

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110
1210-0089

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan AMHERST H. WILDER FOUNDATION RETIREMENT PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 07/01/1973
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) AMHERST H. WILDER FOUNDATION 451 LEXINGTON PARKWAY NORTH ST. PAUL, MN 55104
2b Employer Identification Number (EIN) 41-0693889
2c Plan Sponsor's telephone number 651-280-2000
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 of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor AMHERST H. WILDER FOUNDATION 451 LEXINGTON PARKWAY NORTH ST. PAUL, MN 55104	3b Administrator's EIN 41-0693889 3c Administrator's telephone number 651-280-2000
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	577
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	66
a(2) Total number of active participants at the end of the plan year	6a(2)	54
b Retired or separated participants receiving benefits	6b	277
c Other retired or separated participants entitled to future benefits	6c	227
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	558
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	7
f Total. Add lines 6d and 6e	6f	565
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 1I

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

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

a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u> 0 </u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 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

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

A Name of plan <u>AMHERST H. WILDER FOUNDATION RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>AMHERST H. WILDER FOUNDATION</u>	D Employer Identification Number (EIN) <u>41-0693889</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	<u>40558538</u>
	b Actuarial value	2b	<u>44426106</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>259</u>	<u>35282943</u>
	b For terminated vested participants	<u>252</u>	<u>12775223</u>
	c For active participants	<u>66</u>	<u>3232542</u>
	d Total	<u>577</u>	<u>51290708</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.17 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>908422</u>
	b Expected plan-related expenses	6b	<u>0</u>
	c Target normal cost	6c	<u>908422</u>

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

SIGN HERE Signature of actuary <u>EMILY M. KNOTSON, FSA, EA</u> Type or print name of actuary <u>VIA ACTUARIAL SOLUTIONS</u> Firm name <u>121 N WASHINGTON AVE 4TH FLOOR</u> <u>MINNEAPOLIS, MN 55401</u> Address of the firm	<u>04/09/2025</u> Date <u>23-08262</u> Most recent enrollment number <u>612-596-5960</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II		Beginning of Year Carryover and Prefunding Balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>5.16</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		166
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.33</u> %		9
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		175
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III		Funding Percentages	
14	Funding target attainment percentage	14	86.46 %
15	Adjusted funding target attainment percentage	15	86.46 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	93.53 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV		Contributions and Liquidity Shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/15/2023	250000	0			
08/30/2023	250000	0			
01/11/2024	83336	0			
04/15/2024	291668	0			
07/15/2024	291668	0			
03/14/2025	466000	0			
Totals ▶			18(b)	1632672	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1562174
20 Quarterly contributions and liquidity shortfalls:			
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c	If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	908422	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	6956475	653536	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	1561958	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	1561958	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	1562174	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	216	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021

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 AMHERST H. WILDER FOUNDATION RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AMHERST H. WILDER FOUNDATION	D Employer Identification Number (EIN) 41-0693889	

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)

AON HEWITT GROUP TRUST

27-2436452

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	218827	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)

AMHERST H. WILDER FOUNDATION

451 LEXINGTON PARKWAY NORTH
ST. PAUL, MN 55104

41-0693889

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	EMPLOYER	56208	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)

VIA ACTUARIAL SOLUTIONS

41-1894458

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	24025	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)

PRINCIPAL

42-1520346

(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?
25 65	NONE	15967	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)

CLIFTONLARSONALLEN

41-0746749

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	14049	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2023 <hr/> 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 <u>AMHERST H. WILDER FOUNDATION RETIREMENT PLAN</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AMHERST H. WILDER FOUNDATION</u>	D Employer Identification Number (EIN) <u>41-0693889</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>AON HEWITT GROUP TRUST</u>		
b Name of sponsor of entity listed in (a):	<u>SHORT TERM INVESTMENT FUND S1</u>		
c EIN-PN <u>41-6292499-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>801132</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>AON HEWITT GROUP TRUST</u>		
b Name of sponsor of entity listed in (a):	<u>HIGH YIELD PLUS FUND</u>		
c EIN-PN <u>37-6543784-007</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>121534</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>AON HEWITT GROUP TRUST</u>		
b Name of sponsor of entity listed in (a):	<u>LONG GOVERNMENT BOND INDEX FUND</u>		
c EIN-PN <u>37-6543784-042</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>802471</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>AON HEWITT GROUP TRUST</u>		
b Name of sponsor of entity listed in (a):	<u>SMALL CAP EQUITY INDEX FUND</u>		
c EIN-PN <u>37-6543784-045</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>848680</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>AON HEWITT GROUP TRUST</u>		
b Name of sponsor of entity listed in (a):	<u>NON-US EQUITY INDEX FUND</u>		
c EIN-PN <u>37-6543784-044</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>3658395</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>AON HEWITT GROUP TRUST</u>		
b Name of sponsor of entity listed in (a):	<u>LARGE CAP EQUITY INDEX FUND</u>		
c EIN-PN <u>37-6543784-046</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>5526877</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>AON HEWITT GROUP TRUST</u>		
b Name of sponsor of entity listed in (a):	<u>LONG CREDIT BOND FUND</u>		
c EIN-PN <u>37-6543784-040</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>16086574</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: AON HEWITT GROUP TRUST		
b Name of sponsor of entity listed in (a): GLOBAL REAL ESTATE FUND		
c EIN-PN 37-6543784-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64330

a Name of MTIA, CCT, PSA, or 103-12 IE: AON HEWITT GROUP TRUST		
b Name of sponsor of entity listed in (a): 20+ YEAR US TREASURY STRIPS FUND		
c EIN-PN 37-6543784-036	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2235746

a Name of MTIA, CCT, PSA, or 103-12 IE: AON HEWITT GROUP TRUST		
b Name of sponsor of entity listed in (a): GLOBAL EQUITY FUND		
c EIN-PN 37-6543784-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4346879

a Name of MTIA, CCT, PSA, or 103-12 IE: AON HEWITT GROUP TRUST		
b Name of sponsor of entity listed in (a): MULTI-ASSET CREDIT FUND		
c EIN-PN 37-6543784-041	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1864785

a Name of MTIA, CCT, PSA, or 103-12 IE: AON HEWITT GROUP TRUST		
b Name of sponsor of entity listed in (a): US INTERMEDIATE GOVT BOND INDEX FUND		
c EIN-PN 37-6543784-043	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 232052

a Name of MTIA, CCT, PSA, or 103-12 IE: AON HEWITT GROUP TRUST		
b Name of sponsor of entity listed in (a): CORE REAL ESTATE		
c EIN-PN 37-6543784-037	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 487231

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A Name of plan AMHERST H. WILDER FOUNDATION RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 AMHERST H. WILDER FOUNDATION	D Employer Identification Number (EIN) 41-0693889

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1274797	757668
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	189642	3824
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	2942747	2761852
(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)	36368058	37076684
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	40775244	40600028
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	170937	31162
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	170937	31162
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	40604307	40568866

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)	1632672	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		1632672
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	0	
(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)		0
(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)		0
(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)	2572734	
(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		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4205406

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3619950	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3619950
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)	27142	
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	14049	
(5) Investment advisory and investment management fees.....	2i(5)	109361	
(6) Bank or trust company trustee/custodial fees.....	2i(6)	14724	
(7) Actuarial fees.....	2i(7)	24025	
(8) Legal fees.....	2i(8)		
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)	0	
(11) Other expenses.....	2i(11)	431596	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		620897
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4240847

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-35441
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: CLIFTONLARSONALLEN LLP

(2) EIN: 41-0746749

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 534211.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 AMHERST H. WILDER FOUNDATION RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AMHERST H. WILDER FOUNDATION	D Employer Identification Number (EIN) 41-0693889	

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	4

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

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

**AMHERST H. WILDER FOUNDATION
RETIREMENT PLAN**

**FINANCIAL STATEMENTS AND
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES**

YEARS ENDED JUNE 30, 2024 AND 2023



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**AMHERST H. WILDER FOUNDATION RETIREMENT PLAN
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INDEPENDENT AUDITORS' REPORT

Audit Committee
Amherst H. Wilder Foundation Retirement Plan
St. Paul, Minnesota

Report on the Audit of the Financial Statements

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of Amherst H. Wilder Foundation Retirement Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of June 30, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Amherst H. Wilder Foundation Retirement Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended June 30, 2024 and 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Amherst H. Wilder Foundation Retirement Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 Amherst H. Wilder Foundation Retirement Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

Audit Committee
Amherst H. Wilder Foundation Retirement Plan

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Amherst H. Wilder Foundation Retirement Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Amherst H. Wilder Foundation Retirement Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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.

Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) and schedule of reportable transactions as of and for the year ended June 30, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Audit Committee
Amherst H. Wilder Foundation Retirement Plan

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

CliftonLarsonAllen LLP

CliftonLarsonAllen LLP

St. Cloud, Minnesota
April 2, 2025

**AMHERST H. WILDER FOUNDATION RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2024 AND 2023**

	2024	2023
ASSETS		
INVESTMENTS (at Fair Value)		
Collective Trust Funds	\$ 37,076,684	\$ 36,368,058
Limited Partnerships	2,761,852	2,942,747
Total Investments at Fair Value	39,838,536	39,310,805
RECEIVABLES		
Accrued Interest	3,824	2,153
Due from Broker	-	187,489
Employer Contribution Receivable	757,668	1,274,797
Total Receivables	761,492	1,464,439
Total Assets	40,600,028	40,775,244
LIABILITIES		
Administrative Fees Payable	31,162	170,937
NET ASSETS AVAILABLE FOR BENEFITS	\$ 40,568,866	\$ 40,604,307

See accompanying Notes to Financial Statements.

**AMHERST H. WILDER FOUNDATION RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED JUNE 30, 2024 AND 2023**

	2024	2023
ADDITIONS:		
NET APPRECIATION IN FAIR VALUE OF INVESTMENTS	\$ 2,572,734	\$ 2,463,621
EMPLOYER CONTRIBUTIONS	1,632,672	1,274,797
Total Additions	4,205,406	3,738,418
DEDUCTIONS:		
BENEFITS PAID TO PARTICIPANTS	3,619,950	4,403,143
PURCHASE OF ANNUITY CONTRACT	-	8,464,811
ADMINISTRATIVE EXPENSES	620,897	908,422
Total Deductions	4,240,847	13,776,376
NET DECREASE	(35,441)	(10,037,958)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	40,604,307	50,642,265
End of Year	\$ 40,568,866	\$ 40,604,307

See accompanying Notes to Financial Statements.

AMHERST H. WILDER FOUNDATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 1 DESCRIPTION OF THE PLAN

The following description of the Amherst H. Wilder Foundation Retirement Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is an individually designed qualified defined benefit plan with an integrated final-average-pay benefit formula. The Amherst H. Wilder Foundation (the Foundation) adopted the Plan to provide retirement income for eligible employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan was originally effective July 1, 1973 and has been amended and restated throughout the years to comply with tax legislation. The Plan was most recently restated effective July 1, 2014, and was last amended April 1, 2016, to allow a lump sum window program.

The Foundation is the administrator of the Plan and has appointed VIA Actuarial Solutions as the independent actuary. The duties of the actuary include verification of benefit calculations and performance of the annual actuarial valuation of the Plan. Principal Bank is the appointed trustee of the Plan.

Effective November 15, 2009, the Plan was amended to freeze participation and benefit accruals so that no employee of the Foundation may first become a participant in the Plan on or after that date and no participant in the Plan may accrue any benefits on or after that date. Active participants who are not fully vested shall continue to be credited with years of vesting service as they continue to be employed.

Certain expenses to maintain the Plan are paid directly by the Foundation and excluded from these financial statements. Certain administrative expenses, including trustee, investment advisory and other professional fees are paid by the Plan.

Funding Policy

The Foundation contributes amounts necessary on an actuarial basis to provide the Plan with sufficient assets to meet the benefits to be paid to participants. The Foundation's contributions for the years ended June 30, 2024 and 2023 have met the minimum funding requirements of ERISA.

Eligibility

Prior to November 15, 2009, an employee of the Foundation entered the Plan for purposes of receiving benefit accruals on the next January 1 or July 1 after performing one year of service in which the employee worked at least 1,000 hours. Employees classified as Senior Aides, Leased Employees, Bi-Cultural Management Trainees, or Site Responders are not eligible, nor are union employees who are subject to a collective bargaining agreement that fails to provide for participation, nor are certain acquired employees. Effective November 15, 2009, the Plan's benefit's participation, and eligibility were frozen for all participants. Participants are still subject to the vesting schedule and shall continue to accrue service for that limited purpose.

AMHERST H. WILDER FOUNDATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)

Pension Benefits

The Plan provides benefits under the following situations: normal retirement, deferred retirement, early retirement, disability retirement, termination of employment with vested benefits, and pre-retirement death for vested participants. The normal form of benefit is a life annuity, but if the participant is married when annuity payments begin, the normal form of benefit is a joint and survivor annuity. A participant's accrued benefit in the Plan is calculated based on the larger of two benefit formulas, one in effect prior to July 1, 1989, and the other effective July 1, 1989. The accrued benefit formula effective July 1, 1989, is equal to a percentage of a participant's final average compensation, integrated with covered compensation, multiplied by a participant's years of benefit service. Final average compensation is an average of an employee's compensation for the highest five consecutive Plan years in which the employee had 1,000 or more hours of service.

Participants who elected a Transition Program Election retain their accrued benefit formula in effect as of November 30, 2006. For new participants or those who did not make a Transition Program Election, the accrued benefit formula is the participant's accrued benefit as of November 30, 2006 plus the greater of (a) \$15 times the monthly benefit service accrued after June 30, 2006 or (b) the amount equal to a percentage as outlined in the Plan documents of covered compensation times benefit service accrued after June 30, 2006.

The Plan enhances benefits for certain employees whose employment of the Children and Family Services division of the Foundation was involuntarily terminated, but not for cause, between June 1, 2009 and June 30, 2009, pursuant to the restructuring of that division.

Effective October 14, 2009, the Plan was amended to enhance benefits for certain employees involuntarily terminated, but not for cause, due to the Foundation's fiscal year 2010 restructuring.

Notwithstanding the above, a participant's accrued benefit is frozen as of November 15, 2009.

Normal retirement age is the later of 65 years of age or the fifth anniversary of participation in the Plan. Distributions begin no later than the latter of the 60th day after the end of the Plan year in which the later of reaching normal retirement age and terminated employment occurs. Early retirement benefits are available to a participant who retires after age 55 with at least five years of vesting service, in an amount equal to the participant's accrued benefit as of the date of early retirement less certain percentages for each month by which the early retirement date precedes the normal retirement date. Early retirement benefits will not be reduced if the participant is at least age 62 and has 20 years of vesting service. The Plan also allows disability retirement after five years of benefit service subject to Plan provisions.

Participants with a vested benefit less than \$1,000 will receive a distribution, without the participant's consent, in the form of a lump sum payment. If the participant's account is greater than \$1,000, but not greater than \$5,000, then the balance of the participant's account will be rolled over into an IRA, absent a participant's written election to receive a distribution.

AMHERST H. WILDER FOUNDATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)

Pension Benefits (Continued)

On February 1, 2016, the Plan was amended to add a limited-time lump sum payment option. Participants meeting specific eligibility requirements including having a vested accrued benefit of \$50,000 or less could elect to receive a lump sum payment of their accrued benefit determined as of June 1, 2016. Participants could elect either a lump sum form of benefit or in the form of an annuity.

During 2016, the Plan purchased an annuity contract through Pacific Life Insurance Company in the amount of \$2,816,400 to assume the benefit obligations for retirees with monthly benefits under \$200 per month. This was deemed an allocated contract and excluded from the financial statements as Pacific Life Insurance Company has assumed the related benefit obligations.

During 2023, the Plan purchased an annuity contract through American United Life Insurance Company, a OneAmerica Company, in the amount of \$8,464,811 to assume the benefit obligations for retirees with monthly benefits under \$500 per month. This was deemed an allocated contract and excluded from the financial statements as American United Life Insurance Company has assumed the related benefit obligations.

Vesting

A participant is fully vested after completing five years of vesting service or upon termination of the Plan. A year of vesting service is generally a year in which the employee works at least 1,000 hours.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements have been prepared on the accrual basis of accounting.

Use of Estimates

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

AMHERST H. WILDER FOUNDATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by its investment advisor, trustee, and insurance company. See Note 5 for discussion of fair value measurements.

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

Payment of Benefits

Benefit payments to participants are recorded when paid.

Subsequent Events

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through April 2, 2025, the date the financial statements were available to be issued.

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to November 15, 2009 (the freeze date). Benefits to be provided through annuity contracts are excluded from plan assets and are also excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by an independent actuary, VIA Actuarial Solutions, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial methods and assumptions for both years include (a) the use of the projected unit credit cost method; (b) the Pri-2012 generational projected at scale MP-2021; (c) a return on investment of 6.0% (for 2024) and a return on investment of 5.0% (for 2023); and (d) retirement age assumptions (the average assumed retirement age was age 62). The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

AMHERST H. WILDER FOUNDATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

The actuarial present value of accumulated benefits as of June 30, as determined by the independent actuary, is as follows:

	<u>2024</u>	<u>2023</u>
Actuarial Present Value of Accumulated Plan Benefits:		
Vested Benefits:		
Participants Currently Receiving Payments	\$ 34,729,598	\$ 35,168,397
Other Inactive Participants	10,486,693	14,161,691
Active Employees	<u>2,148,450</u>	<u>3,396,956</u>
Total Vested Benefits	47,364,741	52,727,044
Nonvested Benefits	<u>64,731</u>	<u>87,582</u>
Actuarial Present Value of Accumulated Plan Benefits	<u><u>\$ 47,429,472</u></u>	<u><u>\$ 52,814,626</u></u>

The change in the accumulated plan benefits for the years ended June 30 as computed by the independent actuary is as follows:

	<u>2024</u>	<u>2023</u>
Actuarial Present Value of Accumulated Plan Benefits -		
Beginning of Year	\$ 52,814,626	\$ 62,071,496
Increase (Decrease) During the Year Attributable to:		
Benefits Accumulated	79,706	829,208
Interest	2,550,233	2,781,876
Changes in Assumptions	(4,395,143) *	- **
Benefits Paid	<u>(3,619,950)</u>	<u>(12,867,954)</u>
Actuarial Present Value of Accumulated Plan Benefits -		
End of Year	<u><u>\$ 47,429,472</u></u>	<u><u>\$ 52,814,626</u></u>

* The return on investment was changed from a rate of 5% in 2023 to a rate of 6% in 2024. There was no change in the mortality table used in 2024 compared to 2023.

** There was no change in the mortality table used in 2023 compared to 2022.

The computations of the actuarial present value of accumulated plan benefits were made as of July 1, 2024 and 2023. Had the valuations been performed as of June 30, 2024 and 2023, there would be no material differences.

AMHERST H. WILDER FOUNDATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 4 CERTIFICATION OF INVESTMENT INFORMATION

Principal Bank, the qualified institution, has supplied the Plan administrator with a certification as to the completeness and accuracy of the following investment information presented in the accompanying statements of net assets available for benefits as of June 30, 2024 and 2023, and the related investment activity reflected in the statements of changes in net assets available for benefits for the years then ended, and supplemental schedules of assets (held at end of year) and reportable transactions as of or for the year ended June 30, 2024:

	<u>2024</u>	<u>2023</u>
Investments:		
Collective Trust Funds	\$ 34,724,668	\$ 33,305,895
Investment Income:		
Net (Depreciation) Appreciation in Fair Value of Investments	3,427,563	3,439,426

NOTE 5 FAIR VALUE OF INVESTMENTS

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 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 other than quote prices included within Level 1 that are observable for asset or liability, either directly or indirectly, such as:

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

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

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

AMHERST H. WILDER FOUNDATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

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

Collective Trust Funds: Valued at net asset value (NAV) of units of the bank collective trust. NAV is a readily determinable fair value and is the basis for current transactions. If the Plan initiates a full redemption of the collective fund, the issuer reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Collective Trust Funds: Valued at NAV of the units of accounts held. The NAV of the account is based on the market prices of the underlying assets. The NAV is used as a practical expedient to estimate the fair value. The practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

Limited Partnership: Valued at NAV of the units of accounts held. The NAV of the account is based on the market prices of the underlying assets, which consist primarily of real estate investments. The NAV is used as a practical expedient to estimate the fair value. The practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30:

	2024			
	Level 1	Level 2	Level 3	Total
Collective Trust Funds	\$ -	\$ 34,724,668	\$ -	\$ 34,724,668
Total Investments in the Fair Value Hierarchy	\$ -	\$ 34,724,668	\$ -	34,724,668
Investments Measured at Net Asset Value				5,113,868
Total Investments at Fair Value				\$ 39,838,536
	2023			
	Level 1	Level 2	Level 3	Total
Collective Trust Funds	\$ -	\$ 33,305,895	\$ -	\$ 33,305,895
Total Investments in the Fair Value Hierarchy	\$ -	\$ 33,305,895	\$ -	33,305,895
Investments Measured at Net Asset Value				6,004,910
Total Investments at Fair Value				\$ 39,310,805

AMHERST H. WILDER FOUNDATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)

The following table summarizes investments for which fair value is measured using the net asset per share as a practical expedient as of June 30:

Investment Type	Fair Value		Unfunded Commitments	Redemption Frequency	Redemption Notice Period
	2024	2023			
Limited Partnership					
Real Estate Fund	\$ 2,761,852	\$ 2,942,747	\$ -	Quarterly	60 days
Collective Trust Fund					
Multi-Asset Credit	\$ 1,864,785	\$ 1,854,708	\$ -	Monthly	10 days
Collective Trust Fund					
Core Real Estate	\$ 487,231	\$ 1,207,455	\$ -	Quarterly	105 days

The Real Estate Fund seeks to provide current income and the potential for capital appreciation through a diversified portfolio of real estate investments, primarily in private real estate funds.

NOTE 6 PLAN TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Foundation by a letter dated November 19, 2015, that the Plan is designed in accordance with Section 401(a) of the Internal Revenue Code (IRC) and, therefore, the related trust is not subject to tax under current tax law. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its tax qualification. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and as a result, no provision for income taxes is believed necessary.

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. There are no audits currently in progress.

AMHERST H. WILDER FOUNDATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 7 PLAN TERMINATION

Although it has not expressed any intent to do so, the Foundation has the right to terminate the Plan at any time, subject to the provisions set forth in ERISA. Upon termination of the Plan, or upon complete discontinuance of contributions, the assets of the Plan would be allocated among the participants and beneficiaries of the Plan in the order provided for in ERISA:

- To provide retirement benefits to retired participants and beneficiaries.
- To provide all other benefits guaranteed by the Pension Benefit Guaranty Corporation (the PBGC), a U.S. Government agency, up to the insurance limitation.
- To provide all other vested benefits under the Plan not guaranteed by the PBGC.
- To provide all other benefits under the Plan.
- To refund to the Foundation any excess not required for the above allocations.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2024 and 2023, that ceiling, which is adjusted periodically, was \$7,432 and \$7,108 per month, respectively.

Whether all participants receive their benefits if the Plan should terminate in the future will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and could also depend on the level of benefits then guaranteed by the PBGC.

NOTE 8 RISKS AND UNCERTAINTIES

The Plan provides for investment in a variety of investment funds. In general, investments are exposed to various risks, such as interest rate, credit, and overall market volatility risk. Due to the level of risk associated with certain investment securities and derivatives, it is reasonably possible that changes in the values of the investment securities and derivatives 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.

Plan contributions and the actuarial present value of accumulated plan benefits are prepared based on certain assumptions pertaining to interest rates, medical trend rates, inflation rates, long-term return on investments and mortality, all of which are subject to change. Due to uncertainties inherent in the estimation process, it is at least reasonably possible that changes in these estimates in the near term would be material to the financial statements.

AMHERST H. WILDER FOUNDATION RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
JUNE 30, 2024 AND 2023

NOTE 9 PARTY-IN-INTEREST TRANSACTIONS

Principal Trust Company is the trustee and Principal Bank is the custodian as defined by the Plan. Aon Hewitt Investment Consulting, Inc. provides investment management services for the collective trust funds and hedge fund. Therefore, these transactions qualify as party-in-interest. The Foundation provides certain accounting and administrative services to the Plan for which fees are charged based on customary and reasonable rates for such services.

AMHERST H. WILDER FOUNDATION RETIREMENT PLAN
E.I.N. 41-0693889 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value
*	Principal Bank	BlackRock ST Investment Fund S1	\$ 801,132	\$ 801,132
*	Aon Hewitt Group Trust	High Yield Plus Fund	109,160	121,533
*	Aon Hewitt Group Trust	Long Government Bond Index Fund	828,181	802,471
*	Aon Hewitt Group Trust	US Intermediate Government Bond Index Fund	229,658	232,052
*	Aon Hewitt Group Trust	Small Cap Equity Index Fund	562,921	848,680
*	Aon Hewitt Group Trust	Non-U.S. Equity Index Fund	2,363,201	3,658,395
*	Aon Hewitt Group Trust	Large Cap Equity Index Fund	2,569,145	5,526,876
*	Aon Hewitt Group Trust	Long Credit Bond Fund	16,041,616	16,086,574
*	Aon Hewitt Group Trust	Global Real Estate Fund	57,420	64,330
*	Aon Hewitt Group Trust	20+ Year U.S. Treasury Strips Fund	2,476,291	2,235,746
*	Aon Hewitt Group Trust	Global Equity Fund	2,240,734	4,346,879
*	Aon Hewitt Group Trust	Multi-Asset Credit Fund	1,492,455	1,864,785
*	Aon Hewitt Group Trust	Core Real Estate Fund	591,675	487,231
*	Aon Hewitt Group Trust	Limited Partnership - Townsend Real Estate Fund	2,174,910	2,761,852
		Total	<u>\$ 32,538,499</u>	<u>\$ 39,838,536</u>

* Indicates Party-in-Interest

AMHERST H. WILDER FOUNDATION RETIREMENT PLAN
E.I.N. 41-0693889 PLAN NO. 001
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED JUNE 30, 2024

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Expense Incurred With Transaction	Cost of Asset Held	Current Value of Asset on Transaction Date	Net Gain (Loss)
<u>Category (iii) - Series of transactions in same security exceeds 5% of value</u>							
BlackRock	Short-Term Investment Fund A S1	\$ 5,345,535	\$ -	\$ -	\$ 5,345,535	\$ 5,345,535	\$ -
BlackRock	Short-Term Investment Fund A S1	-	5,295,473	-	5,295,473	5,295,473	-

There were no category (i), (ii) and (iv) reportable transactions during the year ended June 30, 2024.
Column (e) is omitted as it is not applicable.



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

Attachment to the 2023 Form 5500

Schedule SB, Line 26 - Schedule of Active Participant Data

Plan Name: Amherst H. Wilder Foundation Retirement Plan EIN: 41-0693889 PN: 001

Attained Age	Years of credited service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under 25											0
25 to 29											0
30 to 34											0
35 to 39											0
40 to 44					4	2					6
45 to 49					1	4	3				8
50 to 54				1	3	5	4				13
55 to 59					4	7	4	5	2		22
60 to 64					3	4		2	1		10
65 to 69					3	1	2				6
70 & up							1				1
Total	0	0	0	1	18	23	14	7	3	0	66



Attachment to the 2023 Form 5500

Schedule SB, Part V - Statement of Actuarial Assumptions and Methods

Plan Name: Amherst H. Wilder Foundation Retirement Plan EIN: 41-0693889 PN: 001

	July 1, 2023	July 1, 2022
1) Economic assumptions - funding basis		
Interest rates ¹		
Segmented yield curve		
- Segment 1 (for years 1 - 5)	4.75%	4.75%
- Segment 2 (for years 6 - 20)	5.00%	5.18%
- Segment 3 (for year 21 and beyond)	5.74%	5.92%
Resulting effective interest rate	5.17%	5.33%
Annual salary increase rate	N/A	N/A
Expected return on assets	5.00%	5.00%
Expected expenses payable from trust	Actual prior year	Actual prior year
2) Demographic assumptions		
Mortality for funding calculations ¹	Prescribed 2023 PPA static non- annuitant and annuitant mortality table	Prescribed 2022 PPA static non- annuitant and annuitant mortality table
No provision was made for future mortality improvement		

¹ The funding interest rate and mortality assumptions are prescribed by the Pension Protection Act of 2006 and subsequent legislation. They are used to calculate the Funding Target, the Target Normal Cost, and shortfall amortization factors and present values.

Attachment to the 2023 Form 5500

Schedule SB, Part V - Statement of Actuarial Assumptions and Methods

Plan Name: Amherst H. Wilder Foundation Retirement Plan EIN: 41-0693889 PN: 001

2) Demographic assumptions (continued)

Termination

The 2003 SOA Basic Age Table multiplied by 40%. Sample rates are as follows:

<u>Age</u>	<u>Rate</u>
25	7.404%
30	4.876%
35	3.512%
40	2.800%
45	2.484%
50	2.252%
55	1.168%

Retirement

Rates varying by age. Sample rates for currently working employees are as follows:

<u>Age</u>	<u>Rate</u>
55	5%
56-58	10%
59-61	5%
62	35%
63	30%
64	30%
65	100%

Vested terminated participants are assumed to start benefits at their age 65.

Form of payment

Life annuity

Percentage married

80% of participants assumed to be married

Spouse ages

Wives are assumed to be three years younger than husbands

Valuation pay

Estimated pay for the prior plan year. Earnings over \$330,000 are not considered.

Attachment to the 2023 Form 5500

Schedule SB, Part V - Statement of Actuarial Assumptions and Methods

Plan Name: Amherst H. Wilder Foundation Retirement Plan EIN: 41-0693889 PN: 001

3) Actuarial methods

Cost method

Unit credit

Asset valuation

Actuarial value of asset
(funding basis)

Market value of assets plus discounted contributions
receivable plus smoothed investment gains and losses over
prior two plan years

Models Used

The results in this report are based on an actuarial valuation model with three components as outlined in Actuarial Standard of Practice No. 56 - Modeling (ASOP 56):

1. Information inputs including the data, assumptions, methods, and plan provisions outlined in this report,
2. Processing by ProVal[®] actuarial software, and
3. Our report template which translates the ProVal[®] output into valuation results.

The model is intended to convert the information input above to usable actuarial valuation results. We have reviewed the software's output for reasonableness, and have independently checked sample one-person output where appropriate, but have otherwise relied on it.

Other models used in this actuarial valuation include:

- Expected investment return model based on the Horizon Actuarial Services 2022 Survey of Capital Market Assumptions and the fund's asset allocation

4) Changes in assumptions and methods since last year

- The funding interest segment rates and mortality table were changed as required by law.

AMHERST H. WILDER FOUNDATION RETIREMENT PLAN
E.I.N. 41-0693889 PLAN NO. 001
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED JUNE 30, 2024

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Expense Incurred With Transaction	Cost of Asset Held	Current Value of Asset on Transaction Date	Net Gain (Loss)
<u>Category (iii) - Series of transactions in same security exceeds 5% of value</u>							
BlackRock	Short-Term Investment Fund A S1	\$ 5,345,535	\$ -	\$ -	\$ 5,345,535	\$ 5,345,535	\$ -
BlackRock	Short-Term Investment Fund A S1	-	5,295,473	-	5,295,473	5,295,473	-

There were no category (i), (ii) and (iv) reportable transactions during the year ended June 30, 2024.
Column (e) is omitted as it is not applicable.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

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

▶ **Round off amounts to nearest dollar.**

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

A Name of plan AMHERST H. WILDER FOUNDATION RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AMHERST H. WILDER FOUNDATION	D Employer Identification Number (EIN) 41-0693889	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500		

Part I Basic Information

1 Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2023</u>			
2 Assets:			
a Market value.....	2a		40,558,538
b Actuarial value.....	2b		44,426,106
3 Funding target/participant count breakdown			
	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	259	35,282,943	35,282,943
b For terminated vested participants.....	252	12,775,223	12,775,223
c For active participants.....	66	3,232,542	3,324,415
d Total.....	577	51,290,708	51,382,581
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5		5.17%
6 Target normal cost			
a Present value of current plan year accruals.....	6a		908,422
b Expected plan-related expenses.....	6b		0
c Target normal cost.....	6c		908,422

Statement by Enrolled Actuary

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

SIGN HERE	Signature of actuary EMILY M. KNUTSON, FSA, EA Type or print name of actuary	<u>4/9/2025</u> Date 2308262 Most recent enrollment number 612-596-5960 Telephone number (including area code)
VIA Actuarial Solutions Firm name 121 N Washington Ave 4th Floor MINNEAPOLIS MN 55401 Address of the firm		

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

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

**Schedule SB (Form 5500) 2023
v. 230728**

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>5.16</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		166
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.33</u> %.....		9
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance.....		175
	d Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	86.46 %
15	Adjusted funding target attainment percentage	15	86.46 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	93.53 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/15/2023	250,000	0			
08/30/2023	250,000	0			
01/11/2024	83,336	0			
04/15/2024	291,668	0			
07/15/2024	291,668	0			
03/14/2025	466,000	0			
			Totals ▶	18(b)	18(c)
				1,632,672	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	1,562,174

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years.....	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	908,422	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	6,956,475	653,536	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	1,561,958	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	1,561,958	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	1,562,174	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	216	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021

Attachment to the 2023 Form 5500

Schedule SB, Line 26 - Schedule of Active Participant Data

Plan Name: Amherst H. Wilder Foundation Retirement Plan EIN: 41-0693889 PN: 001

Attained Age	Years of credited service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under 25											0
25 to 29											0
30 to 34											0
35 to 39											0
40 to 44					4	2					6
45 to 49					1	4	3				8
50 to 54				1	3	5	4				13
55 to 59					4	7	4	5	2		22
60 to 64					3	4		2	1		10
65 to 69					3	1	2				6
70 & up							1				1
Total	0	0	0	1	18	23	14	7	3	0	66

Attachment to the 2023 Form 5500

Schedule SB, Part V - Statement of Actuarial Assumptions and Methods

Plan Name: Amherst H. Wilder Foundation Retirement Plan EIN: 41-0693889 PN: 001

	July 1, 2023	July 1, 2022
1) Economic assumptions - funding basis		
Interest rates ¹		
Segmented yield curve		
- Segment 1 (for years 1 - 5)	4.75%	4.75%
- Segment 2 (for years 6 - 20)	5.00%	5.18%
- Segment 3 (for year 21 and beyond)	5.74%	5.92%
Resulting effective interest rate	5.17%	5.33%
Annual salary increase rate	N/A	N/A
Expected return on assets	5.00%	5.00%
Expected expenses payable from trust	Actual prior year	Actual prior year
2) Demographic assumptions		
Mortality for funding calculations ¹	Prescribed 2023 PPA static non- annuitant and annuitant mortality table	Prescribed 2022 PPA static non- annuitant and annuitant mortality table
No provision was made for future mortality improvement		

¹ The funding interest rate and mortality assumptions are prescribed by the Pension Protection Act of 2006 and subsequent legislation. They are used to calculate the Funding Target, the Target Normal Cost, and shortfall amortization factors and present values.

Attachment to the 2023 Form 5500

Schedule SB, Part V - Statement of Actuarial Assumptions and Methods

Plan Name: Amherst H. Wilder Foundation Retirement Plan EIN: 41-0693889 PN: 001

2) Demographic assumptions (continued)

Termination

The 2003 SOA Basic Age Table multiplied by 40%. Sample rates are as follows:

<u>Age</u>	<u>Rate</u>
25	7.404%
30	4.876%
35	3.512%
40	2.800%
45	2.484%
50	2.252%
55	1.168%

Retirement

Rates varying by age. Sample rates for currently working employees are as follows:

<u>Age</u>	<u>Rate</u>
55	5%
56-58	10%
59-61	5%
62	35%
63	30%
64	30%
65	100%

Vested terminated participants are assumed to start benefits at their age 65.

Form of payment

Life annuity

Percentage married

80% of participants assumed to be married

Spouse ages

Wives are assumed to be three years younger than husbands

Valuation pay

Estimated pay for the prior plan year. Earnings over \$330,000 are not considered.

Attachment to the 2023 Form 5500

Schedule SB, Part V - Statement of Actuarial Assumptions and Methods

Plan Name: Amherst H. Wilder Foundation Retirement Plan EIN: 41-0693889 PN: 001

3) Actuarial methods

Cost method

Unit credit

Asset valuation

Actuarial value of asset
(funding basis)

Market value of assets plus discounted contributions
receivable plus smoothed investment gains and losses over
prior two plan years

Models Used

The results in this report are based on an actuarial valuation model with three components as outlined in Actuarial Standard of Practice No. 56 - Modeling (ASOP 56):

1. Information inputs including the data, assumptions, methods, and plan provisions outlined in this report,
2. Processing by ProVal[®] actuarial software, and
3. Our report template which translates the ProVal[®] output into valuation results.

The model is intended to convert the information input above to usable actuarial valuation results. We have reviewed the software's output for reasonableness, and have independently checked sample one-person output where appropriate, but have otherwise relied on it.

Other models used in this actuarial valuation include:

- Expected investment return model based on the Horizon Actuarial Services 2022 Survey of Capital Market Assumptions and the fund's asset allocation

4) Changes in assumptions and methods since last year

- The funding interest segment rates and mortality table were changed as required by law.

Attachment to the 2023 Form 5500

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Amherst H. Wilder Foundation Retirement Plan EIN: 41-0693889 PN: 001

1) Plan Provisions as of July 1, 2023

a. Effective Date of Plan: July 1, 1973. Last amended in February 2016.

b. Participating employers: Amherst H. Wilder Foundation.

c. Employees Eligible for Participation:

(1) Employees covered: All employees who satisfy the participation requirements.

(2) Participation requirements: Entry date coincident with or next following completion of 12 months of employment with 1000 or more Hours of Service. Entry dates are January 1 and July 1. Prior to July 1, 1988, employees hired after their 60th birthday were excluded from participation.

d. Definitions:

(1) Vesting Service: An employee earns a full year of vesting service for each plan year with at least 1000 hours of service.

(2) Benefit Service: An employee earns a full year of vesting service for each plan year with at least 1000 hours of service. Benefit Service is subject to a maximum of 30 years. Benefit Service is frozen as of November 15, 2009.

(3) Final Average Compensation: Average monthly compensation for the 5 consecutive years of Benefit Service in the last 10 years of Benefit Service which produce the highest average.

(4) Integration Level: 1/12th of Social Security Covered Compensation (SSCC). The SSCC is the average of the taxable wage bases for the 35-year period ending when the participant attains Social Security retirement age. For a participant who terminates prior to Social Security retirement age, the SSCC is calculated by assuming that taxable wage base remains level from the year of termination until Social Security retirement age.

e. Retirement dates:

(1) Normal retirement: Age 65 and 5 years of Vesting Service or 5 years of participation in the plan.

(2) Early retirement: Age 55 and 5 years of Vesting Service.

Attachment to the 2023 Form 5500

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Amherst H. Wilder Foundation Retirement Plan EIN: 41-0693889 PN: 001

1) Plan Provisions as of July 1, 2023 (continued)

f. Monthly Benefit Amounts:

(1) Normal retirement: Participants who entered the plan before July 1, 2006 have the choice between the following two options. All other participants are covered under option 2. Accrued benefits are frozen as of November 15, 2009.

Option 1) 1.4% of Final Average Compensation up to the Integration Level plus 1.9% of Final Average Compensation above the Integration Level times years of Benefit Service (maximum 30) to date of determination. The benefit will not be less than the accrued benefit as of June 30, 1990 based on the prior formula.

Option 2) The benefit accrued as of November 30, 2006 plus the greater of .5% of Final Average Compensation up to the Integration Level plus 1.0% of Final Average Compensation above the Integration Level times years of Benefit Service (maximum 30 years of total benefit service) to date of determination and \$15 per month times years of Benefit Service accrued after November 30, 2006 to date of determination. The benefit will not be less than the accrued benefit as of June 30, 1990 based on the prior formula.

(2) Early retirement: A monthly benefit calculated as above but reduced 5/9 of 1% for each month before age 65 and 5/18 of 1% for each month before age 60. A participant who retires after attaining age 62 with 20 years of Benefit Service will not have her accrued benefit reduced for the early commencement of benefits.

(3) Late retirement: The greater of the accrued benefit as of late retirement or the accrued benefit as of normal retirement, actuarially increased to the late retirement date.

g. Normal Form of Payment: Life annuity. Other forms of benefit are actuarially reduced and include the following:

- (1) 10 Year Certain and Life
- (2) 50% Joint and Survivor
- (3) 67% Joint and Survivor
- (4) 75% Joint and Survivor
- (5) 100% Joint and Survivor

Attachment to the 2023 Form 5500

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Amherst H. Wilder Foundation Retirement Plan EIN: 41-0693889 PN: 001

1) Plan Provisions as of July 1, 2023 (continued)

h. Vesting:

(1) Qualification: Five years of Vesting Service.

(2) Benefit: A monthly benefit, calculated as above, based on Final Average Compensation and Benefit Service to the date of termination. Benefits commence upon satisfaction of early retirement requirements unless deferred to Normal Retirement Date.

i. Disability:

(1) Qualifications: Five years of Vesting Service and on a leave of absence or terminated because of disability.

(2) Benefit: A monthly benefit, calculated as above, payable at the Normal Retirement Date with additional Benefit Service while disabled. Salary is assumed to remain constant at the rate in effect when the employee became disabled.

j. Pre-retirement Survivor Annuity:

(1) Qualification: Vested participants who have been married for at least one year and die before retirement payments begin.

(2) Benefit: The monthly amount that the spouse would receive if the Participant had retired one day before death and elected a 50% joint & survivor annuity. Benefit payments are deferred to the participant's Early Retirement Date if death occurs prior to that date.

k. Maximums on Benefits and Pay: All benefits and pay for any plan year may not exceed maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

2) Plan provisions effective after July 1, 2023

None.

3) Changes in plan provisions since prior year

None.

Attachment to the 2023 Form 5500

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

Plan Name: Amherst H. Wilder Foundation Retirement Plan EIN: 41-0693889 PN: 001

<u>Age</u>	<u>Rate</u>
55	5%
56-58	10%
59-61	5%
62	35%
63	30%
64	30%
65	100%

Participants meeting a 20 year service requirement are eligible to retire at age 62 with no reduction for early retirement. We assume all participants eligible for this will retire at age 62.

These provisions give us an average retirement age of 62.

Attachment to the 2023 Form 5500

Schedule SB, Line 32 - Schedule of Amortization Bases

Plan Name: Amherst H. Wilder Foundation Retirement Plan EIN: 41-0693889 PN: 001

<u>Type of Base</u>	<u>Date Established</u>	<u>Present Value of Remaining Installments</u>	<u>Remaining Amortization Period</u>	<u>Amortization Payment</u>
Shortfall	7/1/2023	10,002,495	7	1,589,893
Shortfall	7/1/2022	1,960,656	6	355,777
Shortfall	7/1/2021	0	5	0
Shortfall	7/1/2020	0	4	0
Shortfall	7/1/2019	0	3	0
Shortfall	7/1/2018	0	2	0
Shortfall	7/1/2017	0	1	0
		<u>11,963,151</u>		<u>1,945,670</u>

Attachment to the 2023 Form 5500

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

Plan Name: Amherst H. Wilder Foundation Retirement Plan EIN: 41-0693889 PN: 001

<u>Age</u>	<u>Rate</u>
55	5%
56-58	10%
59-61	5%
62	35%
63	30%
64	30%
65	100%

Participants meeting a 20 year service requirement are eligible to retire at age 62 with no reduction for early retirement. We assume all participants eligible for this will retire at age 62.

These provisions give us an average retirement age of 62.

Attachment to the 2023 Form 5500

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Amherst H. Wilder Foundation Retirement Plan EIN: 41-0693889 PN: 001

1) Plan Provisions as of July 1, 2023

- a. Effective Date of Plan: July 1, 1973. Last amended in February 2016.
- b. Participating employers: Amherst H. Wilder Foundation.
- c. Employees Eligible for Participation:
 - (1) Employees covered: All employees who satisfy the participation requirements.
 - (2) Participation requirements: Entry date coincident with or next following completion of 12 months of employment with 1000 or more Hours of Service. Entry dates are January 1 and July 1. Prior to July 1, 1988, employees hired after their 60th birthday were excluded from participation.
- d. Definitions:
 - (1) Vesting Service: An employee earns a full year of vesting service for each plan year with at least 1000 hours of service.
 - (2) Benefit Service: An employee earns a full year of vesting service for each plan year with at least 1000 hours of service. Benefit Service is subject to a maximum of 30 years. Benefit Service is frozen as of November 15, 2009.
 - (3) Final Average Compensation: Average monthly compensation for the 5 consecutive years of Benefit Service in the last 10 years of Benefit Service which produce the highest average.
 - (4) Integration Level: 1/12th of Social Security Covered Compensation (SSCC). The SSCC is the average of the taxable wage bases for the 35-year period ending when the participant attains Social Security retirement age. For a participant who terminates prior to Social Security retirement age, the SSCC is calculated by assuming that taxable wage base remains level from the year of termination until Social Security retirement age.
- e. Retirement dates:
 - (1) Normal retirement: Age 65 and 5 years of Vesting Service or 5 years of participation in the plan.
 - (2) Early retirement: Age 55 and 5 years of Vesting Service.

Attachment to the 2023 Form 5500

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Amherst H. Wilder Foundation Retirement Plan EIN: 41-0693889 PN: 001

1) Plan Provisions as of July 1, 2023 (continued)

f. Monthly Benefit Amounts:

(1) Normal retirement: Participants who entered the plan before July 1, 2006 have the choice between the following two options. All other participants are covered under option 2. Accrued benefits are frozen as of November 15, 2009.

Option 1) 1.4% of Final Average Compensation up to the Integration Level plus 1.9% of Final Average Compensation above the Integration Level times years of Benefit Service (maximum 30) to date of determination. The benefit will not be less than the accrued benefit as of June 30, 1990 based on the prior formula.

Option 2) The benefit accrued as of November 30, 2006 plus the greater of .5% of Final Average Compensation up to the Integration Level plus 1.0% of Final Average Compensation above the Integration Level times years of Benefit Service (maximum 30 years of total benefit service) to date of determination and \$15 per month times years of Benefit Service accrued after November 30, 2006 to date of determination. The benefit will not be less than the accrued benefit as of June 30, 1990 based on the prior formula.

(2) Early retirement: A monthly benefit calculated as above but reduced 5/9 of 1% for each month before age 65 and 5/18 of 1% for each month before age 60. A participant who retires after attaining age 62 with 20 years of Benefit Service will not have her accrued benefit reduced for the early commencement of benefits.

(3) Late retirement: The greater of the accrued benefit as of late retirement or the accrued benefit as of normal retirement, actuarially increased to the late retirement date.

g. Normal Form of Payment: Life annuity. Other forms of benefit are actuarially reduced and include the following:

- (1) 10 Year Certain and Life
- (2) 50% Joint and Survivor
- (3) 67% Joint and Survivor
- (4) 75% Joint and Survivor
- (5) 100% Joint and Survivor

Attachment to the 2023 Form 5500

Schedule SB, Part V - Summary of Plan Provisions

Plan Name: Amherst H. Wilder Foundation Retirement Plan EIN: 41-0693889 PN: 001

1) Plan Provisions as of July 1, 2023 (continued)

h. Vesting:

(1) Qualification: Five years of Vesting Service.

(2) Benefit: A monthly benefit, calculated as above, based on Final Average Compensation and Benefit Service to the date of termination. Benefits commence upon satisfaction of early retirement requirements unless deferred to Normal Retirement Date.

i. Disability:

(1) Qualifications: Five years of Vesting Service and on a leave of absence or terminated because of disability.

(2) Benefit: A monthly benefit, calculated as above, payable at the Normal Retirement Date with additional Benefit Service while disabled. Salary is assumed to remain constant at the rate in effect when the employee became disabled.

j. Pre-retirement Survivor Annuity:

(1) Qualification: Vested participants who have been married for at least one year and die before retirement payments begin.

(2) Benefit: The monthly amount that the spouse would receive if the Participant had retired one day before death and elected a 50% joint & survivor annuity. Benefit payments are deferred to the participant's Early Retirement Date if death occurs prior to that date.

k. Maximums on Benefits and Pay: All benefits and pay for any plan year may not exceed maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

2) Plan provisions effective after July 1, 2023

None.

3) Changes in plan provisions since prior year

None.

AMHERST H. WILDER FOUNDATION RETIREMENT PLAN
E.I.N. 41-0693889 PLAN NO. 001
SCHEDULE H, LINE 4i—SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Par, or Maturity Value	Cost	Current Value
*	Principal Bank	BlackRock ST Investment Fund S1	\$ 801,132	\$ 801,132
*	Aon Hewitt Group Trust	High Yield Plus Fund	109,160	121,533
*	Aon Hewitt Group Trust	Long Government Bond Index Fund	828,181	802,471
*	Aon Hewitt Group Trust	US Intermediate Government Bond Index Fund	229,658	232,052
*	Aon Hewitt Group Trust	Small Cap Equity Index Fund	562,921	848,680
*	Aon Hewitt Group Trust	Non-U.S. Equity Index Fund	2,363,201	3,658,395
*	Aon Hewitt Group Trust	Large Cap Equity Index Fund	2,569,145	5,526,876
*	Aon Hewitt Group Trust	Long Credit Bond Fund	16,041,616	16,086,574
*	Aon Hewitt Group Trust	Global Real Estate Fund	57,420	64,330
*	Aon Hewitt Group Trust	20+ Year U.S. Treasury Strips Fund	2,476,291	2,235,746
*	Aon Hewitt Group Trust	Global Equity Fund	2,240,734	4,346,879
*	Aon Hewitt Group Trust	Multi-Asset Credit Fund	1,492,455	1,864,785
*	Aon Hewitt Group Trust	Core Real Estate Fund	591,675	487,231
*	Aon Hewitt Group Trust	Limited Partnership - Townsend Real Estate Fund	2,174,910	2,761,852
		Total	<u>\$ 32,538,499</u>	<u>\$ 39,838,536</u>

* Indicates Party-in-Interest

Attachment to the 2023 Form 5500

Schedule SB, Line 32 - Schedule of Amortization Bases

Plan Name: Amherst H. Wilder Foundation Retirement Plan EIN: 41-0693889 PN: 001

<u>Type of Base</u>	<u>Date Established</u>	<u>Present Value of Remaining Installments</u>	<u>Remaining Amortization Period</u>	<u>Amortization Payment</u>
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Shortfall	7/1/2022	1,960,656	6	355,777
Shortfall	7/1/2021	0	5	0
Shortfall	7/1/2020	0	4	0
Shortfall	7/1/2019	0	3	0
Shortfall	7/1/2018	0	2	0
Shortfall	7/1/2017	0	1	0
		<u>11,963,151</u>		<u>1,945,670</u>