/2032 DD 04/12/22	460,000.000	457,320.15	410,899.60	(46,420.55)
3133KL2H9	FHLMC POOL #RA-5276 2.500% 05/01/2051 DD 05/01/21	851,819.281	770,829.92	704,028.64	(66,801.28)



Schedule of Investments at End of Plan Year at Historical Cost

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07/01/2023 - 06/30/2024

CHGO REG CNCL CARP

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3133KMQE8	FHLMC POOL #RA-5853 2.500% 09/01/2051 DD 08/01/21	803,888.680	843,078.25	668,007.38	(175,070.87)
3133KPLW6	FHLMC POOL #RA-7541 4.500% 06/01/2052 DD 06/01/22	552,531.892	568,784.10	526,579.47	(42,204.63)
3133X8EW8	FEDERAL HOME LN BK CONS BD 5.375% 08/15/2024 DD 08/20/04	100,000.000	118,124.00	99,964.00	(18,160.00)
31359MGK3	FEDERAL NATL MTG ASSN 6.625% 11/15/2030 DD 11/03/00	100,000.000	151,273.00	111,841.00	(39,432.00)
3136A9EA2	FNMA GTD REMIC P/T 12-111 B 7.000% 10/25/2042 DD 09/01/12	4,412.368	4,919.78	4,670.05	(249.73)
3136ABDT7	FNMA GTD REMIC P/T 12-153 B 7.000% 07/25/2042 DD 12/01/12	6,049.878	6,745.64	6,475.37	(270.27)
31371KQM6	FNMA POOL #0254360 7.000% 05/01/2032 DD 04/01/02	583.910	600.35	580.82	(19.53)
3137H9PB9	FHLMC MULTICLASS MTG 153 A2 VAR RT 12/25/2032 DD 01/01/23	100,000.000	95,460.94	93,406.00	(2,054.94)
3137H9Y94	FHLMC MULTICLASS MTG KF153 AS VAR RT 02/25/2033 DD 04/14/23	184,083.758	184,083.76	184,400.38	316.62
3137HB3D4	FHLMC MULTICLASS MTG K510 A2 VAR RT 10/25/2028 DD 11/01/23	50,000.000	49,855.45	50,334.00	478.55
3138EP2E3	FNMA POOL #0AL7072 4.500% 05/01/2045 DD 07/01/15	26,427.965	29,541.50	25,613.19	(3,928.31)
3138EPK94	FNMA POOL #0AL6619 4.500% 04/01/2045 DD 04/01/15	214,047.479	239,264.96	207,703.11	(31,561.85)
3138MRK75	FNMA POOL #0AQ9317 3.000% 01/01/2043 DD 01/01/13	8,947.562	8,637.94	7,940.60	(697.34)
3138WMKE0	FNMA POOL #0AT0292 3.000% 03/01/2043 DD 03/01/13	6,971.610	6,644.34	6,213.03	(431.31)
3138WMWQ0	FNMA POOL #0AT0654 3.000% 04/01/2043 DD 03/01/13	12,885.073	12,439.13	11,386.41	(1,052.72)
3138WN5M7	FNMA POOL #0AT1751 3.000% 04/01/2043 DD 04/01/13	10,139.592	9,788.69	8,960.15	(828.54)
3138WPGT5	FNMA POOL #0AT2009 3.000% 04/01/2043 DD 04/01/13	9,208.882	8,776.51	8,137.80	(638.71)
3138WRNS5	FNMA POOL #0AT4000 3.000% 05/01/2043 DD 04/01/13	9,034.774	8,610.57	7,983.76	(626.81)
31401HJH6	FNMA POOL #0708664 VAR RT 05/01/2033 DD 05/01/03	5,569.080	5,500.31	5,584.45	84.14
31406HG50	FNMA POOL #0810320 VAR RT 04/01/2034 DD 12/01/04	11,611.860	11,512.99	11,942.80	429.81
3140GYKA6	FNMA POOL #0BH9288 4.000% 02/01/2048 DD 02/01/18	133,618.728	136,938.37	125,361.09	(11,577.28)
3140HEAL6	FNMA POOL #0BK0910 4.000% 07/01/2048 DD 07/01/18	25,351.932	26,049.15	23,785.18	(2,263.97)
3140JAEL8	FNMA POOL #0BM5538 5.000% 11/01/2048 DD 02/01/19	114,651.098	126,040.08	113,235.16	(12,804.92)
3140Q8DN2	FNMA POOL #0CA1008 4.000% 01/01/2048 DD 12/01/17	168,285.783	172,466.68	157,882.36	(14,584.32)
3140Q8G58	FNMA POOL #0CA1119 4.000% 02/01/2048 DD 01/01/18	124,498.826	127,339.01	116,466.16	(10,872.85)
3140Q8QW8	FNMA POOL #0CA1368 4.000% 03/01/2048 DD 02/01/18	147,083.648	150,439.04	137,329.06	(13,109.98)
3140Q9CT8	FNMA POOL #0CA1881 4.000% 06/01/2048 DD 05/01/18	247,774.237	254,588.06	232,461.79	(22,126.27)
3140QBZE1	FNMA POOL #0CA4340 3.000% 10/01/2049 DD 09/01/19	577,649.921	620,815.76	503,410.35	(117,405.41)
3140QQUM5	FNMA POOL #0CB5087 5.500% 11/01/2052 DD 10/01/22	887,454.111	886,275.49	885,989.81	(285.68)
3140QQWC5	FNMA POOL #0CB5142 6.000% 11/01/2052 DD 10/01/22	444,823.000	465,847.88	455,823.47	(10,024.41)
3140QQWD3	FNMA POOL #0CB5143 6.000% 11/01/2052 DD 10/01/22	423,146.918	441,824.93	432,210.73	(9,614.20)
3140QRXJ7	FNMA POOL #0CB6080 5.500% 04/01/2053 DD 03/01/23	855,393.790	868,759.32	847,182.01	(21,577.31)
3140X4RK4	FNMA POOL #0FM1389 4.500% 06/01/2049 DD 08/01/19	443,987.303	478,188.19	424,287.59	(53,900.60)
3140XCUR7	FNMA POOL #0FM8691 2.500% 09/01/2051 DD 08/01/21	815,243.570	855,114.08	676,048.88	(179,065.20)
31410GDN0	FNMA POOL #0888509 VAR RT 06/01/2033 DD 06/01/07	364.739	364.17	370.75	6.58
31417FU63	FNMA POOL #0AB8704 3.000% 03/01/2043 DD 02/01/13	57,094.774	54,414.01	50,454.08	(3,959.93)
31417FY69	FNMA POOL #0AB8832 3.000% 03/01/2043 DD 03/01/13	18,619.037	17,744.89	16,453.46	(1,291.43)
31417GAX4	FNMA POOL #0AB9021 3.000% 04/01/2043 DD 03/01/13	69,859.306	66,579.21	61,733.97	(4,845.24)
31417GFQ4	FNMA POOL #0AB9174 3.000% 05/01/2043 DD 04/01/13	34,180.249	32,575.42	30,204.40	(2,371.02)
31417GL20	FNMA POOL #0AB9344 3.000% 05/01/2043 DD 04/01/13	38,695.291	36,878.45	34,194.64	(2,683.81)
31418DTQ5	FNMA POOL #0MA4158 2.000% 10/01/2050 DD 09/01/20	924,908.518	765,470.24	732,287.07	(33,183.17)
31418DUG5	FNMA POOL #0MA4182 2.000% 11/01/2050 DD 10/01/20	1,850,172.121	1,531,234.28	1,465,058.79	(66,175.49)
31418EKU3	FNMA POOL #0MA4806 5.000% 10/01/2052 DD 10/01/22	920,034.875	898,399.73	893,087.05	(5,312.68)



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07/01/2023 - 06/30/2024

CHGO REG CNCL CARP

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36179NLE6	GNMA II POOL #0MA1225 4.000% 08/20/2043 DD 08/01/13	62,655.489	66,277.76	59,644.89	(6,632.87)
36179RGA1	GNMA II POOL #0MA2893 4.000% 06/20/2045 DD 06/01/15	13,349.606	14,121.44	12,654.36	(1,467.08)
36179RQ36	GNMA II POOL #0MA3174 4.000% 10/20/2045 DD 10/01/15	77,774.800	83,081.33	73,491.74	(9,589.59)
36179SYT8	GNMA II POOL #0MA4322 4.000% 03/20/2047 DD 03/01/17	121,031.481	127,024.00	113,834.95	(13,189.05)
36179T7L3	GNMA II POOL #0MA5399 4.500% 08/20/2048 DD 08/01/18	198,850.290	205,810.09	191,564.42	(14,245.67)
36179T7M1	GNMA II POOL #0MA5400 5.000% 08/20/2048 DD 08/01/18	28,203.583	30,083.14	27,865.42	(2,217.72)
36179TXW0	GNMA II POOL #0MA5193 4.500% 05/20/2048 DD 05/01/18	108,837.725	113,739.64	105,029.49	(8,710.15)
36179U4B5	GNMA II POOL #0MA6218 3.000% 10/20/2049 DD 10/01/19	1,223,301.912	1,273,380.72	1,074,181.41	(199,199.31)
36179UCC4	GNMA II POOL #0MA5467 4.500% 09/20/2048 DD 09/01/18	464,682.013	480,898.53	448,185.80	(32,712.73)
36179UEB4	GNMA II POOL #0MA5530 5.000% 10/20/2048 DD 10/01/18	99,190.337	104,041.37	98,138.92	(5,902.45)
36179UGE6	GNMA II POOL #0MA5597 5.000% 11/20/2048 DD 11/01/18	164,617.092	173,725.38	163,031.83	(10,693.55)
36179UH62	GNMA II POOL #0MA5653 5.000% 12/20/2048 DD 12/01/18	10,711.809	11,515.24	10,586.70	(928.54)
36179UKY7	GNMA II POOL #0MA5711 4.500% 01/20/2049 DD 01/01/19	49,230.723	51,563.49	47,473.19	(4,090.30)
36179UKZ4	GNMA II POOL #0MA5712 5.000% 01/20/2049 DD 01/01/19	162,083.268	171,240.67	159,989.15	(11,251.52)
36179UPA4	GNMA II POOL #0MA5817 4.000% 03/20/2049 DD 03/01/19	137,358.974	142,821.16	128,548.77	(14,272.39)
36179UPB2	GNMA II POOL #0MA5818 4.500% 03/20/2049 DD 03/01/19	62,094.539	65,254.88	59,877.76	(5,377.12)
36179UPC0	GNMA II POOL #0MA5819 5.000% 03/20/2049 DD 03/01/19	178,892.450	188,803.08	176,472.03	(12,331.05)
36179UUK6	GNMA II POOL #0MA5986 4.000% 06/20/2049 DD 06/01/19	265,940.436	273,918.63	248,883.02	(25,035.61)
36179VHS2	GNMA II POOL #0MA6541 3.000% 03/20/2050 DD 03/01/20	392,008.899	359,484.46	343,638.92	(15,845.54)
36179VHV5	GNMA II POOL #0MA6544 4.500% 03/20/2050 DD 03/01/20	191,371.426	204,617.90	184,491.62	(20,126.28)
36179XHY5	GNMA II POOL #0MA8347 4.500% 10/20/2052 DD 10/01/22	1,814,562.365	1,766,079.54	1,732,925.20	(33,154.34)
36179XS98	GNMA II POOL #0MA8644 3.500% 02/20/2053 DD 02/01/23	896,923.650	830,285.03	811,034.24	(19,250.79)
38382XAA3	GNMA GTD REMIC P/T 21-135 A 2.000% 08/20/2051 DD 08/01/21	704,208.060	583,777.53	564,429.80	(19,347.73)
912810SE9	U S TREASURY BOND 3.375% 11/15/2048 DD 11/15/18	7,514,900.000	5,705,954.90	6,137,869.72	431,914.82
912810SF6	U S TREASURY BOND 3.000% 02/15/2049 DD 02/15/19	1,000,000.000	779,072.08	762,110.00	(16,962.08)
912810TG3	U S TREASURY BOND 2.875% 05/15/2052 DD 05/15/22	17,600.000	13,083.30	12,983.52	(99.78)
912810TP3	US TREAS-CPI INFLAT 1.500% 02/15/2053 DD 02/15/23	653,901.600	549,731.93	553,743.49	4,011.56
91282CEC1	U S TREASURY NOTE 1.875% 02/28/2027 DD 02/28/22	1,150,000.000	1,072,458.70	1,072,869.50	410.80
91282CEP2	U S TREASURY NOTE 2.875% 05/15/2032 DD 05/15/22	520,000.000	482,212.93	469,258.40	(12,954.53)
91282CFB2	U S TREASURY NOTE 2.750% 07/31/2027 DD 07/31/22	990,000.000	940,155.27	940,153.50	(1.77)
91282CFF3	U S TREASURY NOTE 2.750% 08/15/2032 DD 08/15/22	5,930,000.000	5,322,550.30	5,285,824.10	(36,726.20)
91282CGM7	U S TREASURY NOTE 3.500% 02/15/2033 DD 02/15/23	370,000.000	346,948.74	347,411.50	462.76
91282CHC8	U S TREASURY NOTE 3.375% 05/15/2033 DD 05/15/23	1,270,000.000	1,168,919.54	1,179,309.30	10,389.76
91282CHT1	U S TREASURY NOTE 3.875% 08/15/2033 DD 08/15/23	6,970,000.000	6,660,371.24	6,719,219.40	58,848.16
91282CJJ1	U S TREASURY NOTE 4.500% 11/15/2033 DD 11/15/23	1,540,000.000	1,584,185.06	1,557,571.40	(26,613.66)
3128MD5D1	FHLMC POOL #G1-5144 2.500% 07/01/2029 DD 07/01/14	118,978.453	120,540.08	113,766.01	(6,774.07)
3128MMSR5	FHLMC POOL #G1-8527 3.000% 10/01/2029 DD 10/01/14	144,466.335	149,552.19	138,404.53	(11,147.66)
3128MMT37	FHLMC POOL #G1-8569 3.000% 09/01/2030 DD 09/01/15	121,870.270	124,445.71	116,175.27	(8,270.44)
3128MMUC5	FHLMC POOL #G1-8578 3.000% 12/01/2030 DD 12/01/15	197,859.410	205,989.90	188,364.14	(17,625.76)
3128P7J79	FHLMC POOL #C9-1186 5.000% 06/01/2028 DD 06/01/08	1,251.817	1,283.52	1,244.48	(39.04)
3132CWWW0	FHLMC POOL #SB-0661 2.500% 04/01/2037 DD 04/01/22	723,426.501	670,186.86	657,218.51	(12,968.35)
3132D6C40	FHLMC POOL #SB-8191 4.500% 09/01/2037 DD 09/01/22	1,068,602.600	1,066,644.63	1,045,777.25	(20,867.38)
3132D6CV0	FHLMC POOL #SB-8184 4.000% 09/01/2037 DD 09/01/22	528,249.435	527,878.04	508,297.45	(19,580.59)



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CHGO REG CNCL CARP

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3132D6CX6	FHLMC POOL #SB-8186 4.500% 09/01/2037 DD 08/01/22	529,698.376	537,933.05	518,394.61	(19,538.44)
3132D6DV9	FHLMC POOL #SB-8216 4.500% 03/01/2038 DD 02/01/23	151,380.771	148,707.97	148,283.52	(424.45)
3132D6DW7	FHLMC POOL #SB-8217 5.000% 03/01/2038 DD 02/01/23	742,693.238	742,394.71	737,308.71	(5,086.00)
3132D6DZ0	FHLMC POOL #SB-8220 5.500% 02/01/2038 DD 01/01/23	825,660.699	818,447.10	828,377.12	9,930.02
3132D6GA2	FHLMC POOL #SB-8293 5.000% 03/01/2039 DD 03/01/24	465,658.500	462,529.86	461,905.29	(624.57)
3134A4KX1	FEDERAL HOME LN MTG CORP 6.250% 07/15/2032 DD 02/20/02	240,000.000	277,946.40	269,061.60	(8,884.80)
31359MGK3	FEDERAL NATL MTG ASSN 6.625% 11/15/2030 DD 11/03/00	1,300,000.000	1,591,687.90	1,453,933.00	(137,754.90)
3135G05Q2	FEDERAL NATL MTG ASSN 0.875% 08/05/2030 DD 08/05/20	1,905,000.000	1,811,903.15	1,544,421.60	(267,481.55)
3135G05X7	FEDERAL NATL MTG ASSN 0.375% 08/25/2025 DD 08/27/20	1,010,000.000	1,006,722.30	957,581.00	(49,141.30)
31371LXW4	FNMA POOL #0255493 5.500% 11/01/2024 DD 10/01/04	367.362	396.64	363.60	(33.04)
31371MVC8	FNMA POOL #0256311 6.000% 07/01/2026 DD 06/01/06	648.234	650.69	650.77	0.08
31379FCD4	FNMA POOL #0417768 6.500% 03/01/2028 DD 03/01/98	2,780.404	2,903.78	2,791.64	(112.14)
3137BDCW4	FHLMC MULTICLASS MTG K039 A2 3.303% 07/25/2024 DD 09/01/14	114,630.815	111,756.10	114,191.78	2,435.68
3137BN6G4	FHLMC MULTICLASS MTG K053 A2 2.995% 12/25/2025 DD 03/01/16	535,000.000	525,470.31	518,810.90	(6,659.41)
3137BPW21	FHLMC MULTICLASS MTG K055 A2 2.673% 03/25/2026 DD 06/01/16	650,000.000	663,237.89	624,416.00	(38,821.89)
3137FBTA4	FHLMC MULTICLASS MTG K728 A2 VAR RT 08/25/2024 DD 11/01/17	572,949.207	568,988.67	569,820.90	832.23
3137FJXQ7	FHLMC MULTICLASS MTG K733 A2 3.750% 08/25/2025 DD 11/01/18	535,397.243	578,145.39	525,572.70	(52,572.69)
3137H7ZB2	FHLMC MULTICLASS MTG K146 A2 2.920% 06/25/2032 DD 06/01/22	655,000.000	589,985.54	575,633.65	(14,351.89)
3138YAGT6	FNMA POOL #0AX8309 3.000% 11/01/2029 DD 11/01/14	108,796.360	112,995.20	104,071.33	(8,923.87)
31408EM74	FNMA POOL #0849182 7.000% 01/01/2036 DD 01/01/06	3,851.133	3,948.59	3,839.27	(109.32)
31410LUP5	FNMA POOL #0890790 3.000% 08/01/2032 DD 08/01/17	129,445.698	133,976.34	122,212.27	(11,764.07)
31413JE34	FNMA POOL #0946654 6.000% 09/01/2037 DD 08/01/07	467.016	478.60	478.03	(0.57)
31418EFH8	FNMA POOL #0MA4667 3.500% 06/01/2037 DD 06/01/22	358,645.549	361,083.28	339,436.49	(21,646.79)
31418EGX2	FNMA POOL #0MA4713 4.000% 06/01/2037 DD 06/01/22	565,505.611	569,814.94	544,146.46	(25,668.48)
31418EKK5	FNMA POOL #0MA4797 4.000% 10/01/2037 DD 10/01/22	423,089.640	416,258.73	407,109.54	(9,149.19)
31418ELF5	FNMA POOL #0MA4825 5.000% 09/01/2037 DD 09/01/22	570,951.725	571,546.25	566,349.85	(5,196.40)
31418ERM4	FNMA POOL #0MA4991 5.500% 03/01/2038 DD 03/01/23	420,253.171	421,960.47	421,413.07	(547.40)
31418ESC5	FNMA POOL #0MA5014 5.000% 04/01/2038 DD 04/01/23	363,836.663	366,110.68	360,904.14	(5,206.54)
31418EWF3	FNMA POOL #0MA5145 6.000% 08/01/2038 DD 08/01/23	898,949.363	904,928.07	908,882.75	3,954.68
36202THH2	GNMA POOL #0608732 6.500% 11/15/2034 DD 11/01/04	28,501.420	30,229.31	29,835.29	(394.02)
38373MBE9	GNMA GTD REMIC P/T 01-58 Z VAR RT 09/16/2041 DD 11/01/01	1,309.300	1,388.91	1,305.12	(83.79)
9128282A7	U S TREASURY NOTE 1.500% 08/15/2026 DD 08/15/16	1,490,000.000	1,380,274.29	1,394,371.80	14,097.51
9128283W8	U S TREASURY NOTE 2.750% 02/15/2028 DD 02/15/18	2,655,000.000	2,827,647.86	2,504,196.00	(323,451.86)
9128285M8	U S TREASURY NOTE 3.125% 11/15/2028 DD 11/15/18	1,110,000.000	1,093,535.75	1,054,544.40	(38,991.35)
9128286T2	U S TREASURY NOTE 2.375% 05/15/2029 DD 05/15/19	2,105,000.000	2,182,618.17	1,923,443.75	(259,174.42)
912828D56	U S TREASURY NOTE 2.375% 08/15/2024 DD 08/15/14	635,000.000	652,899.28	632,593.35	(20,305.93)
912828J27	U S TREASURY NOTE 2.000% 02/15/2025 DD 02/15/15	860,000.000	842,621.43	842,404.40	(217.03)
912828U24	U S TREASURY NOTE 2.000% 11/15/2026 DD 11/15/16	1,790,000.000	1,711,594.34	1,684,622.70	(26,971.64)
912828YG9	U S TREASURY NOTE 1.625% 09/30/2026 DD 09/30/19	635,000.000	655,367.19	594,321.90	(61,045.29)
912828Z94	U S TREASURY NOTE 1.500% 02/15/2030 DD 02/15/20	1,610,000.000	1,551,492.79	1,383,022.20	(168,470.59)
91282CAE1	U S TREASURY NOTE 0.625% 08/15/2030 DD 08/15/20	2,435,000.000	2,362,494.09	1,953,527.45	(408,966.64)
91282CBL4	U S TREASURY NOTE 1.125% 02/15/2031 DD 02/15/21	2,150,000.000	2,080,739.27	1,760,226.50	(320,512.77)
91282CCS8	U S TREASURY NOTE 1.250% 08/15/2031 DD 08/15/21	2,645,000.000	2,420,171.71	2,149,274.10	(270,897.61)



Schedule of Investments at End of Plan Year at Historical Cost

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CHGO REG CNCL CARP

CARP WEL COMBINED -

07/01/2023 - 06/30/2024

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
91282CFF3	U S TREASURY NOTE 2.750% 08/15/2032 DD 08/15/22	2,165,000.000	1,946,707.13	1,929,816.05	(16,891.08)
91282CFV8	U S TREASURY NOTE 4.125% 11/15/2032 DD 11/15/22	1,905,000.000	1,958,263.86	1,876,063.05	(82,200.81)
91282CHC8	U S TREASURY NOTE 3.375% 05/15/2033 DD 05/15/23	2,500,000.000	2,417,227.97	2,321,475.00	(95,752.97)
91282CJM4	U S TREASURY NOTE 4.375% 11/30/2030 DD 11/30/23	1,455,000.000	1,479,247.62	1,457,677.20	(21,570.42)
91282CJZ5	U S TREASURY NOTE 4.000% 02/15/2034 DD 02/15/24	1,185,000.000	1,146,598.68	1,152,779.85	6,181.17
01F020653	COMMIT TO PUR FNMA SF MTG 2.000% 05/01/2054 DD 05/01/24	(3,000,000.000)	(2,506,570.31)	(2,310,720.00)	195,850.31
01F040677	COMMIT TO PUR FNMA SF MTG 4.000% 07/01/2054 DD 07/01/24	(1,000,000.000)	(916,015.62)	(916,550.00)	(534.38)
01F042665	COMMIT TO PUR FNMA SF MTG 4.500% 06/01/2054 DD 06/01/24	(1,000,000.000)	(939,765.63)	(944,310.00)	(4,544.37)
01F042673	COMMIT TO PUR FNMA SF MTG 4.500% 07/01/2054 DD 07/01/24	(1,000,000.000)	(949,375.00)	(944,310.00)	5,065.00
01F050650	COMMIT TO PUR FNMA SF MTG 5.000% 05/01/2054 DD 05/01/24	(1,000,000.000)	(967,382.81)	(961,370.00)	6,012.81
01F060618	COMMIT TO PUR FNMA SF MTG 6.000% 01/01/2055 DD 01/01/25	(1,000,000.000)	(1,018,750.00)	(1,014,470.00)	4,280.00
21H030641	COMMIT TO PUR GNMA II JUMBOS 3.000% 04/20/2054 DD 04/01/24	(1,000,000.000)	(875,820.31)	(850,930.00)	24,890.31
21H030674	COMMIT TO PUR GNMA II JUMBOS 3.000% 07/20/2054 DD 07/01/24	(1,000,000.000)	(877,929.69)	(872,960.00)	4,969.69
21H032613	COMMIT TO PUR GNMA II JUMBOS 3.500% 01/20/2055 DD 01/01/25	(1,000,000.000)	(928,671.88)	(924,070.00)	4,601.88
21H032621	COMMIT TO PUR GNMA II JUMBOS 3.500% 02/20/2055 DD 02/01/25	(1,000,000.000)	(920,429.69)	(904,200.00)	16,229.69
21H032688	COMMIT TO PUR GNMA II JUMBOS 3.500% 08/20/2054 DD 08/01/24	(1,000,000.000)	(922,382.81)	(900,400.00)	21,982.81
21H0326B1	COMMIT TO PUR GNMA II JUMBOS 3.500% 11/20/2054 DD 11/01/24	(1,000,000.000)	(855,664.06)	(894,870.00)	(39,205.94)
21H042620	COMMIT TO PUR GNMA II JUMBOS 4.500% 02/20/2055 DD 02/01/25	(1,000,000.000)	(970,273.44)	(954,810.00)	15,463.44
21H042646	COMMIT TO PUR GNMA II JUMBOS 4.500% 04/20/2054 DD 04/01/24	(1,000,000.000)	(967,539.06)	(931,090.00)	36,449.06
21H042695	COMMIT TO PUR GNMA II JUMBOS 4.500% 09/20/2054 DD 09/01/24	(1,000,000.000)	(943,808.59)	(953,040.00)	(9,231.41)
21H0426B0	COMMIT TO PUR GNMA II JUMBOS 4.500% 11/20/2054 DD 11/01/24	(1,000,000.000)	(900,885.42)	(946,310.00)	(45,424.58)
21H0426C8	COMMIT TO PUR GNMA II JUMBOS 4.500% 12/20/2054 DD 12/01/24	(4,000,000.000)	(3,749,062.50)	(3,903,000.00)	(153,937.50)
21H062644	COMMIT TO PUR GNMA II JUMBOS 6.500% 04/20/2054 DD 04/01/24	(1,000,000.000)	(1,011,250.00)	(1,014,220.00)	(2,970.00)
TOTAL U. S. GOVERNMENT SECURITIES			105,482,598.21	101,013,991.05	(4,468,607.16)
CORPORATE DEBT INSTRUMENTS - PREFERRED				To page 1	
00206RJX1	AT&T INC 2.300% 06/01/2027 DD 05/28/20	697,000.000	738,996.89	644,843.49	(94,153.40)
00287YAQ2	ABBVIE INC 3.600% 05/14/2025 DD 05/14/15	100,000.000	102,247.00	98,385.00	(3,862.00)
00287YAV1	ABBVIE INC 4.300% 05/14/2036 DD 05/12/16	103,000.000	96,328.69	95,048.40	(1,280.29)
00287YCA5	ABBVIE INC 4.050% 11/21/2039 DD 05/21/20	56,000.000	55,802.32	48,792.24	(7,010.08)
00287YCB3	ABBVIE INC 4.250% 11/21/2049 DD 05/21/20	192,000.000	190,894.42	160,715.52	(30,178.90)
00287YDT3	ABBVIE INC 4.950% 03/15/2031 DD 02/26/24	150,000.000	149,986.10	149,796.00	(190.10)
02666TAC1	AMERICAN HOMES 4 RENT LP 2.375% 07/15/2031 DD 07/08/21	35,000.000	34,479.55	28,485.80	(5,993.75)
031162DR8	AMGEN INC 5.250% 03/02/2033 DD 03/02/23	150,000.000	147,802.50	149,833.50	2,031.00
039482AB0	ARCHER-DANIELS-MIDLAND CO 3.250% 03/27/2030 DD 03/27/20	50,000.000	49,611.50	45,573.00	(4,038.50)
039482AD6	ARCHER-DANIELS-MIDLAND CO 2.900% 03/01/2032 DD 02/28/22	75,000.000	74,844.75	64,257.75	(10,587.00)
040555CM4	ARIZONA PUBLIC SERVICE CO 5.050% 09/01/2041 DD 08/25/11	100,000.000	114,986.00	91,275.00	(23,711.00)
055531AA5	BLP COMMERCIAL MORT IND A 144A VAR RT 03/15/2040 DD 02/28/23	150,000.000	149,109.38	149,719.50	610.12
05593FAD0	BMO 2023-C7 A5 6.160% 12/15/2056 DD 12/01/23	100,000.000	102,999.53	105,966.00	2,966.47
05608RAG0	BX TRUST 2021-ARIA ARIA C 144A VAR RT 10/15/2036 DD 10/28/21	50,000.000	49,750.00	49,125.00	(625.00)
05612FAA3	BX TRUST 2024-PAT PAT A 144A VAR RT 03/15/2041 DD 03/19/24	150,000.000	149,621.10	149,812.50	191.40
06051GGA1	BANK OF AMERICA CORP 3.248% 10/21/2027 DD 10/21/16	175,000.000	171,744.12	165,590.25	(6,153.87)



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CHGO REG CNCL CARP

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06051GGC7	BANK OF AMERICA CORP 4.183% 11/25/2027 DD 11/25/16	200,000.000	213,905.00	193,160.00	(20,745.00)
06051GHM4	BANK OF AMERICA CORP VAR RT 07/23/2029 DD 07/23/18	125,000.000	125,000.00	120,501.25	(4,498.75)
06051GJB6	BANK OF AMERICA CORP VAR RT 04/29/2031 DD 04/29/20	75,000.000	80,156.25	64,898.25	(15,258.00)
06051GJP5	BANK OF AMERICA CORP VAR RT 03/11/2032 DD 03/11/21	125,000.000	104,190.00	105,950.00	1,760.00
06051GKA6	BANK OF AMERICA CORP VAR RT 07/21/2032 DD 07/21/21	140,000.000	140,000.00	114,798.60	(25,201.40)
06051GKC2	BANK OF AMERICA CORP VAR RT 09/21/2036 DD 09/21/21	245,000.000	204,524.70	195,617.80	(8,906.90)
06051GKK4	BANK OF AMERICA CORP VAR RT 02/04/2033 DD 02/04/22	75,000.000	75,000.00	63,573.75	(11,426.25)
06051GKQ1	BANK OF AMERICA CORP VAR RT 04/27/2033 DD 04/27/22	415,000.000	411,889.00	391,975.80	(19,913.20)
06051GKY4	BANK OF AMERICA CORP VAR RT 07/22/2033 DD 07/22/22	64,000.000	60,086.40	62,792.96	2,706.56
06051GLE7	BANK OF AMERICA CORP VAR RT 01/20/2027 DD 01/20/23	125,000.000	125,000.00	124,245.00	(755.00)
06051GLG2	BANK OF AMERICA CORP VAR RT 04/25/2029 DD 04/25/23	295,000.000	295,000.00	294,672.55	(327.45)
06211FAV0	BANK5 2023-5YR4 5YR4 A3 6.500% 12/15/2056 DD 12/01/23	173,122.718	182,718.86	179,645.98	(3,072.88)
06211UBL8	BANK5 2024-5YR7 5YR7 A3 5.769% 06/15/2057 DD 06/01/24	175,000.000	176,744.96	177,513.00	768.04
06540BBD0	BANK 2019-BNK21 BN21 A5 2.851% 10/17/2052 DD 10/01/19	500,000.000	514,987.50	438,485.00	(76,502.50)
06540WBD4	BANK 2019-BNK19 BN19 A3 3.183% 08/15/2061 DD 08/01/19	200,000.000	215,328.13	175,520.00	(39,808.13)
06742LBB8	BARCLAYS DRYROCK ISSUANCE 2 A VAR RT 08/15/2028 DD 11/20/23	600,000.000	600,000.00	603,408.00	3,408.00
072863AH6	BAYLOR SCOTT & WHITE HOLDINGS 1.777% 11/15/2030 DD 01/21/21	55,000.000	55,000.00	45,084.05	(9,915.95)
075887BX6	BECTON DICKINSON & CO 4.669% 06/06/2047 DD 06/06/17	50,000.000	49,695.00	43,747.00	(5,948.00)
075887CJ6	BECTON DICKINSON & CO 2.823% 05/20/2030 DD 05/20/20	150,000.000	150,000.00	132,735.00	(17,265.00)
084659AM3	BERKSHIRE HATHAWAY ENERGY CO 3.250% 04/15/2028 DD 04/15/18	25,000.000	24,907.75	23,464.50	(1,443.25)
084659AV3	BERKSHIRE HATHAWAY ENERGY CO 3.700% 07/15/2030 DD 01/15/21	100,000.000	99,984.00	93,057.00	(6,927.00)
084664CU3	BERKSHIRE HATHAWAY FINANCE COR 1.850% 03/12/2030 DD 03/12/20	50,000.000	50,120.50	42,791.00	(7,329.50)
097023BZ7	BOEING CO/THE 3.625% 03/01/2048 DD 02/23/18	200,000.000	191,346.00	128,796.00	(62,550.00)
110122CQ9	BRISTOL-MYERS SQUIBB CO 4.125% 06/15/2039 DD 06/15/20	50,000.000	59,012.00	43,515.00	(15,497.00)
110122EH7	BRISTOL-MYERS SQUIBB CO 5.200% 02/22/2034 DD 02/22/24	243,000.000	241,571.44	242,963.55	1,392.11
12189LAE1	BURLINGTON NORTHERN SANTA FE L 5.400% 06/01/2041 DD 05/19/11	200,000.000	249,778.00	197,962.00	(51,816.00)
14041NGA3	CAPITAL ONE MULTI-ASSET E A2 A 3.490% 05/15/2027 DD 06/14/22	225,000.000	217,300.78	221,159.25	3,858.47
141781BF0	CARGILL INC 144A 4.760% 11/23/2045 DD 11/23/15	65,000.000	68,051.10	58,580.60	(9,470.50)
141781CB8	CARGILL INC 144A 4.750% 04/24/2033 DD 04/24/23	75,000.000	75,063.50	73,141.50	(1,922.00)
172967KN0	CITIGROUP INC 3.400% 05/01/2026 DD 05/02/16	125,000.000	124,828.12	120,708.75	(4,119.37)
172967NU1	CITIGROUP INC VAR RT 05/24/2033 DD 05/24/22	150,000.000	140,061.00	144,295.50	4,234.50
17308CC53	CITIGROUP INC VAR RT 11/05/2030 DD 11/05/19	125,000.000	125,000.00	111,411.25	(13,588.75)
17324DAY0	CITIGROUP COMMERCIAL MORT P1 C VAR RT 09/15/2048 DD 08/01/15	150,000.000	143,437.50	141,673.50	(1,764.00)
17327CAQ6	CITIGROUP INC VAR RT 01/25/2033 DD 01/25/22	175,000.000	175,000.00	148,932.00	(26,068.00)
20030NBY6	COMCAST CORP 3.300% 02/01/2027 DD 01/10/17	25,000.000	23,609.50	23,967.25	357.75
20030NCM1	COMCAST CORP 4.700% 10/15/2048 DD 10/05/18	125,000.000	130,919.50	111,111.25	(19,808.25)
20030NCS8	COMCAST CORP 3.950% 10/15/2025 DD 10/05/18	100,000.000	108,026.00	98,428.00	(9,598.00)
20030NDK4	COMCAST CORP 3.300% 04/01/2027 DD 03/27/20	375,000.000	403,086.75	358,627.50	(44,459.25)
20268JAF0	COMMONSPIRIT HEALTH 2.782% 10/01/2030 DD 10/28/20	130,000.000	130,419.90	112,676.20	(17,743.70)
20753UAB6	CONNECTICUT AVENU R01 1M2 144A VAR RT 01/25/2044 DD 01/31/24	75,000.000	75,000.00	75,999.75	999.75
20754DAA5	CONNECTICUT AVENU R05 2M1 144A VAR RT 04/25/2042 DD 05/11/22	24,740.105	24,740.16	24,955.59	215.43
22966RAJ5	CUBESMART LP 2.500% 02/15/2032 DD 11/30/21	15,000.000	14,882.85	12,285.30	(2,597.55)
23291KAH8	DH EUROPE FINANCE II SARL 2.600% 11/15/2029 DD 11/07/19	50,000.000	49,951.50	44,619.50	(5,332.00)



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254687FL5	WALT DISNEY CO/THE 2.000% 09/01/2029 DD 09/06/19	100,000.000	103,888.00	86,963.00	(16,925.00)
254709AL2	DISCOVER FINANCIAL SERVICES 3.750% 03/04/2025 DD 03/04/15	100,000.000	101,940.00	98,681.00	(3,259.00)
256746AG3	DOLLAR TREE INC 4.000% 05/15/2025 DD 04/19/18	100,000.000	99,899.00	98,545.00	(1,354.00)
26078JAC4	DUPONT DE NEMOURS INC 4.493% 11/15/2025 DD 11/28/18	100,000.000	100,066.00	98,583.00	(1,483.00)
26442CAN4	DUKE ENERGY CAROLINAS LLC 4.000% 09/30/2042 DD 09/21/12	100,000.000	99,204.00	80,833.00	(18,371.00)
29379VAV5	ENTERPRISE PRODUCTS OPERATING 5.700% 02/15/2042 DD 08/24/11	150,000.000	169,879.20	150,664.50	(19,214.70)
29717PAU1	ESSEX PORTFOLIO LP 3.000% 01/15/2030 DD 08/07/19	100,000.000	98,632.00	88,893.00	(9,739.00)
30303M8H8	META PLATFORMS INC 3.850% 08/15/2032 DD 08/09/22	66,000.000	58,702.81	61,477.68	2,774.87
316773CY4	FIFTH THIRD BANCORP 2.375% 01/28/2025 DD 10/28/19	90,000.000	88,496.10	88,247.70	(248.40)
345290AB6	FORD CREDIT AUTO LEASE T A A2A 5.240% 07/15/2026 DD 01/22/24	575,000.000	574,954.81	573,706.25	(1,248.56)
34533BAA8	FORD CREDIT AUTO OWNE 1 A 144A VAR RT 08/15/2036 DD 02/13/24	225,000.000	224,928.29	223,236.00	(1,692.29)
345397E74	FORD MOTOR CREDIT CO LLC 5.850% 05/17/2027 DD 05/17/24	200,000.000	199,762.00	200,046.00	284.00
35564KPU7	FREDDIE MAC STAC DNA1 M1A 144A VAR RT 01/25/2042 DD 01/21/22	62,936.386	62,936.40	62,925.69	(10.71)
370334CG7	GENERAL MILLS INC 4.200% 04/17/2028 DD 04/17/18	75,000.000	72,422.25	72,681.75	259.50
437076CP5	HOME DEPOT INC/THE 3.250% 04/15/2032 DD 03/28/22	25,000.000	22,906.50	22,197.50	(709.00)
444859BY7	HUMANA INC 5.950% 03/15/2034 DD 11/09/23	40,000.000	41,548.80	41,005.20	(543.60)
446150AM6	HUNTINGTON BANCSHARES INC/OH 4.000% 05/15/2025 DD 05/15/18	75,000.000	83,805.75	73,770.75	(10,035.00)
44891ACP0	HYUNDAI CAPITAL AMERICA 144A 6.200% 09/21/2030 DD 09/21/23	230,000.000	229,420.40	239,131.00	9,710.60
45866FAZ7	INTERCONTINENTAL EXCHANGE 144A 3.625% 09/01/2028 DD 03/01/24	55,000.000	52,399.60	51,880.64	(518.96)
46124HAC0	INTUIT INC 1.350% 07/15/2027 DD 06/29/20	50,000.000	49,953.00	45,074.00	(4,879.00)
46625HQW3	JPMORGAN CHASE & CO 3.300% 04/01/2026 DD 03/23/16	100,000.000	101,797.00	96,800.00	(4,997.00)
46625HRX0	JPMORGAN CHASE & CO 3.625% 12/01/2027 DD 11/16/16	200,000.000	188,726.00	191,422.00	2,696.00
46647PBF2	JPMORGAN CHASE & CO VAR RT 10/15/2025 DD 09/12/19	150,000.000	150,000.00	148,492.50	(1,507.50)
46647PBL9	JPMORGAN CHASE & CO VAR RT 04/22/2031 DD 04/22/20	25,000.000	26,777.25	21,623.25	(5,154.00)
46647PBP0	JPMORGAN CHASE & CO VAR RT 05/13/2031 DD 05/13/20	25,000.000	25,000.00	21,928.50	(3,071.50)
46647PCU8	JPMORGAN CHASE & CO VAR RT 01/25/2033 DD 01/25/22	175,000.000	175,000.00	149,388.75	(25,611.25)
46647PDC7	JPMORGAN CHASE & CO VAR RT 04/26/2033 DD 04/26/22	107,000.000	109,160.76	102,232.08	(6,928.68)
46647PDH6	JPMORGAN CHASE & CO VAR RT 07/25/2033 DD 07/25/22	150,000.000	140,172.00	145,930.50	5,758.50
46647PEC6	JPMORGAN CHASE & CO VAR RT 01/23/2035 DD 01/23/24	75,000.000	75,000.00	74,707.50	(292.50)
46656AAC1	J.P. MORGAN MORTG DSC1 A3 144A VAR RT 01/25/2063 DD 11/01/22	132,948.713	123,413.80	125,378.61	1,964.81
46657WAH1	JP MORGAN MORTGAGE 4 A5A 144A VAR RT 10/25/2054 DD 04/01/24	125,000.000	124,284.29	126,976.25	2,691.96
46658RAF5	JP MORGAN MORTGAGE T 5 A6 144A VAR RT 11/25/2054 DD 06/01/24	150,000.000	148,914.90	148,927.73	12.83
494368CB7	KIMBERLY-CLARK CORP 3.100% 03/26/2030 DD 03/26/20	25,000.000	24,980.75	22,878.25	(2,102.50)
54627RAN0	LOUISIANA LOCAL GOVERNMENT A3 4.275% 02/01/2036 DD 05/19/22	135,000.000	135,000.00	125,753.85	(9,246.15)
548661DP9	LOWE'S COS INC 3.100% 05/03/2027 DD 05/03/17	25,000.000	23,169.75	23,672.75	503.00
55261FAS3	M&T BANK CORP VAR RT 10/30/2029 DD 10/30/23	265,000.000	265,000.00	278,946.95	13,946.95
571676AB1	MARS INC 144A 3.200% 04/01/2030 DD 03/29/19	100,000.000	99,705.00	91,513.00	(8,192.00)
59523UAS6	MID-AMERICA APARTMENTS LP 1.700% 02/15/2031 DD 08/12/20	75,000.000	74,598.75	60,270.75	(14,328.00)
59523UAU1	MID-AMERICA APARTMENTS LP 2.875% 09/15/2051 DD 08/19/21	120,000.000	118,305.60	74,716.80	(43,588.80)
61691NAE5	MORGAN STANLEY CAPITAL HR2 A4 3.587% 12/15/2050 DD 12/01/17	150,000.000	165,738.28	140,860.50	(24,877.78)
6174468C6	MORGAN STANLEY 4.000% 07/23/2025 DD 07/23/15	25,000.000	25,121.57	24,626.25	(495.32)
6174468G7	MORGAN STANLEY VAR RT 01/23/2030 DD 01/23/19	50,000.000	51,092.43	48,397.00	(2,695.43)
6174468L6	MORGAN STANLEY VAR RT 01/22/2031 DD 01/22/20	600,000.000	639,896.00	526,320.00	(113,576.00)



Schedule of Investments at End of Plan Year at Historical Cost

Report ID: M1102

Status: FINAL

CARP WEL COMBINED -

07/01/2023 - 06/30/2024

CHGO REG CNCL CARP

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
6174468P7	MORGAN STANLEY VAR RT 04/01/2031 DD 03/31/20	100,000.000	100,000.00	91,826.00	(8,174.00)
6174468U6	MORGAN STANLEY VAR RT 02/13/2032 DD 11/13/20	150,000.000	150,000.00	120,580.50	(29,419.50)
61744YAK4	MORGAN STANLEY VAR RT 07/22/2028 DD 07/24/17	200,000.000	193,668.00	190,242.00	(3,426.00)
61746BDZ6	MORGAN STANLEY 3.875% 01/27/2026 DD 01/27/16	200,000.000	211,940.00	195,498.00	(16,442.00)
61747YEU5	MORGAN STANLEY VAR RT 07/20/2033 DD 07/20/22	145,000.000	136,086.85	140,043.90	3,957.05
61747YFD2	MORGAN STANLEY VAR RT 04/20/2029 DD 04/21/23	240,000.000	240,000.00	239,433.60	(566.40)
61765LAU4	MORGAN STANLEY BANK OF C24 A4 3.732% 05/15/2048 DD 08/01/15	200,000.000	220,546.88	195,240.00	(25,306.88)
64110LAT3	NETFLIX INC 5.875% 11/15/2028 DD 04/26/18	155,000.000	161,331.75	159,791.05	(1,540.70)
65481CAB0	NISSAN AUTO LEASE TRUST A A2A 5.110% 10/15/2026 DD 01/24/24	525,000.000	524,980.52	523,162.50	(1,818.02)
666807BP6	NORTHROP GRUMMAN CORP 4.030% 10/15/2047 DD 10/13/17	25,000.000	26,939.75	19,841.00	(7,098.75)
668131AA3	NORTHWESTERN MUTUAL LIFE 144A 6.063% 03/30/2040 DD 03/26/10	150,000.000	181,314.00	156,366.00	(24,948.00)
67080LAA3	NUVEEN LLC 144A 4.000% 11/01/2028 DD 10/22/18	25,000.000	24,885.25	23,962.50	(922.75)
67118XAA3	OBX 2024-NQM6 TRU NQM6 A1 144A VAR RT 02/25/2064 DD 04/01/24	244,574.311	244,571.87	246,362.15	1,790.28
69349LAR9	PNC BANK NA 4.050% 07/26/2028 DD 07/26/18	250,000.000	250,407.50	237,802.50	(12,605.00)
70450YAG8	PAYPAL HOLDINGS INC 1.650% 06/01/2025 DD 05/18/20	200,000.000	206,770.00	192,990.00	(13,780.00)
72650RBN1	PLAINS ALL AMERICAN PIPELINE L 3.800% 09/15/2030 DD 06/11/20	50,000.000	49,897.00	45,708.50	(4,188.50)
74340XBZ3	PROLOGIS LP 1.750% 07/01/2030 DD 07/01/22	75,000.000	74,304.00	62,073.00	(12,231.00)
74432QCC7	PRUDENTIAL FINANCIAL INC 3.878% 03/27/2028 DD 03/27/18	114,000.000	114,258.29	109,514.10	(4,744.19)
75513ECW9	RTX CORP 6.100% 03/15/2034 DD 11/08/23	260,000.000	263,150.25	274,383.20	11,232.95
756109CC6	REALTY INCOME CORP 3.400% 01/15/2030 DD 01/15/24	225,000.000	226,050.50	205,033.50	(21,017.00)
76119DAE9	RESIDENTIAL MORTGAGE 2 B1 144A VAR RT 05/25/2059 DD 06/01/19	100,000.000	95,875.00	95,763.00	(112.00)
76132FAC1	RETAIL OPPORTUNITY INVESTMENTS 6.750% 10/15/2028 DD 09/21/23	145,000.000	144,290.95	150,162.00	5,871.05
78200JAA0	RUSH OBLIGATED GROUP 3.922% 11/15/2029 DD 04/09/20	45,000.000	52,998.75	42,709.05	(10,289.70)
78436EAA7	SCG 2024-MSP MORTGA MSP A 144A VAR RT 04/15/2041 DD 04/15/24	150,000.000	149,623.98	149,296.50	(327.48)
808513AQ8	CHARLES SCHWAB CORP/THE 3.200% 03/02/2027 DD 03/02/17	200,000.000	197,388.00	190,370.00	(7,018.00)
817826AD2	7-ELEVEN INC 144A 1.300% 02/10/2028 DD 02/10/21	125,000.000	124,608.75	108,972.50	(15,636.25)
83444MAE1	SOLVENTUM CORP 144A 5.450% 03/13/2031 DD 02/27/24	140,000.000	139,500.20	138,448.80	(1,051.40)
842400GQ0	SOUTHERN CALIFORNIA EDISON CO 4.200% 03/01/2029 DD 03/15/19	200,000.000	212,465.00	191,458.00	(21,007.00)
87264ABW4	T-MOBILE USA INC 3.500% 04/15/2031 DD 03/23/21	100,000.000	106,500.00	90,033.00	(16,467.00)
87264ACV5	T-MOBILE USA INC 5.200% 01/15/2033 DD 09/15/22	100,000.000	97,073.00	99,125.00	2,052.00
883556CK6	THERMO FISHER SCIENTIFIC INC 1.750% 10/15/2028 DD 08/23/21	25,000.000	24,988.00	22,069.25	(2,918.75)
891941AD8	TOYOTA AUTO RECEIVABLES 2 B A3 4.710% 02/15/2028 DD 05/23/23	400,000.000	398,937.50	395,876.00	(3,061.50)
89788KAA4	TRUIST BANK 2.250% 03/11/2030 DD 03/09/20	250,000.000	249,600.00	208,677.50	(40,922.50)
91324PER9	UNITEDHEALTH GROUP INC 5.350% 02/15/2033 DD 10/28/22	225,000.000	224,174.25	228,399.75	4,225.50
92538GAA0	VERUS SECURITIZATION 8 A1 144A VAR RT 11/25/2066 DD 12/01/21	69,892.409	61,352.43	61,264.89	(87.54)
92539GAA9	VERUS SECURITIZATION 3 A1 144A VAR RT 03/25/2068 DD 04/01/23	231,334.543	231,332.82	230,501.74	(831.08)
94106LBE8	WASTE MANAGEMENT INC 3.150% 11/15/2027 DD 11/08/17	75,000.000	69,657.75	70,792.50	1,134.75
94106LBS7	WASTE MANAGEMENT INC 4.150% 04/15/2032 DD 05/12/22	50,000.000	50,287.00	47,177.50	(3,109.50)
949746SH5	WELLS FARGO & CO 3.000% 10/23/2026 DD 10/25/16	275,000.000	267,324.75	261,258.25	(6,066.50)
94974BGL8	WELLS FARGO & CO 4.300% 07/22/2027 DD 07/22/15	250,000.000	282,237.33	243,450.00	(38,787.33)
949831AA9	WELLS FARGO MORTGAGE 3 A1 144A VAR RT 07/25/2049 DD 09/01/19	5,484.783	5,579.94	4,833.25	(746.69)
95000U2D4	WELLS FARGO & CO 4.150% 01/24/2029 DD 01/24/19	25,000.000	25,636.67	24,052.00	(1,584.67)
95000U3B7	WELLS FARGO & CO VAR RT 07/25/2033 DD 07/25/22	276,000.000	268,910.94	265,967.40	(2,943.54)



Schedule of Investments at End of Plan Year at Historical Cost

Report ID: M1102

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07/01/2023 - 06/30/2024

CHGO REG CNCL CARP

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95001VAS9	WELLS FARGO COMMERCIAL C51 ASB 3.160% 06/15/2052 DD 07/01/19	147,924.090	160,711.43	140,276.41	(20,435.02)
969457CJ7	WILLIAMS COS INC/THE 5.650% 03/15/2033 DD 03/02/23	100,000.000	99,891.00	101,169.00	1,278.00
98138HAG6	WORKDAY INC 3.500% 04/01/2027 DD 04/01/22	50,000.000	49,970.50	47,838.50	(2,132.00)
98138HAJ0	WORKDAY INC 3.800% 04/01/2032 DD 04/01/22	25,000.000	24,950.50	22,502.50	(2,448.00)
98389BAU4	XCEL ENERGY INC 3.350% 12/01/2026 DD 12/01/16	225,000.000	212,442.75	214,701.75	2,259.00
00206RJX1	AT&T INC 2.300% 06/01/2027 DD 05/28/20	785,000.000	740,060.04	726,258.45	(13,801.59)
002824BF6	ABBOTT LABORATORIES 3.750% 11/30/2026 DD 11/22/16	810,000.000	927,621.65	789,968.70	(137,652.95)
00287YDT3	ABBVIE INC 4.950% 03/15/2031 DD 02/26/24	675,000.000	675,442.05	674,082.00	(1,360.05)
00724PAC3	ADOBE INC 2.150% 02/01/2027 DD 02/03/20	180,000.000	188,350.27	167,909.40	(20,440.87)
00724PAF6	ADOBE INC 4.800% 04/04/2029 DD 04/04/24	680,000.000	676,943.95	681,122.00	4,178.05
009158BF2	AIR PRODUCTS AND CHEMICALS INC 4.800% 03/03/2033 DD 03/03/23	235,000.000	237,966.44	231,653.60	(6,312.84)
009158BK1	AIR PRODUCTS AND CHEMICALS INC 4.850% 02/08/2034 DD 02/08/24	385,000.000	383,945.10	378,535.85	(5,409.25)
03040WAL9	AMERICAN WATER CAPITAL CORP 3.400% 03/01/2025 DD 08/14/14	200,000.000	214,244.11	197,078.00	(17,166.11)
032654AS4	ANALOG DEVICES INC 2.950% 04/01/2025 DD 04/08/20	370,000.000	402,428.78	363,310.40	(39,118.38)
035240AQ3	ANHEUSER-BUSCH INBEV WORLDWIDE 4.750% 01/23/2029 DD 01/23/19	615,000.000	653,288.16	612,041.85	(41,246.31)
037833DN7	APPLE INC 2.050% 09/11/2026 DD 09/11/19	720,000.000	748,045.75	676,929.60	(71,116.15)
038222AS4	APPLIED MATERIALS INC 4.800% 06/15/2029 DD 06/11/24	345,000.000	343,934.70	344,737.80	803.10
053015AG8	AUTOMATIC DATA PROCESSING INC 1.700% 05/15/2028 DD 05/14/21	645,000.000	648,760.35	575,365.80	(73,394.55)
06051GGF0	BANK OF AMERICA CORP VAR RT 01/20/2028 DD 01/20/17	350,000.000	400,858.50	337,519.00	(63,339.50)
115637AU4	BROWN-FORMAN CORP 4.750% 04/15/2033 DD 03/23/23	465,000.000	467,845.70	455,881.35	(11,964.35)
136375BD3	CANADIAN NATIONAL RAILWAY CO 6.900% 07/15/2028 DD 07/07/98	660,000.000	859,694.85	709,420.80	(150,274.05)
14041NFZ9	CAPITAL ONE MULTI-ASSET A1 A1 2.800% 03/15/2027 DD 03/30/22	570,000.000	569,957.02	559,221.30	(10,735.72)
14913UAA8	CATERPILLAR FINANCIAL SERVICES 4.350% 05/15/2026 DD 05/15/23	770,000.000	763,166.40	759,605.00	(3,561.40)
172967KY6	CITIGROUP INC 3.200% 10/21/2026 DD 10/21/16	435,000.000	413,269.54	414,742.05	1,472.51
20030NCU3	COMCAST CORP 4.250% 10/15/2030 DD 10/05/18	775,000.000	757,256.80	743,736.50	(13,520.30)
207597EM3	CONNECTICUT LIGHT AND POWER CO 0.750% 12/01/2025 DD 12/01/20	585,000.000	566,812.05	549,297.45	(17,514.60)
208251AE8	CONOCOPHILLIPS CO 6.950% 04/15/2029 DD 04/20/99	690,000.000	754,156.20	748,325.70	(5,830.50)
278062AH7	EATON CORP 4.150% 03/15/2033 DD 08/23/22	665,000.000	632,865.10	623,650.30	(9,214.80)
278865BP4	ECOLAB INC 5.250% 01/15/2028 DD 11/17/22	465,000.000	470,041.95	469,640.70	(401.25)
291011BL7	EMERSON ELECTRIC CO 1.800% 10/15/2027 DD 04/29/20	525,000.000	533,825.25	477,818.25	(56,007.00)
30034WAA4	EVERGY INC 2.450% 09/15/2024 DD 09/09/19	910,000.000	934,789.59	903,575.40	(31,214.19)
384802AE4	WW GRAINGER INC 1.850% 02/15/2025 DD 02/26/20	460,000.000	465,579.14	449,507.40	(16,071.74)
404119BS7	HCA INC 5.875% 02/15/2026 DD 11/13/15	670,000.000	671,868.75	670,864.30	(1,004.45)
427866AU2	HERSHEY CO/THE 3.200% 08/21/2025 DD 08/21/15	795,000.000	858,320.95	777,899.55	(80,421.40)
437076CV2	HOME DEPOT INC/THE 4.950% 09/30/2026 DD 12/04/23	580,000.000	579,941.90	579,199.60	(742.30)
437076CZ3	HOME DEPOT INC/THE 5.150% 06/25/2026 DD 06/25/24	305,000.000	304,900.45	305,268.40	367.95
452308AX7	ILLINOIS TOOL WORKS INC 2.650% 11/15/2026 DD 11/07/16	845,000.000	819,544.10	803,518.95	(16,025.15)
458140BY5	INTEL CORP 3.750% 08/05/2027 DD 08/05/22	685,000.000	681,919.95	660,703.05	(21,216.90)
477920AC6	JOHN DEERE OWNER TRUST 20 B A3 5.180% 03/15/2028 DD 06/28/23	140,000.000	140,202.34	139,690.60	(511.74)
47800RAD5	JOHN DEERE OWNER TRUST 20 A A3 4.960% 11/15/2028 DD 03/19/24	195,000.000	194,989.08	194,237.55	(751.53)
482480AE0	KLA CORP 4.650% 11/01/2024 DD 11/06/14	580,000.000	611,476.41	578,213.60	(33,262.81)
49177JAD4	KENVUE INC 5.350% 03/22/2026 DD 09/22/23	655,000.000	654,725.75	656,598.20	1,872.45
49271VAU4	KEURIG DR PEPPER INC 5.200% 03/15/2031 DD 03/07/24	680,000.000	672,357.60	679,163.60	6,806.00



Schedule of Investments at End of Plan Year at Historical Cost

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07/01/2023 - 06/30/2024

CHGO REG CNCL CARP

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494368BY8	KIMBERLY-CLARK CORP 3.950% 11/01/2028 DD 10/29/18	865,000.000	910,940.25	834,828.80	(76,111.45)
532457CJ5	ELI LILLY & CO 4.500% 02/09/2027 DD 02/09/24	755,000.000	754,599.85	748,507.00	(6,092.85)
548661DD6	LOWE'S COS INC 3.125% 09/15/2024 DD 09/10/14	915,000.000	980,041.25	910,004.10	(70,037.15)
637432NV3	NATIONAL RURAL UTILITIES COOPE 2.400% 03/15/2030 DD 02/05/20	625,000.000	606,500.87	540,718.75	(65,782.12)
67078AAD5	NVENT FINANCE SARL 4.550% 04/15/2028 DD 10/15/18	270,000.000	303,334.20	262,372.50	(40,961.70)
67103HAH0	O'REILLY AUTOMOTIVE INC 3.900% 06/01/2029 DD 05/20/19	505,000.000	478,591.97	478,674.35	82.38
69371RS72	PACCAR FINANCIAL CORP 5.200% 11/09/2026 DD 11/09/23	375,000.000	374,403.25	376,368.75	1,965.50
713448ES3	PEPSICO INC 2.750% 03/19/2030 DD 03/19/20	825,000.000	831,180.60	739,521.75	(91,658.85)
71710TAA6	PG&E ENERGY RECOVERY FUNDING L 1.460% 07/15/2033 DD 11/12/21	478,004.013	477,998.10	423,817.48	(54,180.62)
743315AZ6	PROGRESSIVE CORP/THE 3.000% 03/15/2032 DD 03/09/22	490,000.000	427,431.90	425,785.50	(1,646.40)
744448CL3	PUBLIC SERVICE CO OF COLORADO 2.900% 05/15/2025 DD 05/12/15	345,000.000	350,566.89	336,675.15	(13,891.74)
74456QBK1	PUBLIC SERVICE ELECTRIC AND GA 3.050% 11/15/2024 DD 11/07/14	395,000.000	406,940.31	391,105.30	(15,835.01)
74460WAG2	PUBLIC STORAGE OPERATING CO 5.100% 08/01/2033 DD 07/26/23	325,000.000	324,013.50	322,972.00	(1,041.50)
87264ABB0	T-MOBILE USA INC 3.500% 04/15/2025 DD 04/15/21	530,000.000	565,450.40	521,122.50	(44,327.90)
882508CE2	TEXAS INSTRUMENTS INC 4.600% 02/08/2027 DD 02/08/24	445,000.000	444,478.20	442,165.35	(2,312.85)
907825AA1	UNION PACIFIC RAILROAD CO 2014 3.227% 05/14/2026 DD 05/20/14	747,843.226	754,116.75	721,870.63	(32,246.12)
911312BZ8	UNITED PARCEL SERVICE INC 4.875% 03/03/2033 DD 02/27/23	580,000.000	586,621.49	572,721.00	(13,900.49)
92348KAD5	VERIZON MASTER TRUST 2 A 0.990% 04/20/2028 DD 11/04/21	535,000.000	534,922.85	527,370.90	(7,551.95)
92826CAD4	VISA INC 3.150% 12/14/2025 DD 12/14/15	645,000.000	695,820.01	627,139.95	(68,680.06)
949746RW3	WELLS FARGO & CO 3.000% 04/22/2026 DD 04/22/16	455,000.000	422,284.85	436,172.10	13,887.25
976656CH9	WISCONSIN ELECTRIC POWER CO 3.100% 06/01/2025 DD 05/20/15	535,000.000	543,886.58	524,744.05	(19,142.53)
976656CQ9	WISCONSIN ELECTRIC POWER CO 5.000% 05/15/2029 DD 05/14/24	390,000.000	388,151.40	390,881.40	2,730.00
347466AE4	FORT IRWIN LAND LLC 144A 5.300% 12/15/2035 DD 02/24/05	50,578.915	39,125.31	48,218.40	9,093.09

TOTAL CORPORATE DEBT INSTRUMENTS - PREFERRED

56,103,335.64

53,158,020.91

(2,945,314.73)

To page 1

CORPORATE DEBT INSTRUMENTS

00206RDJ8	AT&T INC 4.500% 03/09/2048 DD 09/07/16	50,000.000	54,410.37	41,436.50	(12,973.87)
00206RFW7	AT&T INC 4.900% 08/15/2037 DD 08/14/18	25,000.000	25,926.50	23,458.50	(2,468.00)
00206RGQ9	AT&T INC 4.300% 02/15/2030 DD 08/15/18	125,000.000	124,500.00	119,841.25	(4,658.75)
00206RHA3	AT&T INC 5.150% 11/15/2046 DD 11/15/18	75,000.000	89,907.00	69,844.50	(20,062.50)
00206RHJ4	AT&T INC 4.350% 03/01/2029 DD 02/19/19	225,000.000	263,729.25	218,205.00	(45,524.25)
00206RHK1	AT&T INC 4.850% 03/01/2039 DD 02/19/19	110,000.000	133,059.30	101,037.20	(32,022.10)
00206RJY9	AT&T INC 2.750% 06/01/2031 DD 05/28/20	25,000.000	24,907.50	21,442.50	(3,465.00)
00206RJZ6	AT&T INC 3.500% 06/01/2041 DD 05/28/20	25,000.000	24,931.25	19,195.50	(5,735.75)
00206RKA9	AT&T INC 3.650% 06/01/2051 DD 05/28/20	25,000.000	24,625.16	17,752.25	(6,872.91)
00206RKG6	AT&T INC 1.650% 02/01/2028 DD 08/04/20	25,000.000	25,114.00	22,212.75	(2,901.25)
00206RMM1	AT&T INC 2.550% 12/01/2033 DD 06/01/21	155,000.000	152,809.85	123,516.40	(29,293.45)
007944AF8	ADVENTIST HEALTH SYSTEM/WEST 2.952% 03/01/2029 DD 10/31/19	30,000.000	32,433.60	26,953.20	(5,480.40)
007944AK7	ADVENTIST HEALTH SYSTEM/WEST 5.757% 12/01/2034 DD 05/23/24	60,000.000	60,000.00	60,072.00	72.00
008513AA1	AGREE LP 2.900% 10/01/2030 DD 08/17/20	25,000.000	24,981.75	21,566.25	(3,415.50)
00914AAB8	AIR LEASE CORP 3.750% 06/01/2026 DD 05/23/19	200,000.000	198,091.50	193,240.00	(4,851.50)
01882YAB2	ALLIANT ENERGY FINANCE LL 144A 4.250% 06/15/2028 DD 06/12/18	25,000.000	24,951.50	24,032.50	(919.00)



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025537AN1	AMERICAN ELECTRIC POWER CO INC 2.300% 03/01/2030 DD 03/05/20	75,000.000	74,967.00	64,019.25	(10,947.75)
02666TAB3	AMERICAN HOMES 4 RENT LP 4.900% 02/15/2029 DD 01/23/19	75,000.000	85,533.75	73,344.75	(12,189.00)
02666TAH0	AMERICAN HOMES 4 RENT LP 5.500% 07/15/2034 DD 06/26/24	235,000.000	233,719.25	231,381.00	(2,338.25)
03073EAP0	CENCORA INC 3.450% 12/15/2027 DD 12/04/17	75,000.000	70,041.00	71,005.50	964.50
031162DJ6	AMGEN INC 4.200% 03/01/2033 DD 08/18/22	100,000.000	91,896.00	92,818.00	922.00
03465JAA8	*ANGEL OAK MORTGAGE T 6 A1 144A VAR RT 09/25/2066 DD 09/01/21	64,682.552	51,745.91	51,972.43	226.52
03939CAA1	ARCH CAPITAL FINANCE LLC 4.011% 12/15/2026 DD 12/08/16	100,000.000	101,132.00	96,918.00	(4,214.00)
03939CAB9	ARCH CAPITAL FINANCE LLC 5.031% 12/15/2046 DD 12/08/16	100,000.000	108,992.00	90,982.00	(18,010.00)
040555CW2	ARIZONA PUBLIC SERVICE CO 2.950% 09/15/2027 DD 09/11/17	125,000.000	124,913.75	116,527.50	(8,386.25)
05329WAM4	AUTONATION INC 4.500% 10/01/2025 DD 09/21/15	83,000.000	81,802.90	81,695.24	(107.66)
05329WAQ5	AUTONATION INC 4.750% 06/01/2030 DD 05/22/20	50,000.000	49,739.50	47,804.00	(1,935.50)
05329WAR3	AUTONATION INC 1.950% 08/01/2028 DD 07/29/21	25,000.000	24,951.25	21,689.75	(3,261.50)
05351WAC7	AVANGRID INC 3.200% 04/15/2025 DD 04/09/20	50,000.000	49,935.50	48,956.50	(979.00)
05612AAA4	*BX TRUST 2024-BIO BIO A 144A VAR RT 02/15/2041 DD 02/15/24	300,000.000	299,250.00	298,875.00	(375.00)
05951VAA7	BANC OF AMERICA FUNDING I 1A1 VAR RT 12/20/2036 DD 11/01/06	21,826.510	21,548.46	20,912.85	(635.61)
06051GFU8	BANK OF AMERICA CORP 4.450% 03/03/2026 DD 03/03/16	100,000.000	106,595.00	98,331.00	(8,264.00)
06654DAB3	BANNER HEALTH 2.338% 01/01/2030 DD 05/14/20	175,000.000	183,967.30	151,886.00	(32,081.30)
075887CK3	BECTON DICKINSON & CO 3.794% 05/20/2050 DD 05/20/20	12,000.000	13,879.08	9,130.44	(4,748.64)
097023CW3	BOEING CO/THE 5.805% 05/01/2050 DD 05/04/20	75,000.000	90,112.25	67,903.50	(22,208.75)
097023CY9	BOEING CO/THE 5.150% 05/01/2030 DD 05/04/20	150,000.000	166,385.25	144,166.50	(22,218.75)
11135FBF7	BROADCOM INC 144A 2.600% 02/15/2033 DD 01/19/21	145,000.000	109,099.45	117,776.25	8,676.80
11135FBJ9	BROADCOM INC 144A 3.500% 02/15/2041 DD 01/19/21	175,000.000	174,394.50	134,671.25	(39,723.25)
11135FBP5	BROADCOM INC 144A 3.137% 11/15/2035 DD 09/30/21	325,000.000	322,456.06	260,926.25	(61,529.81)
11135FBQ3	BROADCOM INC 144A 3.187% 11/15/2036 DD 09/30/21	201,000.000	199,197.03	159,443.25	(39,753.78)
125523AK6	CIGNA GROUP/THE 4.900% 12/15/2048 DD 06/15/19	75,000.000	76,123.50	66,120.75	(10,002.75)
125523CL2	CIGNA GROUP/THE 2.400% 03/15/2030 DD 03/16/20	374,000.000	393,747.74	323,816.68	(69,931.06)
125523CU2	CIGNA GROUP/THE 5.125% 05/15/2031 DD 02/13/24	60,000.000	59,509.80	59,632.80	123.00
12556LBJ4	FIRST-CITIZENS BANK & TRUST CO VAR RT 09/27/2025 DD 09/27/19	250,000.000	250,000.00	247,242.50	(2,757.50)
126408HJ5	CSX CORP 3.800% 03/01/2028 DD 02/20/18	175,000.000	167,095.25	168,400.75	1,305.50
126408HS5	CSX CORP 3.800% 04/15/2050 DD 03/30/20	100,000.000	107,876.75	76,744.00	(31,132.75)
126650CX6	CVS HEALTH CORP 4.300% 03/25/2028 DD 03/09/18	50,000.000	59,592.50	48,298.00	(11,294.50)
126650CY4	CVS HEALTH CORP 4.780% 03/25/2038 DD 03/09/18	175,000.000	163,912.75	156,656.50	(7,256.25)
134429BP3	CAMPBELL SOUP CO 5.400% 03/21/2034 DD 03/21/24	120,000.000	119,560.80	119,532.00	(28.80)
14040HBT1	CAPITAL ONE FINANCIAL CORP 3.300% 10/30/2024 DD 10/31/17	65,000.000	64,106.90	64,463.10	356.20
14040HCE3	CAPITAL ONE FINANCIAL CORP 3.650% 05/11/2027 DD 05/11/20	100,000.000	111,402.00	95,674.00	(15,728.00)
14448CAP9	CARRIER GLOBAL CORP 2.493% 02/15/2027 DD 08/15/20	375,000.000	376,563.75	351,138.75	(25,425.00)
14448CAQ7	CARRIER GLOBAL CORP 2.722% 02/15/2030 DD 08/15/20	87,000.000	87,459.36	76,914.09	(10,545.27)
15135BAR2	CENTENE CORP 4.250% 12/15/2027 DD 12/06/19	345,000.000	341,768.00	329,530.20	(12,237.80)
161175AY0	CHARTER COMMUNICATIONS OPERATI 4.908% 07/23/2025 DD 07/23/16	121,000.000	130,451.31	119,829.93	(10,621.38)
161175BJ2	CHARTER COMMUNICATIONS OPERATI 3.750% 02/15/2028 DD 07/06/17	150,000.000	166,675.50	139,477.50	(27,198.00)
172967KA8	CITIGROUP INC 4.450% 09/29/2027 DD 09/29/15	225,000.000	264,402.00	219,145.50	(45,256.50)
191098AP7	COCA-COLA CONSOLIDATED INC 5.450% 06/01/2034 DD 05/29/24	66,000.000	65,929.38	66,703.56	774.18
19828TAB2	COLUMBIA PIPELINES OPERAT 144A 6.036% 11/15/2033 DD 08/08/23	185,000.000	184,933.40	189,401.15	4,467.75



Schedule of Investments at End of Plan Year at Historical Cost

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07/01/2023 - 06/30/2024

CHGO REG CNCL CARP

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20754AAB9	CONNECTICUT AVENU R03 1M2 144A VAR RT 12/25/2041 DD 12/29/21	44,000.000	44,000.00	44,302.28	302.28
20754DAB3	CONNECTICUT AVENU R05 2M2 144A VAR RT 04/25/2042 DD 05/11/22	36,000.000	36,000.00	37,272.60	1,272.60
20754RAB2	CONNECTICUT AVENU R01 1M2 144A VAR RT 10/25/2041 DD 10/27/21	46,324.580	46,324.58	46,529.80	205.22
21036PAY4	CONSTELLATION BRANDS INC 3.600% 02/15/2028 DD 02/07/18	100,000.000	96,187.00	94,864.00	(1,323.00)
21036PAZ1	CONSTELLATION BRANDS INC 4.100% 02/15/2048 DD 02/07/18	100,000.000	92,592.00	78,955.00	(13,637.00)
21036PBB3	CONSTELLATION BRANDS INC 4.400% 11/15/2025 DD 10/29/18	150,000.000	152,891.50	147,909.00	(4,982.50)
21036PBH0	CONSTELLATION BRANDS INC 2.250% 08/01/2031 DD 07/26/21	50,000.000	39,533.50	41,110.50	1,577.00
21036PBL1	CONSTELLATION BRANDS INC 4.750% 05/09/2032 DD 05/09/22	52,000.000	49,349.04	50,067.68	718.64
24022FAA8	*DC TRUST 2024-HLTN HLTN A 144A VAR RT 04/13/2040 DD 04/01/24	150,000.000	149,988.85	147,973.50	(2,015.35)
24022FAE0	DC TRUST 2024-HLTN HLTN B 144A VAR RT 04/13/2040 DD 04/01/24	200,000.000	199,983.58	199,280.00	(703.58)
24703TAD8	DELL INTERNATIONAL LLC / EMC C 6.020% 06/15/2026 DD 06/15/21	108,000.000	121,385.31	109,130.76	(12,254.55)
24703TAG1	DELL INTERNATIONAL LLC / EMC C 5.300% 10/01/2029 DD 04/01/21	25,000.000	25,633.25	25,156.25	(477.00)
24703TAJ5	DELL INTERNATIONAL LLC / EMC C 8.100% 07/15/2036 DD 01/15/21	14,000.000	19,161.80	16,733.36	(2,428.44)
25746UDB2	DOMINION ENERGY INC STEP 08/15/2024 DD 05/15/2019	300,000.000	300,622.25	298,812.00	(1,810.25)
25746UDG1	DOMINION ENERGY INC 3.375% 04/01/2030 DD 04/03/20	50,000.000	49,497.50	45,193.50	(4,304.00)
26078JAF7	DUPONT DE NEMOURS INC 5.419% 11/15/2048 DD 11/28/18	25,000.000	26,628.75	26,010.75	(618.00)
29278NAE3	ENERGY TRANSFER LP 6.000% 06/15/2048 DD 06/08/18	10,000.000	9,590.70	9,689.90	99.20
29364GAJ2	ENTERGY CORP 2.950% 09/01/2026 DD 08/19/16	75,000.000	74,831.25	71,156.25	(3,675.00)
30212PAP0	EXPEDIA GROUP INC 3.800% 02/15/2028 DD 09/21/17	50,000.000	49,957.50	47,611.50	(2,346.00)
31428XCA2	FEDEX CORP 5.250% 05/15/2050 DD 04/07/20	75,000.000	106,565.25	70,130.25	(36,435.00)
337932AL1	FIRSTENERGY CORP 2.650% 03/01/2030 DD 02/20/20	200,000.000	199,858.00	173,862.00	(25,996.00)
337932AP2	FIRSTENERGY CORP 2.250% 09/01/2030 DD 06/08/20	75,000.000	74,887.50	62,752.50	(12,135.00)
35564KHE2	FREDDIE MAC STACR DNA5 M2 144A VAR RT 01/25/2034 DD 07/23/21	21,322.369	21,322.43	21,461.18	138.75
37045VAG5	GENERAL MOTORS CO 4.000% 04/01/2025 DD 11/12/14	50,000.000	50,308.00	49,331.00	(977.00)
37045XAZ9	GENERAL MOTORS FINANCIAL CO IN 4.300% 07/13/2025 DD 07/13/15	150,000.000	155,542.00	148,002.00	(7,540.00)
37045XDE3	GENERAL MOTORS FINANCIAL CO IN 2.350% 01/08/2031 DD 01/08/21	125,000.000	125,000.00	102,703.75	(22,296.25)
37045XDL7	GENERAL MOTORS FINANCIAL CO IN 2.700% 06/10/2031 DD 06/10/21	100,000.000	101,478.00	82,848.00	(18,630.00)
37940XAA0	GLOBAL PAYMENTS INC 2.650% 02/15/2025 DD 08/14/19	75,000.000	74,981.25	73,540.50	(1,440.75)
404119CA5	HCA INC 3.500% 09/01/2030 DD 02/26/20	85,000.000	83,250.00	76,767.75	(6,482.25)
404119CT4	HCA INC 5.450% 04/01/2031 DD 02/23/24	120,000.000	120,313.20	120,045.60	(267.60)
42824CAW9	HEWLETT PACKARD ENTERPRISE CO VAR RT 10/15/2025 DD 10/15/16	175,000.000	182,208.87	173,565.00	(8,643.87)
44701QBE1	HUNTSMAN INTERNATIONAL LLC 4.500% 05/01/2029 DD 03/13/19	75,000.000	75,484.25	71,104.50	(4,379.75)
44891ADD6	HYUNDAI CAPITAL AMERICA 144A 5.400% 06/24/2031 DD 06/24/24	175,000.000	174,839.00	173,705.00	(1,134.00)
448988AB1	HYUNDAI AUTO LEASE A A2A 144A 5.150% 06/15/2026 DD 01/24/24	374,857.214	374,856.16	373,725.15	(1,131.01)
459506AP6	INTERNATIONAL FLAVORS & F 144A 1.832% 10/15/2027 DD 09/16/20	125,000.000	124,998.75	111,657.50	(13,341.25)
459506AQ4	INTERNATIONAL FLAVORS & F 144A 2.300% 11/01/2030 DD 09/16/20	200,000.000	199,996.00	166,884.00	(33,112.00)
465986AK3	*JP MORGAN MORTGAGE 10 A6 144A VAR RT 05/25/2054 DD 11/01/23	85,671.564	84,480.44	85,053.87	573.43
46647PBA3	JPMORGAN CHASE & CO VAR RT 01/29/2027 DD 01/29/19	200,000.000	200,000.00	195,360.00	(4,640.00)
46653PAC1	*JP MORGAN MORTGAGE T 6 A3 144A VAR RT 10/25/2051 DD 04/01/21	116,983.250	118,975.63	93,312.86	(25,662.77)
46655AAA6	*J.P. MORGAN CHASE C OPO A 144A 3.024% 01/05/2039 DD 01/01/22	100,000.000	89,312.50	89,314.00	1.50
47837RAE0	JOHNSON CONTROLS INTERNATIONAL 4.900% 12/01/2032 DD 09/14/22	50,000.000	49,254.50	48,851.00	(403.50)
49271VAF7	KEURIG DR PEPPER INC 4.597% 05/25/2028 DD 05/25/19	200,000.000	197,490.00	196,056.00	(1,434.00)
49271VAR1	KEURIG DR PEPPER INC 4.500% 04/15/2052 DD 04/22/22	44,000.000	40,827.75	36,893.56	(3,934.19)



Schedule of Investments at End of Plan Year at Historical Cost

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07/01/2023 - 06/30/2024

CHGO REG CNCL CARP

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50077LAV8	KRAFT HEINZ FOODS CO 3.750% 04/01/2030 DD 10/01/20	105,000.000	109,643.75	98,100.45	(11,543.30)
548661DZ7	LOWE'S COS INC 3.000% 10/15/2050 DD 10/22/20	100,000.000	97,626.00	62,968.00	(34,658.00)
548661EH6	LOWE'S COS INC 3.750% 04/01/2032 DD 03/24/22	275,000.000	262,633.25	250,107.00	(12,526.25)
548661EJ2	LOWE'S COS INC 4.250% 04/01/2052 DD 03/24/22	50,000.000	45,101.00	39,513.00	(5,588.00)
548661EL7	LOWE'S COS INC 5.000% 04/15/2033 DD 09/08/22	100,000.000	95,581.00	98,663.00	3,082.00
55261FAR5	M&T BANK CORP VAR RT 01/27/2034 DD 01/27/23	135,000.000	135,000.00	125,174.70	(9,825.30)
55336VAM2	MPLX LP 4.500% 04/15/2038 DD 02/08/18	50,000.000	47,853.07	43,761.50	(4,091.57)
55336VAT7	MPLX LP 5.500% 02/15/2049 DD 11/15/18	25,000.000	24,192.90	23,131.00	(1,061.90)
55903VBB8	WARNERMEDIA HOLDINGS INC 4.054% 03/15/2029 DD 03/15/23	300,000.000	299,938.20	277,209.00	(22,729.20)
55903VBC6	WARNERMEDIA HOLDINGS INC 4.279% 03/15/2032 DD 03/15/23	225,000.000	202,937.25	196,665.75	(6,271.50)
56585AAG7	MARATHON PETROLEUM CORP 3.625% 09/15/2024 DD 09/05/14	75,000.000	74,024.25	74,640.00	615.75
571903BG7	MARRIOTT INTERNATIONAL INC/MD 2.850% 04/15/2031 DD 03/05/21	150,000.000	142,317.00	128,679.00	(13,638.00)
573284AX4	MARTIN MARIETTA MATERIALS INC 3.200% 07/15/2051 DD 07/02/21	225,000.000	223,193.25	150,133.50	(73,059.75)
574599BS4	MASCO CORP 1.500% 02/15/2028 DD 03/04/21	75,000.000	74,877.00	65,787.00	(9,090.00)
595620AT2	MIDAMERICAN ENERGY CO 3.650% 04/15/2029 DD 01/09/19	75,000.000	74,933.25	70,983.75	(3,949.50)
59562VAM9	BERKSHIRE HATHAWAY ENERGY CO 6.125% 04/01/2036 DD 10/01/06	98,000.000	129,732.40	102,781.42	(26,950.98)
61747YEF8	MORGAN STANLEY VAR RT 09/16/2036 DD 09/16/21	150,000.000	150,000.00	118,831.50	(31,168.50)
61747YFL4	MORGAN STANLEY VAR RT 01/18/2035 DD 01/18/24	45,000.000	45,000.00	44,969.85	(30.15)
61761JZN2	MORGAN STANLEY 3.950% 04/23/2027 DD 04/23/15	102,000.000	113,193.68	98,523.84	(14,669.84)
64110LAU0	NETFLIX INC 144A 5.375% 11/15/2029 DD 04/29/19	303,000.000	309,562.98	306,160.29	(3,402.69)
64110LAV8	NETFLIX INC 144A 4.875% 06/15/2030 DD 10/25/19	195,000.000	221,525.00	192,041.85	(29,483.15)
65473PAJ4	NISOURCE INC 3.600% 05/01/2030 DD 04/13/20	25,000.000	24,907.75	22,958.25	(1,949.50)
65473QBE2	NISOURCE INC 3.490% 05/15/2027 DD 05/22/17	300,000.000	306,987.00	286,257.00	(20,730.00)
666807BN1	NORTHROP GRUMMAN CORP 3.250% 01/15/2028 DD 10/13/17	175,000.000	165,638.31	164,881.50	(756.81)
674599DE2	OCCIDENTAL PETROLEUM CORP 7.875% 09/15/2031 DD 09/15/19	54,000.000	60,220.26	60,589.62	369.36
677415CS8	OHIO POWER CO 2.600% 04/01/2030 DD 03/17/20	50,000.000	49,947.00	43,579.50	(6,367.50)
68389XBQ7	ORACLE CORP 4.000% 11/15/2047 DD 11/09/17	50,000.000	60,888.00	38,026.00	(22,862.00)
68389XBV6	ORACLE CORP 2.950% 04/01/2030 DD 04/01/20	25,000.000	20,276.75	22,250.50	1,973.75
68389XCE3	ORACLE CORP 2.875% 03/25/2031 DD 03/24/21	300,000.000	272,149.50	259,455.00	(12,694.50)
68902VAJ6	OTIS WORLDWIDE CORP 2.293% 04/05/2027 DD 02/27/20	50,000.000	50,148.50	46,359.00	(3,789.50)
694308JF5	PACIFIC GAS AND ELECTRIC CO 2.100% 08/01/2027 DD 06/19/20	50,000.000	49,854.50	45,147.50	(4,707.00)
694308JG3	PACIFIC GAS AND ELECTRIC CO 2.500% 02/01/2031 DD 06/19/20	100,000.000	99,720.00	82,597.00	(17,123.00)
694308JH1	PACIFIC GAS AND ELECTRIC CO 3.300% 08/01/2040 DD 06/19/20	25,000.000	24,608.25	17,843.75	(6,764.50)
694308JJ7	PACIFIC GAS AND ELECTRIC CO 3.500% 08/01/2050 DD 06/19/20	75,000.000	73,516.50	49,231.50	(24,285.00)
709599CA0	PENSKE TRUCK LEASING CO L 144A 5.250% 07/01/2029 DD 06/21/24	80,000.000	79,900.80	79,374.40	(526.40)
717081EW9	PFIZER INC 2.625% 04/01/2030 DD 03/27/20	50,000.000	49,825.00	44,391.50	(5,433.50)
741503AZ9	BOOKING HOLDINGS INC 3.600% 06/01/2026 DD 05/23/16	75,000.000	76,630.50	72,898.50	(3,732.00)
743263AG0	PROGRESS ENERGY INC 7.000% 10/30/2031 DD 10/30/01	25,000.000	30,390.50	27,171.25	(3,219.25)
760759AZ3	REPUBLIC SERVICES INC 1.750% 02/15/2032 DD 11/24/20	150,000.000	149,910.00	118,162.50	(31,747.50)
776743AF3	ROPER TECHNOLOGIES INC 4.200% 09/15/2028 DD 08/28/18	100,000.000	99,892.00	96,715.00	(3,177.00)
78081BAR4	ROYALTY PHARMA PLC 5.400% 09/02/2034 DD 06/10/24	132,000.000	129,191.04	128,727.72	(463.32)
78409VBG8	*S&P GLOBAL INC 4.250% 05/01/2029 DD 11/01/22	100,000.000	110,541.00	97,119.00	(13,422.00)
785592AM8	SABINE PASS LIQUEFACTION LLC 5.625% 03/01/2025 DD 09/01/15	60,000.000	64,628.57	59,874.00	(4,754.57)



Schedule of Investments at End of Plan Year at Historical Cost

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07/01/2023 - 06/30/2024

CHGO REG CNCL CARP

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785592AS5	SABINE PASS LIQUEFACTION LLC 5.000% 03/15/2027 DD 03/15/17	100,000.000	106,706.25	99,158.00	(7,548.25)
816851BG3	SEMPRA 3.400% 02/01/2028 DD 01/12/18	75,000.000	74,474.25	70,553.25	(3,921.00)
824348AX4	SHERWIN-WILLIAMS CO/THE 4.500% 06/01/2047 DD 05/16/17	112,000.000	111,404.53	94,840.48	(16,564.05)
832696AW8	J M SMUCKER CO/THE 5.900% 11/15/2028 DD 10/25/23	132,000.000	131,941.92	136,024.68	4,082.76
832696AX6	J M SMUCKER CO/THE 6.200% 11/15/2033 DD 10/25/23	135,000.000	135,662.85	141,961.95	6,299.10
83444MAC5	SOLVENTUM CORP 144A 5.400% 03/01/2029 DD 02/27/24	85,000.000	85,013.60	84,793.45	(220.15)
83444MAG6	SOLVENTUM CORP 144A 5.600% 03/23/2034 DD 02/27/24	210,000.000	209,136.90	206,602.20	(2,534.70)
842587CV7	SOUTHERN CO/THE 3.250% 07/01/2026 DD 05/24/16	150,000.000	145,096.50	144,211.50	(885.00)
855244AR0	STARBUCKS CORP 4.000% 11/15/2028 DD 08/10/18	100,000.000	94,958.00	96,360.00	1,402.00
855244BC2	STARBUCKS CORP 3.000% 02/14/2032 DD 02/14/22	68,000.000	57,349.16	59,043.04	1,693.88
863667AH4	STRYKER CORP 3.375% 11/01/2025 DD 10/29/15	300,000.000	321,207.00	291,972.00	(29,235.00)
86765BAV1	ENERGY TRANSFER LP 5.400% 10/01/2047 DD 09/21/17	25,000.000	24,541.25	22,457.50	(2,083.75)
871829BM8	SYSCO CORP 6.600% 04/01/2040 DD 04/02/20	75,000.000	110,652.00	81,315.75	(29,336.25)
87264AAV7	T-MOBILE USA INC 4.750% 02/01/2028 DD 01/25/18	25,000.000	24,465.50	24,621.00	155.50
87264ABB0	T-MOBILE USA INC 3.500% 04/15/2025 DD 04/15/21	98,000.000	99,026.55	96,358.50	(2,668.05)
87264ABD6	T-MOBILE USA INC 3.750% 04/15/2027 DD 04/15/21	243,000.000	239,862.71	233,581.32	(6,281.39)
87264ABF1	T-MOBILE USA INC 3.875% 04/15/2030 DD 04/15/21	233,000.000	226,190.77	217,952.86	(8,237.91)
87264ABT1	T-MOBILE USA INC 2.875% 02/15/2031 DD 01/14/21	100,000.000	102,062.50	86,715.00	(15,347.50)
87264ABZ7	T-MOBILE USA INC 1.500% 02/15/2026 DD 02/15/21	75,000.000	74,874.00	70,408.50	(4,465.50)
87264ACA1	T-MOBILE USA INC 2.050% 02/15/2028 DD 02/15/21	125,000.000	124,733.75	112,335.00	(12,398.75)
87332PAA8	*TYSN 2023-CRNR MOR CRNR A 144A VAR RT 12/10/2033 DD 12/01/23	150,000.000	156,925.78	154,846.50	(2,079.28)
874054AG4	TAKE-TWO INTERACTIVE SOFTWARE 3.700% 04/14/2027 DD 04/14/22	85,000.000	84,995.75	81,724.10	(3,271.65)
88732JAY4	TIME WARNER CABLE LLC 5.875% 11/15/2040 DD 11/15/10	50,000.000	53,046.92	43,524.00	(9,522.92)
89788MAN2	TRUIST FINANCIAL CORP VAR RT 06/08/2027 DD 06/08/23	40,000.000	40,000.00	40,282.00	282.00
90265EAT7	UDR INC 2.100% 08/01/2032 DD 07/21/20	25,000.000	24,973.50	19,601.50	(5,372.00)
90265EAU4	UDR INC 1.900% 03/15/2033 DD 12/14/20	175,000.000	174,261.50	132,532.75	(41,728.75)
907818FX1	UNION PACIFIC CORP 2.800% 02/14/2032 DD 02/14/22	100,000.000	99,593.00	86,446.00	(13,147.00)
913017CP2	RTX CORP 4.050% 05/04/2047 DD 05/04/17	25,000.000	28,403.50	19,742.50	(8,661.00)
913017CY3	RTX CORP 4.125% 11/16/2028 DD 08/16/18	75,000.000	84,803.81	72,237.00	(12,566.81)
91324PEQ1	UNITEDHEALTH GROUP INC 5.300% 02/15/2030 DD 10/28/22	275,000.000	274,595.75	279,892.25	5,296.50
91324PES7	UNITEDHEALTH GROUP INC 5.875% 02/15/2053 DD 10/28/22	75,000.000	74,430.75	78,315.00	3,884.25
92277GAE7	VENTAS REALTY LP 3.500% 02/01/2025 DD 01/14/15	300,000.000	317,907.00	295,782.00	(22,125.00)
92338CAE3	VERALTO CORP 144A 5.450% 09/18/2033 DD 09/18/23	85,000.000	84,740.75	85,000.85	260.10
92343VER1	VERIZON COMMUNICATIONS INC 4.329% 09/21/2028 DD 06/21/18	69,000.000	71,227.33	67,127.34	(4,099.99)
92343VEU4	VERIZON COMMUNICATIONS INC 4.016% 12/03/2029 DD 06/03/19	652,000.000	653,160.56	616,915.88	(36,244.68)
92343VGJ7	VERIZON COMMUNICATIONS INC 2.550% 03/21/2031 DD 03/22/21	25,000.000	20,929.00	21,263.50	334.50
92343VGN8	VERIZON COMMUNICATIONS INC 2.355% 03/15/2032 DD 03/15/22	108,000.000	108,412.56	88,464.96	(19,947.60)
92936UAC3	WP CAREY INC 4.000% 02/01/2025 DD 01/26/15	30,000.000	29,398.50	29,642.10	243.60
92936UAF6	WP CAREY INC 3.850% 07/15/2029 DD 06/14/19	100,000.000	98,876.00	93,451.00	(5,425.00)
92936UAG4	WP CAREY INC 2.400% 02/01/2031 DD 10/14/20	25,000.000	24,774.75	20,771.50	(4,003.25)
94106BAF8	WASTE CONNECTIONS INC 4.200% 01/15/2033 DD 08/18/22	51,000.000	47,229.27	47,432.04	202.77
94106LBN8	WASTE MANAGEMENT INC 1.150% 03/15/2028 DD 11/17/20	75,000.000	74,952.75	65,534.25	(9,418.50)
958254AD6	WESTERN MIDSTREAM OPERATING LP 5.450% 04/01/2044 DD 03/20/14	25,000.000	27,848.75	22,568.50	(5,280.25)



Schedule of Investments at End of Plan Year at Historical Cost

Report ID: M1102

Status: FINAL

CHGO REG CNCL CARP

CARP WEL COMBINED -

07/01/2023 - 06/30/2024

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
958254AE4	WESTERN MIDSTREAM OPERATING LP 3.950% 06/01/2025 DD 06/04/15	50,000.000	49,710.50	49,044.50	(666.00)
958667AB3	WESTERN MIDSTREAM OPERATING LP VAR RT 02/01/2025 DD 01/13/20	75,000.000	74,971.50	73,707.75	(1,263.75)
970648AJ0	WILLIS NORTH AMERICA INC 2.950% 09/15/2029 DD 09/10/19	25,000.000	25,666.50	22,405.25	(3,261.25)
98138HAH4	WORKDAY INC 3.700% 04/01/2029 DD 04/01/22	50,000.000	49,997.00	46,934.00	(3,063.00)
98978VAP8	ZOETIS INC 4.450% 08/20/2048 DD 08/20/18	75,000.000	89,501.50	64,199.25	(25,302.25)
020002BH3	ALLSTATE CORP/THE 0.750% 12/15/2025 DD 11/24/20	515,000.000	511,220.72	481,494.10	(29,726.62)
023135BC9	AMAZON.COM INC 3.150% 08/22/2027 DD 02/22/18	800,000.000	847,665.75	759,760.00	(87,905.75)
032095AM3	AMPHENOL CORP 4.750% 03/30/2026 DD 03/30/23	820,000.000	818,016.20	813,226.80	(4,789.40)
053611AJ8	AVERY DENNISON CORP 4.875% 12/06/2028 DD 12/06/18	810,000.000	846,789.75	797,979.60	(48,810.15)
05522RDH8	*BA CREDIT CARD TRUST A2 A2 4.980% 11/15/2028 DD 12/14/23	250,000.000	249,966.43	249,830.00	(136.43)
110122DY1	BRISTOL-MYERS SQUIBB CO 5.750% 02/01/2031 DD 11/13/23	730,000.000	741,578.80	758,411.60	16,832.80
12503MAC2	CBOE GLOBAL MARKETS INC 1.625% 12/15/2030 DD 12/15/20	605,000.000	596,938.70	494,714.55	(102,224.15)
12592BAR5	CNH INDUSTRIAL CAPITAL LLC 5.500% 01/12/2029 DD 09/13/23	385,000.000	382,686.15	389,300.45	6,614.30
172070BT0	DUKE ENERGY OHIO INC 6.900% 06/01/2025 DD 06/01/95	325,000.000	408,362.50	328,152.50	(80,210.00)
17252MAN0	CINTAS CORP NO 2 3.700% 04/01/2027 DD 03/14/17	770,000.000	812,520.89	741,286.70	(71,234.19)
210795QB9	CONTINENTAL AIRLINES 2012-2 CL 4.000% 04/29/2026 DD 10/03/12	396,625.569	407,433.72	396,581.94	(10,851.78)
231021AW6	CUMMINS INC 5.150% 02/20/2034 DD 02/20/24	430,000.000	431,952.45	431,268.50	(683.95)
233868AC2	*DAIMLER TRUCKS RETAIL TRU 1 A3 5.900% 03/15/2027 DD 09/27/23	675,000.000	674,989.67	678,496.50	3,506.83
253393AF9	DICK'S SPORTING GOODS INC 3.150% 01/15/2032 DD 01/14/22	280,000.000	280,271.20	238,408.80	(41,862.40)
26442CBM5	DUKE ENERGY CAROLINAS LLC 4.850% 01/15/2034 DD 01/05/24	450,000.000	442,632.20	436,090.50	(6,541.70)
29736RAT7	ESTEE LAUDER COS INC/THE 4.650% 05/15/2033 DD 05/12/23	240,000.000	235,939.20	232,017.60	(3,921.60)
30231GBE1	EXXON MOBIL CORP 2.440% 08/16/2029 DD 08/16/19	780,000.000	779,126.25	698,100.00	(81,026.25)
341081GK7	FLORIDA POWER & LIGHT CO 5.050% 04/01/2028 DD 03/03/23	845,000.000	844,474.65	848,456.05	3,981.40
37045XDD5	GENERAL MOTORS FINANCIAL CO IN 1.250% 01/08/2026 DD 01/08/21	805,000.000	801,906.50	753,504.15	(48,402.35)
373298BN7	GEORGIA-PACIFIC LLC 7.375% 12/01/2025 DD 12/08/95	755,000.000	883,901.05	775,196.25	(108,704.80)
373334KS9	GEORGIA POWER CO 4.650% 05/16/2028 DD 05/04/23	660,000.000	660,836.60	650,152.80	(10,683.80)
469814AB3	JACOBS ENGINEERING GROUP INC 6.350% 08/18/2028 DD 08/18/23	325,000.000	325,865.65	335,380.50	9,514.85
539830CC1	LOCKHEED MARTIN CORP 4.500% 02/15/2029 DD 01/29/24	730,000.000	729,510.70	719,181.40	(10,329.30)
573284AN6	MARTIN MARIETTA MATERIALS INC 4.250% 07/02/2024 DD 07/02/14	780,000.000	819,580.40	779,953.20	(39,627.20)
609207BA2	MONDELEZ INTERNATIONAL INC 2.625% 03/17/2027 DD 03/17/22	825,000.000	769,254.40	773,379.75	4,125.35
670837AD5	OGE ENERGY CORP 5.450% 05/15/2029 DD 05/09/24	480,000.000	481,734.55	483,988.80	2,254.25
68389XCH6	ORACLE CORP 6.150% 11/09/2029 DD 11/09/22	440,000.000	453,229.60	460,411.60	7,182.00
694308KG1	PACIFIC GAS AND ELECTRIC CO 5.900% 06/15/2032 DD 06/08/22	230,000.000	233,744.40	230,558.90	(3,185.50)
74456QCQ7	PUBLIC SERVICE ELECTRIC AND GA 5.200% 03/01/2034 DD 03/01/24	480,000.000	481,891.25	481,152.00	(739.25)
74762EAG7	QUANTA SERVICES INC 0.950% 10/01/2024 DD 09/23/21	400,000.000	373,222.85	394,860.00	21,637.15
760759AT7	REPUBLIC SERVICES INC 3.950% 05/15/2028 DD 05/14/18	865,000.000	825,064.05	831,870.50	6,806.45
893574AK9	TRANSCONTINENTAL GAS PIPE LINE 4.000% 03/15/2028 DD 09/15/18	260,000.000	280,112.80	249,329.60	(30,783.20)
251510DH3	DEUTSCHE ALT-A SECURITIE 2 1A1 VAR RT 04/25/2035 DD 02/25/05	8,973.553	5,311.66	7,863.26	2,551.60
46630PAY1	JP MORGAN MORTGAGE TRUS A2 4A1 VAR RT 04/25/2037 DD 03/01/07	3,004.022	2,605.50	2,351.94	(253.56)
TOTAL CORPORATE DEBT INSTRUMENTS			40,735,799.87	38,136,150.35	(2,599,649.52)

To page 1

OTHER INVESTMENTS



Schedule of Investments at End of Plan Year at Historical Cost

Report ID: M1102

Status: FINAL

CARP WEL COMBINED -

07/01/2023 - 06/30/2024

CHGO REG CNCL CARP

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
13063A5G5	CALIFORNIA ST 7.550% 04/01/2039 DD 04/28/09	145,000.000	159,035.59	172,364.40	13,328.81
167486MK2	CHICAGO IL 7.517% 01/01/2040 DD 12/14/10	300,000.000	390,315.00	342,270.00	(48,045.00)
452151LF8	ILLINOIS ST 5.100% 06/01/2033 DD 06/12/03	188,235.294	181,963.38	184,698.35	2,734.97
452152BM2	ILLINOIS ST 6.630% 02/01/2035 DD 02/04/10	21,153.846	22,686.87	22,028.13	(658.74)
452152GS4	ILLINOIS ST 7.350% 07/01/2035 DD 07/21/10	21,428.567	24,117.44	22,994.35	(1,123.09)
59259NZM8	MET TRANSPRTN AUTH NY DEDICATE 5.989% 11/15/2030 DD 03/25/10	25,000.000	32,517.75	25,543.25	(6,974.50)
1964803A3	COLORADO ST HSG & FIN AUTH 4.585% 05/01/2028 DD 05/10/23	570,000.000	570,000.00	565,559.70	(4,440.30)
19648GDW9	COLORADO ST HSG & FIN AUTH SF 5.743% 10/01/2026 DD 10/25/23	180,000.000	180,653.40	182,329.20	1,675.80
2350364M9	DALLAS-FORT WORTH TX INTERNATI 2.256% 11/01/2026 DD 08/22/19	500,000.000	500,000.00	468,395.00	(31,605.00)
438701Y32	HONOLULU CITY & CNTY HI WSTWTR 2.316% 07/01/2025 DD 11/06/19	540,000.000	540,000.00	524,010.60	(15,989.40)
59164GEQ1	METRO WSTWTR RECLAMATION DISTC 2.363% 04/01/2027 DD 12/10/19	580,000.000	580,000.00	545,217.40	(34,782.60)
63968A2C8	NEBRASKA ST PUBLIC PWR DIST RE 2.421% 01/01/2026 DD 10/29/19	250,000.000	250,000.00	240,057.50	(9,942.50)
6500355X2	NEW YORK ST URBAN DEV CORP REV 3.270% 03/15/2028 DD 12/21/17	710,000.000	705,756.36	673,293.00	(32,463.36)
709223VZ1	PENNSYLVANIA ST TURNPIKE COMMI 6.105% 12/01/2039 DD 07/01/09	20,000.000	20,975.00	21,205.60	230.60
7417017G5	PRINCE GEORGES CNTY MD 0.844% 09/15/2024 DD 06/16/20	255,000.000	255,000.00	252,605.55	(2,394.45)
TOTAL OTHER INVESTMENTS			4,413,020.79	4,242,572.03	(170,448.76)
COMMON/COLLECTIVE TRUST					
99VVAANH5	NTGI-QM COMMON DAILY GOV'T/CREDIT BD INDEX FD	8,420,181.380	111,036,552.68	96,832,085.87	(14,204,466.81)
999F93286	ULLICO - WORK FOR AMERICA FD	10,190,126.379	11,568,140.73	17,847,619.13	6,279,478.40
99VVBA6D2	CTF OPP INVESTMENT	4,580,871.679	55,244,243.78	78,607,758.01	23,363,514.23
996115960	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	988.830	988.83	988.83	0.00
99VVB5P18	U.S. REAL ESTATE INVESTMENT FUND LLC	35,680.569	44,241,591.00	42,183,964.02	(2,057,626.98)
99VVCGDA6	UBC RUSSELL 3000 INDEX FUND	1,790,040.024	181,974,010.07	252,450,613.72	70,476,603.65
TOTAL COMMON/COLLECTIVE TRUST			404,065,527.09	487,923,029.58	83,857,502.49
REGISTERED INVESTMENT COMPANIES					
996085247	DREYFUS TREAS OBL CSH MGMT 521 VAR RT 12/31/2049 DD 04/09/97	9,038,195.010	9,038,195.01	9,038,195.01	0.00
996086609	DREYFUS GOVT CAS MGMT INST 289 VAR RT 12/31/2075 DD 06/03/97	4,797,056.550	4,797,056.55	4,797,056.55	0.00
996105714	DREYFUS GOVT SECURITIES CM 227 VAR RT 12/31/2049 DD 10/01/99	608,557.140	608,557.14	608,557.14	0.00
722005626	PIMCO ALL ASSET FUND-INST	6,456,503.575	76,277,060.43	71,021,539.33	(5,255,521.10)
09260B374	BLACKROCK STRAT INC OPP-K	8,019,234.065	77,772,040.09	75,140,223.19	(2,631,816.90)
996105714	DREYFUS GOVT SECURITIES CM 227 VAR RT 12/31/2049 DD 10/01/99	27,728.280	27,728.28	27,728.28	0.00
TOTAL REGISTERED INVESTMENT COMPANIES			168,520,637.50	160,633,299.50	(7,887,338.00)
GRAND TOTAL			779,320,919.12	845,107,063.43	65,786,144.31

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65,786,144.32 I

Summary - Collateral Held by Asset Class

As of 06/30/2024



Chicago Carpenters Welfare Fund

Asset Class - Collateral Type	Security Type	Number of Loans	Average Days Out	Market Value Securities on Loan	Collateral Held	Collateral Percentage	Collateral Denom
US - Cash	Agencies/Other	5	100	1,559,096.89	1,592,809.30	102.16%	USD
	Corporate	20	29	3,120,612.48	3,200,670.00	102.57%	USD
US - U.S. Government Debt (Bilateral)	Corporate	1	4	133,343.97	136,708.13	102.52%	USD
US - U.S. Government Mortgages (TriParty)	US T-Notes	5	46	4,194,237.93	4,281,213.03	102.07%	USD
Total US		31	42	9,007,291.27	9,211,400.46	102.27%	
CASH LOANS		25	43	4,679,709.37	4,793,479.30	102.43%	
NON CASH LOANS		6	39	4,327,581.90	4,417,921.16	102.09%	
TOTAL Chicago Carpenters Welfare Fund		31	42	9,007,291.27	9,211,400.46	102.27%	

To page 1

Macrc Health Fund

For Period 07/01/23 Through 06/30/24

Asset Position As Of 06/30/24

Asset Description	Shares	Accruals	Cost	Market Value
Cash & Equivalents				
Cash				
Goldman Sachs Government Institutional Fund #465	457,268.610	1,679.69	457,268.61	457,268.61
Equities				
Ⓐ Aptiv PLC	204.000		20,046.85	14,365.68
Asml Hldg NV NY Reg Shs	35.000		19,386.31	35,795.55
↓ AT&T Inc	2,564.000		50,626.12	48,998.04

Macrc Health Fund**For Period 07/01/23 Through 06/30/24****Asset Position As Of 06/30/24**

Asset Description	Shares	Accruals	Cost	Market Value
Ⓐ Adobe Inc	79.000		18,188.09	43,887.66
Albemarle Corp	274.000	113.60	52,268.54	26,172.48
Ally Finl Inc	1,427.000		33,500.54	56,609.09
Alphabet Inc Cl A	671.000		42,522.30	122,222.65
Amazon.Com Inc	590.000		63,799.00	114,017.50
American Elec Pwr Inc	283.000		23,610.42	24,830.42
Apple Inc	532.000		46,797.85	112,049.84
Bath & Body Wks Inc	804.000		30,727.79	31,396.20
Blackrock Inc	28.000		16,355.42	22,044.96
CVS Health Corp	321.000		28,253.77	18,958.26
Capital One Finl Corp	319.000		34,769.74	44,165.55
Carmax Inc	419.000		31,394.08	30,729.46
Citigroup Inc	558.000		28,167.84	35,410.68
Comerica Inc	364.000	267.67	22,330.02	18,578.56
Conocophillips	205.000		21,511.81	23,447.90
Constellation Brands Inc	90.000		21,044.52	23,155.20
Costco Whsl Corp New	20.000		8,445.84	16,999.80
Danaher Corp	89.000	24.03	19,476.98	22,236.65
Diamondback Energy Inc	136.000		17,522.47	27,225.84
Dupont DE Nemours Inc	311.000		20,211.12	25,032.39
Eog Resources Inc	164.000		19,522.56	20,642.68
Edwards Lifesciences Corp	334.000		30,922.47	30,851.58
⚡ Equifax Inc	147.000		28,661.45	35,641.62

Macrc Health Fund

For Period 07/01/23 Through 06/30/24

Asset Position As Of 06/30/24

Asset Description	Shares	Accruals	Cost	Market Value
Meta Platforms Inc	121.000		15,993.69	61,010.62
Global Payments Inc	207.000		23,332.30	20,016.90
Huntington Ingalls Inds Inc	72.000		19,783.90	17,735.76
Intel Corp	773.000		24,274.21	23,939.81
Kla Corp	72.000		24,418.85	59,364.72
Microsoft Corp	371.000		59,574.39	165,818.45
Microchip Technology Inc	128.000		8,550.42	11,712.00
Nisource Inc Com	843.000		22,516.44	24,286.83
Nvidia Corp	608.000		75,829.76	75,112.32
Paypal Hldgs Inc	230.000		14,848.74	13,346.90
Pinterest Inc Cl A	1,069.000		26,795.99	47,110.83
Ringcentral Inc Cl A	86.000		5,290.97	2,425.20
Roche Hldg Ltd SP ADR	673.000		26,890.18	23,357.81
Salesforce Inc	162.000		26,648.23	41,650.20
Schlumberger Ltd	561.000	160.05	22,708.71	26,467.98
Sunrun Inc	533.000		11,417.54	6,321.38
Taiwan Semiconductor Mfg Co Ltd SP ADR	199.000	114.94	17,737.94	34,588.19
Thermo Fisher Scientific Inc	49.000	19.89	26,726.92	27,097.00
Tyson Foods Inc Cl A	432.000		26,240.39	24,684.48
United Airlines Hldgs Inc	321.000		13,632.41	15,619.86
Unitedhealth Group Inc	72.000		13,537.07	36,666.72
Veeva Systems Inc	110.000		18,306.21	20,131.10

Macrc Health Fund

For Period 07/01/23 Through 06/30/24

Asset Position As Of 06/30/24

Asset Description	Shares	Accruals	Cost	Market Value
(A) Ventas Inc	509.000		25,684.08	26,091.34
Visa Inc Cl A	139.000		27,121.54	36,483.33
Warner Bros Discovery Inc	1,624.000		25,396.50	12,082.56
Wells Fargo & Co New	779.000		32,570.22	46,264.81
Fixed Income				Σ (A) \$ 1,924,853
				To page 1
(B) Amazon.Com Inc 0.80% Due 06/03/2025 M/W Call 05/03/2025 @ 100	500,000.000	311.11	504,140.00	479,905.00
(B) Bank Of America Corp Float% Due 02/05/2026 Call 02/05/2025 @ 100	500,000.000	4,945.38	502,750.00	501,450.00
(B) Boeing Co 2.75% Due 02/01/2026 M/W Call 01/01/2026 @ 100	500,000.000	5,729.16	499,935.00	475,175.00
(B) Bristol-Myers Squibb Co 1.125% 11/13/2027	500,000.000	750.00	502,395.00	441,150.00
(C) California St Unltdgo Call Dtd 11/03/2020 1.75% Due 11/01/2030	500,000.000	1,458.33	511,875.00	417,655.00
(B) Cummins Inc 1.50% Due 09/01/2030 M/W Call 06/01/2030 @ 100	500,000.000	2,499.99	497,495.00	410,170.00
(B) Walt Disney Co 1.75% 01/13/2026	500,000.000	4,083.33	514,015.00	474,390.00
(B) Emerson Electric Co 0.875% Due 10/15/2026 M/W Call 09/15/2026 @ 100	500,000.000	923.61	498,950.00	456,030.00
(C) FHLMC 1.25% Due 07/22/2030 Call 01/22/2022 @ 100	500,000.000	2,760.41	482,305.00	410,970.00
(C) Fed Nat Mtg Assoc 2.625% 09/06/2024	1,000,000.000	8,385.41	1,000,499.00	994,740.00

Macroc Health Fund

For Period 07/01/23 Through 06/30/24

Asset Position As Of 06/30/24

Asset Description	Shares	Accruals	Cost	Market Value
ⓑ Goldman Sachs Group Var% Due 09/29/2026 Fixed To Float	500,000.000	7,666.66	500,000.00	500,505.00
ⓑ Microsoft Corp 3.125% 11/03/2025 Callable	500,000.000	2,517.36	504,540.00	487,605.00
ⓑ Oracle Corp 1.65% 03/25/2026 Callable	500,000.000	2,200.00	505,250.00	468,675.00
ⓒ Tarrant TX Regl Wtr Dist Txbl Rev Call Dtd 03/09/2021 1.55% Due 09/01/2030 Call 03/01/2030 @ 100	500,000.000	2,583.33	507,575.00	416,850.00
ⓒ US Treasury N/B 1.25% 12/31/2026	500,000.000	3,141.98	497,402.34	460,990.00
ⓒ US Treasury N/B 3.125% 08/31/2027	500,000.000	5,222.48	480,996.09	479,790.00
ⓒ US Treasury N/B 4.375% 10/31/2024	500,000.000	3,705.60	500,898.44	498,290.00
ⓒ US Treasury N/B 4.5% 11/30/2024	500,000.000	1,905.73	495,058.59	498,345.00
ⓒ US Treasury N/B 4.25% 05/31/2025	500,000.000	1,799.86	495,000.00	495,850.00
ⓒ US Treasury N/B 4.625% 06/30/2025	500,000.000	11,625.33	497,929.68	497,605.00
ⓒ US Treasury N/B 4.75% 07/31/2025	500,000.000	9,917.58	497,890.63	498,295.00
ⓒ US Treasury N/B 5% 08/31/2025	500,000.000	8,390.31	500,175.77	499,680.00
ⓒ US Treasury N/B 5% 10/31/2025	500,000.000	4,211.95	500,546.88	500,110.00
ⓒ US Treasury N/B 2.75% 02/15/2028	1,000,000.000	10,350.27	981,328.11	942,990.00
ⓒ US Treasury N/B 3% 09/30/2025	500,000.000	3,770.49	483,691.40	487,895.00
ⓒ US Treasury N/B 2.375% 05/15/2029	1,500,000.000	4,549.93	1,496,704.11	1,370,100.00
ⓑ Unitedhealth Group 1.25% Due 01/15/2026 M/W Call 01/15/2026 @ 100	500,000.000	2,881.94	506,415.00	471,110.00

Macrc Health Fund

For Period 07/01/23 Through 06/30/24

Asset Position As Of 06/30/24

Asset Description	Shares	Accruals	Cost	Market Value
Wells Fargo & Company Var% Due 08/24/2026 Fixed To Float 08/24/18	300,000.000	1,387.50	300,000.00	288,294.00
Total Market Value		\$ 122,054.90	\$ 17,608,921.15	\$ 17,306,735.95
Total Market Value Plus Accruals				\$ 17,428,790.85

Σ ⓘ \$ 5,454,459 - Total Corporate Debt Securities - to page 1

Σ ⓘ \$ 9,470,155 - Total US Gov't Securities - to page 1



Single Transactions in Excess of Five Percent of Plan Assets

Report ID: T6400

Status: FINAL

CARP WEL COMBINED -

07/01/2023 - 06/30/2024

CHGO REG CNCL CARP

Security ID	Security Description	Tran Code	Shares	Transaction Expense	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
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5% VALUE : 40,950,412.14

*** NO ACTIVITY FOR THIS PERIOD ***



Series of Transactions in Excess of Five Percent of Plan Assets

Report ID: T6500

Status: FINAL

CARP WEL COMBINED -

07/01/2023 - 06/30/2024

CHGO REG CNCL CARP

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :		40,950,412.14					
124	996085247	DREYFUS TREAS OBL CSH MGMT 521 VAR RT 12/31/2049 DD 04/09/97	213,668,611.260	213,668,611.26	0.00	0.00	0.00
73	996085247	DREYFUS TREAS OBL CSH MGMT 521 VAR RT 12/31/2049 DD 04/09/97	218,057,225.530	0.00	218,057,225.53	218,057,225.53	0.00
133	996086609	DREYFUS GOVT CAS MGMT INST 289 VAR RT 12/31/2075 DD 06/03/97	34,517,375.410	34,517,375.41	0.00	0.00	0.00
78	996086609	DREYFUS GOVT CAS MGMT INST 289 VAR RT 12/31/2075 DD 06/03/97	30,246,768.750	0.00	30,246,768.75	30,246,768.75	0.00