

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... 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: AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES BENEFIT PLAN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 09/01/1982
2a Plan sponsor's name (employer, if for a single-employer plan): AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES COUNCIL 3
2b Employer Identification Number (EIN): 94-2843355
2c Plan Sponsor's telephone number: 217-788-2800
2d Business code (see instructions): 813000

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.

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2023) v. 230707

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>STACY PFLUGMACHER</p> <p>615 SOUTH SECOND SPRINGFIELD, IL 62701</p>	<p>3b Administrator's EIN 94-2843355</p> <p>3c Administrator's telephone number 217-788-2800</p>
<p>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:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5 45497</p>
<p>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).</p> <p>a(1) Total number of active participants at the beginning of the plan year</p> <p>a(2) Total number of active participants at the end of the plan year</p> <p>b Retired or separated participants receiving benefits</p> <p>c Other retired or separated participants entitled to future benefits</p> <p>d Subtotal. Add lines 6a(2), 6b, and 6c</p> <p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits</p> <p>f Total. Add lines 6d and 6e</p> <p>g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</p> <p>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</p> <p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested</p>	<p>6a(1) 45497</p> <p>6a(2) 47875</p> <p>6b</p> <p>6c</p> <p>6d 47875</p> <p>6e</p> <p>6f</p> <p>6g(1)</p> <p>6g(2)</p> <p>6h</p>
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p>	<p>7</p>

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:
4Q

<p>9a Plan funding arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>	<p>9b Plan benefit arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance</p> <p>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts</p> <p>(3) <input checked="" type="checkbox"/> Trust</p> <p>(4) <input type="checkbox"/> General assets of the sponsor</p>
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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)

<p>a Pension Schedules</p> <p>(1) <input type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____</p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES BENEFIT PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES COUNCIL 3	D Employer Identification Number (EIN) 94-2843355	

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

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

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

CHERYL BRISTOR-WILSON

615 SOUTH SECOND
SPRINGFIELD, IL 62701

(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?
	COUNSELOR	120574	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ADRIAN DELGADO

615 SOUTH SECOND
SPRINGFIELD, IL 62701

(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?
	COUNSELOR	110078	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FAMILY STRATEGIES COUNSELING

18161 MORRIS AVE SUITE 208
HOMWOOD, IL 60430

82-4643303

(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?
	CONSULTANT	106115	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

MICHAEL LAIRD

615 SOUTH SECOND
SPRINGFIELD, IL 62701

(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?
	PSP SPECIALIST	96263	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SERVING FROM THE HEART

884 BRADFORD PLACE
CRETE, IL 60417

85-1311114

(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?
	CONSULTANT	30115	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HARTING ASSOCIATES

4972 BENCHMARK CENTRE DR NO.200
SWANSEA, IL 62226

37-1196371

(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?
	COMPUTER MAINTENANCE	29392	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

STEPHANIE CAVE

501 SOUTH 4TH STREET
SPRINGFIELD, IL 62701

(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?
	CONSULTANT	22420	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KOEN COUNSELING & WELLNESS CENTER

223 N PARK AVE
HERRIN, IL 62948

87-4038294

(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?
	COUNSULTANT	19380	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

AMARIS COUNSELING

2528 W 111TH ST
CHICAGO, IL 60655

85-2437638

(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?
	CONSULTANT	18050	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DONNA GIVENS

8342 BURGETT LANE
BEARDSTOWN, IL 62618

(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?
	CONSULTANT	17765	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GENESIS THERAPY GROUP

6006 W 159TH ST
OAK FOREST, IL 60452

36-3508233

(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?
	CONSULTANT	13775	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CYNTHIA CLARK

PO BOX 622
CARBONDALE, IL 62903

(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?
	CONSULTANT	12519	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

A&E BEHAVIORAL HEALTH CARE

2570 E FEDERAL DRIVE
DECATUR, IL 62526

37-1361770

(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?
	CONSULTANT	10355	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE THERAPY CENTER

7000 PIPER GLEN DR, SUITE C
SPRINGFIELD, IL 62711

86-1933251

(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?
	CONSULTANT	9310	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

COEUR MENTAL WELLNESS

206 CEDAR AVE NO.664
LAKE VILLA, IL 60046

83-3755131

(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?
	CONSULTANT	8645	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

DEARBONE COUNSELING CENTER INC

54 NORTH WOLF ROAD
HILLSIDE, IL 60162

46-5304773

(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?
	CONSULTANT	8455	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

OSF ST ANTHONY'S HEALTH

PO BOX 1712
PEORIA, IL 61656

37-0813229

(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?
	CONSULTANT	6203	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RACQUEL HAYS

5710 W GUNNISON ST
CHICAGO, IL 60630

(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?
	COUNSULTANT	5890	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BARR COUNSELING & ASSOCIATES

3833 MAIN ST NO.1077
ST CHARLES, IL 60174

87-1761174

(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?
	CONSULTANT	5795	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FOREST PRINTING

7214 W MADISON
FOREST PARK, IL 60130

36-2945683

(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?
	PRINTER	5621	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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(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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	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 AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES BENEFIT PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">501</td> </tr> </table>	B Three-digit plan number (PN) ▶	501
B Three-digit plan number (PN) ▶	501		
C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES COUNCIL 3	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">D Employer Identification Number (EIN) 94-2843355</td> </tr> </table>	D Employer Identification Number (EIN) 94-2843355	
D Employer Identification Number (EIN) 94-2843355			

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		100
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	122141	244176
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	13524	12896
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2617991	3030608
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7041161	7651160
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	119986	84371
f Total assets (add all amounts in lines 1a through 1e)	1f	9914803	11023311
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	1702172	1591050
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	1702172	1591050
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	8212631	9432261

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)	1592189	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		1592189
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	547249	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		547249
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	127208	
(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)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		102821
d Total income. Add all income amounts in column (b) and enter total.....	2d		2369467

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)	961830	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		961830
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	23000	
(5) Investment advisory and investment management fees.....	2i(5)		
(6) Bank or trust company trustee/custodial fees.....	2i(6)		
(7) Actuarial fees.....	2i(7)		
(8) Legal fees.....	2i(8)	30556	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)	134451	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		188007
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1149837

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1219630
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: SCHEFFEL BOYLE

(2) EIN: 37-1206530

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.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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 _____.

AMERICAN FEDERATION OF STATE,
COUNTY, AND MUNICIPAL EMPLOYEES,
COUNCIL 31, AFL-CIO BENEFIT PLAN
AND TRUST

FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION

YEARS ENDED JUNE 30, 2024 AND 2023

AMERICAN FEDERATION OF STATE, COUNTY, AND MUNICIPAL
EMPLOYEES, COUNCIL 31, AFL-CIO BENEFIT PLAN AND TRUST
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ALTON EDWARDSVILLE BELLEVILLE HIGHLAND
JERSEYVILLE COLUMBIA CARROLLTON

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
American Federation of State, County
and Municipal Employees, Council 31,
AFL-CIO Benefit Plan and Trust
Springfield, Illinois

Opinion

We have audited the accompanying financial statements of American Federation of State, County, and Municipal Employees, Council 31, AFL-CIO Benefit Plan and Trust, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (“ERISA”), which comprise the statements of net assets available for benefits as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of American Federation of State, County, and Municipal Employees, Council 31, AFL-CIO Benefit Plan and Trust as of June 30, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of American Federation of State, County, and Municipal Employees, Council 31, AFL-CIO Benefit Plan and Trust and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about American Federation of State, County, and Municipal Employees, Council 31, AFL-CIO Benefit Plan and Trust’s ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of American Federation of State, County, and Municipal Employees, Council 31, AFL-CIO Benefit Plan and Trust's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about American Federation of State, County, and Municipal Employees, Council 31, AFL-CIO Benefit Plan and Trust's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedules Required by ERISA and Other Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules on pages 18 and 19 are presented for purposes of additional analysis and are not a required part of the financial statements. The supplemental schedules on pages 20 and 21 are presented for the purpose 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 the ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements

or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

Scheffel Boyl

Edwardsville, Illinois
February 9, 2025

AMERICAN FEDERATION OF STATE, COUNTY, AND MUNICIPAL
EMPLOYEES, COUNCIL 31, AFL-CIO BENEFIT PLAN AND TRUST
STATEMENTS OF NET ASSETS
AVAILABLE FOR BENEFITS

	JUNE 30,	
	2024	2023
<u>ASSETS:</u>		
Investments, at fair value	\$ 10,681,768	\$ 9,659,052
	10,681,768	9,659,052
Receivables:		
Participating employers' contributions	244,176	122,141
Accrued interest	33	33
	244,209	122,174
Cash	100	100
Prepaid expenses	12,863	13,491
Leasehold improvements and equipment, net	39,037	43,748
Operating lease right-of-use asset	45,334	76,238
	97,334	133,577
TOTAL ASSETS	11,023,311	9,914,803
<u>LIABILITIES:</u>		
Accounts payable	57,112	49,798
Liability for postretirement benefits for Plan employees	1,302,430	1,405,251
Accrued severance benefits for Plan employees	137,443	128,540
Accrued vacation for Plan employees	47,651	41,337
Operating lease liabilities	46,414	77,246
	1,591,050	1,702,172
TOTAL LIABILITIES	1,591,050	1,702,172
NET ASSETS AVAILABLE FOR BENEFITS	\$ 9,432,261	\$ 8,212,631

See accompanying notes to the financial statements.

AMERICAN FEDERATION OF STATE, COUNTY, AND MUNICIPAL
EMPLOYEES, COUNCIL 31, AFL-CIO BENEFIT PLAN AND TRUST
STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS

	YEARS ENDED JUNE 30,	
	2024	2023
<u>ADDITIONS:</u>		
Investment income:		
Net appreciation in fair value of investments	\$ 127,208	\$ 14,381
Interest and dividend income	547,249	408,529
	<u>674,457</u>	<u>422,910</u>
Contributions:		
State of Illinois contracts	1,346,904	1,346,904
Other employer contributions	245,285	242,220
	<u>1,592,189</u>	<u>1,589,124</u>
Other income	-	444
Postretirement benefit decrease	102,821	58,268
TOTAL ADDITIONS	<u>2,369,467</u>	<u>2,070,746</u>
<u>DEDUCTIONS:</u>		
Benefits provided to participants	1,015,386	1,034,759
Administrative expenses	134,451	232,562
TOTAL DEDUCTIONS	<u>1,149,837</u>	<u>1,267,321</u>
NET INCREASE	1,219,630	803,425
<u>NET ASSETS AVAILABLE FOR BENEFITS:</u>		
Beginning of year	<u>8,212,631</u>	<u>7,409,206</u>
End of year	<u>\$ 9,432,261</u>	<u>\$ 8,212,631</u>

See accompanying notes to the financial statements.

AMERICAN FEDERATION OF STATE, COUNTY, AND MUNICIPAL
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JUNE 30, 2024 AND 2023

NOTE 1. DESCRIPTION OF THE PLAN

The following description of the American Federation of State, County and Municipal Employees, Council 31, AFL-CIO Benefit Plan and Trust (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions. The Plan administers the personal support program for qualified members, as described below.

Personal Support Program

The personal support program provides personal counseling services to members who are covered under the bargaining agreement between the American Federation of State, County and Municipal Employees Council 31 (the “Council”) and various employers. Some services are provided directly by Plan employees and other services are provided by referring members to other agencies.

The personal support program is funded through a contract with the State of Illinois and contributions from employers consisting of counties and various municipalities.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (“U.S. GAAP”).

Use of Estimates

The preparation of financial statements in accordance with U.S. GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from estimated amounts.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Board of Trustees determines the Plan’s valuation policies. See Note 5 for a discussion of fair value measurements.

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

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NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

Participating Employers' Contributions Receivable and Revenue

Participating employers' contributions receivable are stated at the amount Plan management expects to collect from balances outstanding at year-end. Employers' contributions are recorded as receivable in the period they are earned in accordance with the various contractual agreements.

Management provides for probable uncollectible amounts through a charge to earnings and a credit to the allowance for expected credit losses based on its assessment of the current status of individual accounts. Balances still outstanding after management has used reasonable collection efforts are written off through a charge to the allowance for expected credit losses and a credit to accounts receivable. Based on management's assessment of collection history and the specific accounts outstanding at year-end, there is no allowance for credit losses at June 30, 2024 and 2023.

Leasehold Improvements and Equipment

Leasehold improvements and equipment are carried at cost less accumulated depreciation. Assets are capitalized if deemed to have a useful life of more than one year. Depreciation is calculated using the straight-line method, with estimated useful lives as listed below:

	<i>Estimated Useful Life</i>
Leasehold improvements	9 to 10 years
Office furniture and equipment	5 to 10 years
Computer equipment	3 to 5 years

Leases

The Plan recognizes and measures its leases in accordance with FASB ASC 842. The Plan is a lessee in a few non-cancelable operating leases for office space. The Plan determines if an arrangement is a lease, or contains a lease, at inception of the contract and when the terms of an existing contract are changed. The Plan recognizes a lease liability and a ROU asset at the commencement date of the lease.

The lease liability is initially and subsequently recognized based on the present value of its future lease payments. Variable payments are included in the future lease payments when those variable payments depend on an index or a rate. The discount rate is the implicit rate if it is readily determinable or otherwise the Plan uses its incremental borrowing rate or a risk-free rate. The implicit rates of the Plan's leases are not readily determinable and accordingly, the Plan made an accounting policy election to use a risk-free discount rate for a comparable lease term on all office space leases. The ROU asset is subsequently measured throughout the lease term at the amount of remeasured lease liability (i.e., present value of the remaining lease payments), plus unamortized initial direct costs, plus (minus) any prepaid (accrued) lease payments, less the unamortized balance of lease incentives received, and any impairment recognized. Lease cost for lease payments is recognized on a straight-line basis over the lease term.

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NOTES TO FINANCIAL STATEMENTS
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NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

Leases (Cont'd)

The Plan elected, for all underlying classes of assets, to not recognize ROU assets and lease liabilities for short-term leases that have a least term of 12 months or less at lease commencement, and do not include an option to purchase the underlying asset that the Plan is reasonably certain to exercise. The Plan recognizes lease cost associated with short-term leases on a straight-line basis over the lease term.

Postretirement Benefits

The Plan provides health care benefits to all retired employees of the Plan and their dependents who meet eligibility requirements. The Plan's share of the benefits which will be paid after retirement is generally accrued by charges to expense over employees' service periods to the dates they are fully eligible for benefits.

Accrued Severance Benefits

Upon severance of employment after the completion of at least ten years of service, employees are entitled to severance payments, except in case of discharge, as outlined in the current Union Staff contract agreement. Based on this policy, the Plan records severance expense ratably during an employee's completion of service.

Accrued Vacation

Employees are allowed to carry over vacation in an amount equal to that which they accrue in one year. Based on this policy, the Plan records an accrual for unused vacation time remaining at year-end.

New Accounting Pronouncement

Effective July 1, 2023, the Plan adopted FASB ASU 2016-13, *Financial Instruments-Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments*. The ASU introduces a new credit loss methodology, current expected credit losses ("CECL"), which requires earlier recognition of credit losses. The CECL methodology utilizes a lifetime "expected credit loss" measurement objective for the recognition of credit losses for loans, held-to-maturity securities and other receivables at the time the financial asset is originated or acquired. The expected credit losses are adjusted each period for changes in expected lifetime credit losses. The methodology replaces the multiple existing impairment methods in current GAAP, which generally require that a loss be incurred before it is recognized. This pronouncement had no material impact on the financial statements of the Plan.

Reclassifications

Certain comparative figures have been reclassified to conform with the current year's presentation.

AMERICAN FEDERATION OF STATE, COUNTY, AND MUNICIPAL
EMPLOYEES, COUNCIL 31, AFL-CIO BENEFIT PLAN AND TRUST
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 3. INVESTMENTS

Certain investment funds held by the Plan are internally designated by management for specific expenditures. The purpose and designation amounts are listed below:

	2024	2023
Personal support program	\$ 10,448,778	\$ 9,439,274
Postretirement benefits for personal support program employees	232,990	219,778
	\$ 10,681,768	\$ 9,659,052

NOTE 4. CONCENTRATIONS

Investments

As of June 30, 2024, the Plan's investments in the Pioneer Multi Asset Income Fund, Virtus Newfleet Short Duration High Income Fund, Eaton Vance Strategic Income Fund, and Nuveen Floating Rate Income Fund accounted for 13%, 11%, 11%, and 11%, respectively, of the Plan's total investments.

As of June 30, 2023, the Plan's investments in the Pioneer Multi Asset Income Fund, Virtus Newfleet Short Duration High Income Fund, Eaton Vance Short Duration Income Fund, and Nuveen Floating Rate Income Fund accounted for 13%, 12%, 11%, and 11%, respectively, of the Plan's total investments.

Interest-Bearing Cash

The Plan maintains cash balances at a bank in amounts that generally exceed federally insured limits.

NOTE 5. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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NOTE 5. FAIR VALUE MEASUREMENTS (CONT'D)

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

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

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

Interest-Bearing cash, savings accounts and money market funds: Valued at cost plus accrued interest which approximates fair value (level 1).

Certificates of deposit: Valued at fair value as determined by the Plan's investment brokers based on market quotations, outside pricing services, or computerized pricing models (level 2).

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

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

<u>June 30, 2024</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Interest-Bearing cash	\$ 2,826,643	\$ -	\$ -	\$ 2,826,643
Savings accounts and money market funds	157,973	-	-	157,973
Certificates of deposit	-	45,992	-	45,992
Mutual funds	<u>7,651,160</u>	<u>-</u>	<u>-</u>	<u>7,651,160</u>
Total investments, at fair value	<u>\$ 10,635,776</u>	<u>\$ 45,992</u>	<u>\$ -</u>	<u>\$10,681,768</u>

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NOTE 5. FAIR VALUE MEASUREMENTS (CONT'D)

<u>June 30, 2023</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Interest-Bearing cash	\$ 2,420,299	\$ -	\$ -	\$ 2,420,299
Savings accounts and money market funds	154,851	-	-	154,851
Certificates of deposit	-	43,980	-	43,980
Mutual funds	<u>7,039,922</u>	<u>-</u>	<u>-</u>	<u>7,039,922</u>
Total investments, at fair value	<u>\$ 9,615,072</u>	<u>\$ 43,980</u>	<u>\$ -</u>	<u>\$ 9,659,052</u>

NOTE 6. LEASEHOLD IMPROVEMENTS AND EQUIPMENT

Leasehold improvements and equipment consist of the following:

	<u>2024</u>	<u>2023</u>
Leasehold improvements	\$ 151,985	\$ 151,985
Office furniture and equipment	41,956	41,956
Computer equipment	<u>91,396</u>	<u>83,826</u>
	285,337	277,767
Less accumulated depreciation and amortization	<u>246,300</u>	<u>234,019</u>
	<u>\$ 39,037</u>	<u>\$ 43,748</u>

Depreciation and amortization expense was \$12,281 and \$11,296 for the years ended June 30, 2024 and 2023, respectively.

NOTE 7. POSTRETIREMENT BENEFITS FOR PLAN EMPLOYEES

The Plan provides health care benefits (medical, prescription drugs, dental, and vision) to all retired employees of the Plan and their dependents meeting eligibility requirements. The Plan's policy is to fund the health care benefits as claims and premiums are paid.

Postretirement benefit cost (decrease) was \$(102,821) and \$(58,268) for the years ended June 30, 2024 and 2023, respectively. The components were as follows:

	<u>2024</u>	<u>2023</u>
Service cost	\$ 15,354	\$ 15,080
Interest cost	62,117	58,177
Net actuarial gain	(82,764)	(36,886)
Expected benefits paid	<u>(97,528)</u>	<u>(94,639)</u>
Postretirement benefit cost (decrease)	<u>\$ (102,821)</u>	<u>\$ (58,268)</u>

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NOTE 7. POSTRETIREMENT BENEFITS FOR PLAN EMPLOYEES (CONT'D)

The Plan's accumulated postretirement benefit obligation and funded status at June 30, 2024 and 2023 is as follows:

	<u>2024</u>	<u>2023</u>
Active plan participants	\$ 347,447	\$ 349,012
Retirees	<u>954,983</u>	<u>1,056,239</u>
Total accumulated postretirement benefit obligation	1,302,430	1,405,251
Less funded amount	<u>-</u>	<u>-</u>
Unfunded amount	<u>\$ 1,302,430</u>	<u>\$ 1,405,251</u>

As of June 30, 2024 and 2023, the Plan has identified investments totaling \$232,990 and \$219,778, respectively, for the postretirement benefit plan, which are included in investments on the statement of net assets. However, these assets are not segregated in a trust or otherwise effectively restricted so that they cannot be used by the Plan for other purposes. Therefore, in the funded status disclosure above, the Plan does not include these assets as they are not legally restricted for that use.

Future benefits expected to be paid out are as follows:

<u>Year Ending June 30,</u>	
2025	\$103,938
2026	139,474
2027	130,359
2028	105,259
2029	105,086
2030-2034	473,274

The Plan's accrued post-retirement benefit obligation at June 30, 2024 and 2023 is the full liability for post-retirement benefits as computed in an independent actuarial study. The following is a summary of significant assumptions used in the valuations as of June 30, 2024 and 2023:

Discount Rate:

The weighted average discount rate used in determining the accumulated benefit obligation was 5.25 percent and 4.75 percent for the years ending June 30, 2024 and 2023, respectively. The discount rate on future payments is a critical assumption which significantly affects post-retirement benefit accounting. Management believes the discount rate used in determining its year-end post-retirement benefit accounting is reasonable based on currently available information. However, it is at least reasonably possible that this assumed rate will be revised in the near term, based on future events and changes in circumstances.

Mortality Rates:

General Public Employer, total dataset headcount weighted Annuitant and Non-Annuitant (sex distinct) mortality with mortality improvement scale MP-2021.

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NOTE 7. POSTRETIREMENT BENEFITS FOR PLAN EMPLOYEES (CONT'D)

Spouse Coverage:

50% of eligible retirees will have covered spouse at retirement with females 5 years younger than males.

Retirement Age Rates:

The retirement age rates are as follows:

<u>Age</u>	<u>Rate</u>
58	10%
59-61	0
62	17
63	95
64	50
65	100

Medical Inflation Rates:

The medical inflation rates are as follows:

COBRA Related Costs:

Pre-65 – 7.0% graded down 0.25% per year to an ultimate rate of 4.5%

Medicare eligible – 5.25% graded down 0.25% per year to an ultimate rate of 4.5%

Dental and Vision – 3.0% per annum

Medicare Eligible Stipend – 1.0% per annum (based on average trend over last 10 years)

Based on these assumptions, a one percentage point increase or decrease in the assumed health care cost trend rate would increase or decrease the accumulated benefit obligation by approximately 8.8% or 7.6%, respectively.

Annual Per-Capita Costs Valued:

The annual per-capita costs valued are as follows:

<u>Age</u>	<u>June 30, 2024</u>		<u>June 30, 2023</u>	
	<u>Males</u>	<u>Females</u>	<u>Males</u>	<u>Females</u>
25	\$ 2,993	\$ 6,730	\$ 2,940	\$ 6,611
30	3,759	8,504	3,693	8,354
35	4,716	8,760	4,632	8,605
40	5,876	8,971	5,772	8,813
45	8,468	9,847	8,318	9,673
50	9,774	11,585	9,601	11,380
55	12,702	13,395	12,477	13,158
60	16,300	15,943	16,012	15,660
65	20,337	19,111	19,977	18,772
70	24,367	22,534	23,935	22,135
75	28,776	26,148	28,266	25,685
80	33,075	29,987	32,490	29,456
85	36,842	33,521	36,190	32,927
90	40,105	35,776	39,395	35,143

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NOTE 7. POSTRETIREMENT BENEFITS FOR PLAN EMPLOYEES (CONT'D)

Annual Per-Capita Costs Valued (Cont'd):

	Medical	Dental	Vision
<u>June 30, 2024</u>			
Pre-65 COBRA (single)	\$ 753.76	\$ 45.15	\$ 11.37
Pre-65 COBRA (family)	2,638.14	158.03	28.42
<u>June 30, 2023</u>			
Pre-65 COBRA (single)	\$ 693.70	\$ 51.57	\$ 11.26
Pre-65 COBRA (family)	2,427.96	180.49	28.15

NOTE 8. PENSION EXPENSE

The Council participates in a multi-employer defined benefit pension plan that is sponsored by the American Federation of State, County and Municipal Employees, AFL-CIO. All regular full-time employees who are not members of collective bargaining units for which contributions are made to another pension may elect membership in the Plan. The Plan provides four types of pensions: normal retirement, early retirement, disability retirement, and vested retirement.

Each type of pension has specific eligibility requirements as to age and years of service. The Plan is funded through contributions by both the members and the employers. The members' contributions are the equivalent of 6 percent of their current salary. The Council's share of the actuarial present value of accumulated benefits, assets available for benefits and the assumed rates of return related to the multi-employer defined benefit plans are not determinable. Information in respect to the multi-employer plan providing pension benefits in which the Council participates is shown in the following table:

Name of Plan/ Plan No.	Employer ID Number	Certified Zone Status		Improvement or Rehab Plan	Surcharge Paid	Expiration Date of Collective Bargaining Agreement	Contributions Made	
		2023	2022				FY 2024	FY 2023
AFSCME Employees Pension Plan/001	53- 0237789	Green	Green	No	No	December 31, 2025	\$ 64,783	\$ 66,327

Certified zone status (as defined by the Pension Protection Act) represents the level at which the plan is funded. Plans in the red zone are less than 65% funded; plans in the yellow zone are less than 80% funded; and plans in the green zone are at least 80% funded. The latest certified zone status is for the multi-employer plan's year-end as of December 31, 2023.

Based on information as of December 31, 2023, the most recent year-end information available for the multi-employer plan, contributions made by the Plan to the multi-employer plan represented less than 5% of total contributions received by the multi-employer plan.

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NOTE 9. OPERATING LEASES

The Plan leases office space in locations throughout the state under non-cancellable operating leases, with various expiration dates through fiscal year 2026. While all the agreements provide for minimum lease payments, some include payments adjusted for inflation. The lease agreements do not include any material residual value guarantee or restrictive covenants.

The following summarizes the line items in the statement of net assets which include amounts for operating leases as of June 30, 2024 and 2023:

	2024	2023
Operating Right-of-Use Asset	\$ 45,334	\$ 76,238
Operating Lease Liabilities	\$ 46,414	\$ 77,246

The components of operating lease expense that are included in the statement of changes in net assets available for benefits, for the year ended June 30, 2024 and 2023, were as follows:

	2024	2023
Operating Lease Cost	\$ 32,630	\$ 32,629
Short-Term Lease Cost	31,932	31,932
Non-Lease Components	27,086	24,688
	\$ 91,648	\$ 89,249

Other information related to operating leases, as of and for the year ended June 30, 2024 and 2023, was as follows:

- Weighted average remaining lease term 1.42 years
- Weighted average discount rate 2.85%

The maturities of operating lease liabilities as of June 30, 2024 were as follows:

2025	\$ 33,238
2026	14,067
	47,305
Less: imputed interest	891
	\$ 46,414

NOTE 10. CONCENTRATIONS OF CONTRIBUTIONS

Contributions from the State of Illinois represented approximately 84% and 85% of the Plan's total contributions for the years ended June 30, 2024 and 2023, respectively.

AMERICAN FEDERATION OF STATE, COUNTY, AND MUNICIPAL
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NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 11. RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

The Plan pays lease expense, data processing, postage, telephone, accounting and copying fees to the the Council. The Plan also reimburses the Council for any expenditures made on behalf of the Plan. The total amount paid to the Council was \$263,144 and \$299,153 for the years ended June 30, 2024 and 2023, respectively. The Council is also the sponsor of the benefit plan and a contributory employer.

A party-in-interest is defined under the Department of Labor regulations as any fiduciary of the Plan or any party rendering services to the Plan. Certain Plan investments are cash and money market funds managed by Rothschild Investment Corp. Rothschild Investment Corp. is the asset custodian and, therefore, these transactions qualify as party-in-interest transactions.

In addition, the Plan pays expenses related to Plan operations to various service providers. The Plan paid for the following services for the years ended June 30, 2024 and 2023:

	2024	2023
Consulting	\$ 351,826	\$ 385,855
Legal services	30,556	39,062
Audit fees	23,000	21,200
	\$ 405,382	\$ 446,117

These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NOTE 12. INCOME TAX STATUS

The Plan is exempt from Federal income taxes under the provisions of Section 501(c)(9) of the Internal Revenue Code. Plan management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code and therefore believes that the Plan is qualified as of June 30, 2024 and 2023.

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

NOTE 13. RISK AND UNCERTAINTIES

Investments

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

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NOTE 13. RISK AND UNCERTAINTIES (CONT'D)

Actuarial Present Value of Postretirement Benefits

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

NOTE 14. PLAN TERMINATION

Although the Board of Trustees has not expressed any intent to terminate the Plan subject to the provisions of ERISA, it is free to do so at any time. In such an event, Plan funds would first be used to meet liabilities to the Plan participants. Any funds remaining would be used to provide benefits for participants.

NOTE 15. SUBSEQUENT EVENTS

The effects of subsequent events on the financial statements have been evaluated through February 9, 2025 which is the date the financial statements were available to be issued. Plan management is not aware of any subsequent events which would require recognition or disclosure in the financial statements.

AMERICAN FEDERATION OF STATE, COUNTY, AND MUNICIPAL
EMPLOYEES, COUNCIL 31, AFL-CIO BENEFIT PLAN AND TRUST
SCHEDULES OF PROGRAM EXPENDITURES

	YEARS ENDED JUNE 30,	
	2024	2023
<u>PROGRAM EXPENDITURES:</u>		
Salaries	\$ 283,076	\$ 280,484
Payroll taxes	22,208	23,467
Employee benefits	199,040	176,975
Lease expense	78,817	66,937
Travel	4,313	4,464
Postage and shipping	165	108
Telephone and utilities	16,411	13,287
Legal and professional fees	53,556	60,262
Printing and copying	4,834	3,746
Office supplies	1,095	1,237
Consulting fees	351,826	385,855
Promotional items	45	17,937
	\$ 1,015,386	\$ 1,034,759

See accompanying independent auditor's report.

AMERICAN FEDERATION OF STATE, COUNTY, AND MUNICIPAL
EMPLOYEES, COUNCIL 31, AFL-CIO BENEFIT PLAN AND TRUST
SCHEDULES OF ADMINISTRATIVE EXPENSES

	<u>YEARS ENDED JUNE 30,</u>	
	<u>2024</u>	<u>2023</u>
<u>ADMINISTRATIVE EXPENSES:</u>		
Salaries	\$ 46,082	\$ 93,495
Payroll taxes	3,538	7,635
Employee benefits	32,479	59,179
Lease expense	12,831	22,312
Travel	702	1,488
Insurance	11,379	20,294
Telephone and utilities	2,585	4,269
Professional development	7,929	5,803
Conference and meetings	-	1,018
Printing and copying	787	1,249
Office supplies	178	412
Repairs, maintenance and rental of equipment	3,680	3,980
Other office expenses	-	132
Depreciation and amortization	12,281	11,296
	<u>\$ 134,451</u>	<u>\$ 232,562</u>

See accompanying independent auditor's report.

AMERICAN FEDERATION OF STATE, COUNTY, AND MUNICIPAL
EMPLOYEES, COUNCIL 31, AFL-CIO BENEFIT PLAN AND TRUST
EIN 94-2843355; PLAN NUMBER: 501
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2024

IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	COST	CURRENT VALUE
(a)	(c)	(d)	(e)
Held by Rothschild Investment Corp.			
* Rothschild Investment Corp.	Cash and Money Market Funds	\$ 1,285	\$ 1,285
PGIM High Yield Fund	Registered Investment Company	346,900	305,799
PGIM Strategic Bond Fund	Registered Investment Company	323,184	249,832
Pimco Income Fund	Registered Investment Company	264,589	232,739
Pimco Low Duration Income Fund	Registered Investment Company	558,992	528,595
Pioneer Bond Fund	Registered Investment Company	540,504	457,068
Pioneer Multi Asset Income Fund	Registered Investment Company	1,314,316	1,346,898
Virtus Newfleet Short Duration High Income Fund	Registered Investment Company	1,188,678	1,212,277
John Hancock High Yield Fund	Registered Investment Company	482,357	431,161
Eaton Vance High Income Fund	Registered Investment Company	330,636	312,196
Eaton Vance Strategic Income Fund	Registered Investment Company	1,175,758	1,128,089
JP Morgan Income Fund	Registered Investment Company	302,183	271,065
Nuveen Floating Rate Income Fund	Registered Investment Company	1,185,777	1,175,441
Held by Wintrust Investments			
State Bank of the Lakes	Cash and Money Market funds	156,688	156,688
HSBC Bank	Certificate of Deposit maturing on 5/23/28, 2.000%	49,000	45,992
Held by Illinois National Bank			
Demand Deposit / Sweep	Interest-Bearing Cash	2,826,643	2,826,643
Total investments per the financial statements		<u>\$ 11,047,490</u>	<u>\$ 10,681,768</u>

* Party-in-interest, as defined by ERISA

See accompanying independent auditor's report.

SCHEDULE "4"

AMERICAN FEDERATION OF STATE, COUNTY, AND MUNICIPAL
EMPLOYEES, COUNCIL 31, AFL-CIO BENEFIT PLAN AND TRUST

EIN 94-2843355; PLAN NUMBER: 501

SCHEDULE H, LINE 4i - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED JUNE 30, 2024

<u>IDENTITY OF PARTY INVOLVED</u> (a)	<u>DESCRIPTION OF ASSETS</u> (b)	<u>PURCHASE PRICE</u> (c)	<u>SELLING PRICE</u> (d)	<u>LEASE RENTAL</u> (e)	<u>EXPENSE INCURRED WITH TRANSACTION</u> (f)	<u>COST OF ASSET</u> (g)	<u>CURRENT VALUE OF ASSET ON TRANSACTION DATE</u> (h)	<u>NET GAIN OR (LOSS)</u> (i)
Illinois National Bank	Demand Deposit / Sweep	\$ 1,528,574	\$ -	\$ -	-	\$ 1,528,574	\$ 1,528,574	\$ -
Illinois National Bank	Demand Deposit / Sweep	-	1,122,230	-	-	1,122,230	1,122,230	-

Category 3 - Series of Transactions with Same Security Exceeds 5% of Value:

See accompanying independent auditor's report.

AMERICAN FEDERATION OF STATE, COUNTY, AND MUNICIPAL
EMPLOYEES, COUNCIL 31, AFL-CIO BENEFIT PLAN AND TRUST
EIN 94-2843355; PLAN NUMBER: 501
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2024

IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR, OR MATURITY VALUE	COST	CURRENT VALUE	
(a)	(b)	(c)	(d)	
Held by Rothschild Investment Corp.				
*	Rothschild Investment Corp.	Cash and Money Market Funds	\$ 1,285	\$ 1,285
	PGIM High Yield Fund	Registered Investment Company	346,900	305,799
	PGIM Strategic Bond Fund	Registered Investment Company	323,184	249,832
	Pimco Income Fund	Registered Investment Company	264,589	232,739
	Pimco Low Duration Income Fund	Registered Investment Company	558,992	528,595
	Pioneer Bond Fund	Registered Investment Company	540,504	457,068
	Pioneer Multi Asset Income Fund	Registered Investment Company	1,314,316	1,346,898
	Virtus Newfleet Short Duration High Income Fund	Registered Investment Company	1,188,678	1,212,277
	John Hancock High Yield Fund	Registered Investment Company	482,357	431,161
	Eaton Vance High Income Fund	Registered Investment Company	330,636	312,196
	Eaton Vance Strategic Income Fund	Registered Investment Company	1,175,758	1,128,089
	JP Morgan Income Fund	Registered Investment Company	302,183	271,065
	Nuveen Floating Rate Income Fund	Registered Investment Company	1,185,777	1,175,441
Held by Wintrust Investments				
	State Bank of the Lakes	Cash and Money Market funds	156,688	156,688
	HSBC Bank	Certificate of Deposit maturing on 5/23/28, 2.000%	49,000	45,992
Held by Illinois National Bank				
	Demand Deposit / Sweep	Interest-Bearing Cash	2,826,643	2,826,643
	Total investments per the financial statements		<u>\$ 11,047,490</u>	<u>\$ 10,681,768</u>

* Party-in-interest, as defined by ERISA

See accompanying independent auditor's report.

AMERICAN FEDERATION OF STATE, COUNTY, AND MUNICIPAL
 EMPLOYEES, COUNCIL 31, AFL-CIO BENEFIT PLAN AND TRUST
 EIN 94-2843355, PLAN NUMBER: 501
 SCHEDULE H, LINE 4i - SCHEDULE OF REPORTABLE TRANSACTIONS
 YEAR ENDED JUNE 30, 2024

IDENTITY OF PARTY INVOLVED (a)	DESCRIPTION OF ASSETS (b)	PURCHASE PRICE (c)	SELLING PRICE (d)	LEASE RENTAL (e)	EXPENSE INCURRED WITH TRANSACTION (f)	COST OF ASSET (g)	CURRENT VALUE OF ASSET ON TRANSACTION DATE (h)	NET GAIN OR (LOSS) (i)
Illinois National Bank	Demand Deposit / Sweep	\$ 1,528,574	\$ -	\$ -	-	\$ 1,528,574	\$ 1,528,574	\$ -
Illinois National Bank	Demand Deposit / Sweep	-	1,122,230	-	-	1,122,230	1,122,230	-

Category 3 - Series of Transactions with Same Security Exceeds 5% of Value:

See accompanying independent auditor's report.