

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>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).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>SOUTHERN ILLINOIS BRICKLAYERS PENSION FUND</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> 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) <u>SOUTHERN ILLINOIS BRICKLAYERS PENSION FUND</u></p> <p><u>4940 WASHINGTON BLVD. ST LOUIS, MO 63108-1621</u></p>	<p><b>1c</b> Effective date of plan <u>07/11/1970</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>43-6130272</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>618-234-5340</u></p> <p><b>2d</b> Business code (see instructions) <u>238900</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	04/12/2025	JEFF BECKER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	04/12/2025	JEFF BECKER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	460
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	172
	<b>6a(2)</b>	159
	<b>6b</b>	134
	<b>6c</b>	113
	<b>6d</b>	406
	<b>6e</b>	50
	<b>6f</b>	456
	<b>6g(1)</b>	
	<b>6g(2)</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	31

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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**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.

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

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**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 \_\_\_\_\_

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<b>SCHEDULE MB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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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.

<b>A</b> Name of plan <u>SOUTHERN ILLINOIS BRICKLAYERS PENSION FUND</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SOUTHERN ILLINOIS BRICKLAYERS PENSION FUND</u>	<b>D</b> Employer Identification Number (EIN) <u>43-6130272</u>

**E** Type of plan: (1)  Multiemployer Defined Benefit (2)  Money Purchase (see instructions)

**1a** Enter the valuation date: Month 07 Day 01 Year 2023

<b>b</b> Assets	
(1) Current value of assets .....	<b>1b(1)</b> <u>21979167</u>
(2) Actuarial value of assets for funding standard account.....	<b>1b(2)</b> <u>21979167</u>
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b> <u></u>
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases .....	<b>1c(2)(a)</b> <u></u>
(b) Accrued liability under entry age normal method.....	<b>1c(2)(b)</b> <u>27189196</u>
(c) Normal cost under entry age normal method .....	<b>1c(2)(c)</b> <u>146409</u>
(3) Accrued liability under unit credit cost method.....	<b>1c(3)</b> <u>23654288</u>
<b>d</b> Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions).....	<b>1d(1)</b> <u></u>
(2) "RPA '94" information:	
(a) Current liability .....	<b>1d(2)(a)</b> <u>47677518</u>
(b) Expected increase in current liability due to benefits accruing during the plan year .....	<b>1d(2)(b)</b> <u>629358</u>
(c) Expected release from "RPA '94" current liability for the plan year .....	<b>1d(2)(c)</b> <u>1594948</u>
(3) Expected plan disbursements for the plan year .....	<b>1d(3)</b> <u>1594948</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.

<b>SIGN HERE</b>  <u>KEITH KOWALCZYCK</u> Type or print name of actuary  <u>EKON BENEFITS</u> Firm name  <u>4940 WASHINGTON BLVD, ST. LOUIS, MO 63108-1621</u> Address of the firm	<u>02/19/2025</u> Date  <u>23-02812</u> Most recent enrollment number  <u>314-367-6555</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

**2** Operational information as of beginning of this plan year:

<b>a</b> Current value of assets (see instructions) .....	<b>2a</b>	21979167
<b>b</b> "RPA '94" current liability/participant count breakdown:	<b>(1) Number of participants</b>	<b>(2) Current liability</b>
<b>(1)</b> For retired participants and beneficiaries receiving payment .....	181	22933033
<b>(2)</b> For terminated vested participants .....	107	8003811
<b>(3)</b> For active participants:		
<b>(a)</b> Non-vested benefits .....		453069
<b>(b)</b> Vested benefits .....		16287605
<b>(c)</b> Total active .....	172	16740674
<b>(4)</b> Total .....	460	47677518
<b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage .....	<b>2c</b>	46.10 %

**3** 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
02/15/2024	1272549	0			
			<b>Totals ▶</b>	<b>3(b)</b>	<b>3(c)</b>
				1272549	0
<b>(d)</b> Total withdrawal liability amounts included in line 3(b) total .....					<b>3(d)</b>
					0

**4** Information on plan status:

<b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....	<b>4a</b>	92.9 %
<b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5 .....	<b>4b</b>	N
<b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....	<b>4e</b>	
<b>f</b> If the plan is in critical status or critical and declining status, and is:	<b>4f</b>	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here .....		<input type="checkbox"/>
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

**5** Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

<b>a</b> <input type="checkbox"/> Attained age normal	<b>b</b> <input type="checkbox"/> Entry age normal	<b>c</b> <input type="checkbox"/> Accrued benefit (unit credit)	<b>d</b> <input checked="" type="checkbox"/> Aggregate
<b>e</b> <input type="checkbox"/> Frozen initial liability	<b>f</b> <input type="checkbox"/> Individual level premium	<b>g</b> <input type="checkbox"/> Individual aggregate	<b>h</b> <input type="checkbox"/> Shortfall
<b>i</b> <input type="checkbox"/> Other (specify):			
<b>j</b> If box h is checked, enter period of use of shortfall method .....	<b>5j</b>		
<b>k</b> Has a change been made in funding method for this plan year? .....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>l</b> If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>m</b> If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method .....	<b>5m</b>		

**6 Checklist of certain actuarial assumptions:**

<b>a</b> Interest rate for "RPA '94" current liability.....	<b>6a</b>	2.85 %
	Pre-retirement	Post-retirement
<b>b</b> Rates specified in insurance or annuity contracts.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<b>c</b> Mortality table code for valuation purposes:		
<b>(1)</b> Males.....	<b>6c(1)</b>	9P21
<b>(2)</b> Females.....	<b>6c(2)</b>	9FP21
<b>d</b> Valuation liability interest rate.....	<b>6d</b>	7.50 %
<b>e</b> Salary scale.....	<b>6e</b>	% <input type="checkbox"/> N/A
<b>f</b> Withdrawal liability interest rate:		
<b>(1)</b> Type of interest rate.....	<b>6f(1)</b>	<input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A
<b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate.....	<b>6f(2)</b>	5.80 %
<b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date.....	<b>6g</b>	10.5 %
<b>h</b> Estimated investment return on current value of assets for year ending on the valuation date.....	<b>6h</b>	10.5 %
<b>i</b> Expense load included in normal cost reported in line 9b.....	<b>6i</b>	<input type="checkbox"/> N/A
<b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage.....	<b>6i(1)</b>	5.00 %
<b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	<b>6i(2)</b>	
<b>(3)</b> If neither (1) nor (2) describes the expense load, check the box.....	<b>6i(3)</b>	<input type="checkbox"/>

**7 New amortization bases established in the current plan year:**

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit

**8 Miscellaneous information:**

<b>a</b> If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval.....	<b>8a</b>	
<b>b</b> Demographic, benefit, and contribution information		
<b>(1)</b> Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>(2)</b> Is the plan required to provide a Schedule of Active Participant Data? (See instructions).....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>(3)</b> Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>c</b> Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?.....		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>d</b> If line c is "Yes," provide the following additional information:		
<b>(1)</b> Was an extension granted automatic approval under section 431(d)(1) of the Code?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(2)</b> If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended..	<b>8d(2)</b>	
<b>(3)</b> Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>(4)</b> If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	<b>8d(4)</b>	
<b>(5)</b> If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension.....	<b>8d(5)</b>	
<b>(6)</b> If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e</b> If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s).....	<b>8e</b>	

**9 Funding standard account statement for this plan year:**

**Charges to funding standard account:**

<b>a</b> Prior year funding deficiency, if any.....	<b>9a</b>	
<b>b</b> Employer's normal cost for plan year as of valuation date.....	<b>9b</b>	894010

<b>c</b> Amortization charges as of valuation date:		Outstanding balance	
<b>(1)</b> All bases except funding waivers and certain bases for which the amortization period has been extended.....	<b>9c(1)</b>		
<b>(2)</b> Funding waivers.....	<b>9c(2)</b>		
<b>(3)</b> Certain bases for which the amortization period has been extended .....	<b>9c(3)</b>		
<b>d</b> Interest as applicable on lines 9a, 9b, and 9c .....	<b>9d</b>		67051
<b>e</b> Total charges. Add lines 9a through 9d.....	<b>9e</b>		961061
<b>Credits to funding standard account:</b>			
<b>f</b> Prior year credit balance, if any .....	<b>9f</b>		961065
<b>g</b> Employer contributions. Total from column (b) of line 3 .....	<b>9g</b>		1272549
		Outstanding balance	
<b>h</b> Amortization credits as of valuation date.....	<b>9h</b>		
<b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....	<b>9i</b>		107805
<b>j</b> Full funding limitation (FFL) and credits:			
<b>(1)</b> ERISA FFL (accrued liability FFL).....	<b>9j(1)</b>		
<b>(2)</b> "RPA '94" override (90% current liability FFL) .....	<b>9j(2)</b>		
<b>(3)</b> FFL credit .....	<b>9j(3)</b>		
<b>k (1)</b> Waived funding deficiency.....	<b>9k(1)</b>		
<b>(2)</b> Other credits.....	<b>9k(2)</b>		
<b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....	<b>9l</b>		2341419
<b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....	<b>9m</b>		1380358
<b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference .....	<b>9n</b>		
<b>o</b> Current year's accumulated reconciliation account:			
<b>(1)</b> Due to waived funding deficiency accumulated prior to the current plan year .....	<b>9o(1)</b>		
<b>(2)</b> Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
<b>(a)</b> Reconciliation outstanding balance as of valuation date .....	<b>9o(2)(a)</b>		
<b>(b)</b> Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	<b>9o(2)(b)</b>		
<b>(3)</b> Total as of valuation date .....	<b>9o(3)</b>		
<b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	<b>10</b>		
<b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<b>SCHEDULE C (Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

<b>A</b> Name of plan <b>SOUTHERN ILLINOIS BRICKLAYERS PENSION FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SOUTHERN ILLINOIS BRICKLAYERS PENSION FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>43-6130272</b>	

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

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

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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)

EKON BENEFITS

4940 WASHINGTON BLVD.  
ST LOUIS, MO 63108

43-1307863

(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 14	NONE	69235	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)

MARQUETTE ASSOCIATES

180 N LASALLE ST  
CHICAGO, IL 60601

43-6130272

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	35000	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)

SEGAL SELECT INSURANCE

8403 COLESVILLE RD  
SILVER SPRING, MD 20910

46-0619194

(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?
53	NONE	18061	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)

SCHEFFEL BOYLE CPAS

143 N KANSAS ST  
EDWARDSVILLE, IL 62025

37-1206530

(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	11500	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)

BUSEY WEALTH MANAGEMENT

100 WEST UNIVERSITY AVENUE  
CHAMPAIGN, IL 61820

37-0613731

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	11000	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)

HAMMOND AND SHINNERS, P.C.

13205 MANCHESTER ROAD SUITE 210  
ST LOUIS, MO 63131

43-1429257

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	8913	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)

NATIONAL INVESTMENT SERVICES

777 E WISCONSIN AVENUE, SUITE 2350  
MILWAUKEE, WI 53202

80-0169634

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	7565	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"/>

(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.

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

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning <b>07/01/2023</b> and ending <b>06/30/2024</b>	
<b>A</b> Name of plan <b>SOUTHERN ILLINOIS BRICKLAYERS PENSION FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SOUTHERN ILLINOIS BRICKLAYERS PENSION FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>43-6130272</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	172141	200679
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	190137	210359
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	18706	59250
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	454275	298939
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	2028949	3289496
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	626360	583157
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	18501658	19605344
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	21992226	24247224
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>	94201	80471
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	94201	80471
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	21898025	24166753

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	1316856	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		1316856
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	22364	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		22364
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	534053	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		534053
<b>(3)</b> Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		2196824
<b>c</b> Other income .....	<b>2c</b>		520
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		4070617

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	1622108	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		1622108
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>	46800	
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>	11500	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	42565	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	11000	
(7) Actuarial fees .....	<b>2i(7)</b>	22435	
(8) Legal fees .....	<b>2i(8)</b>	8913	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	36568	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		179781
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		1801889

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		2268728
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: SCHEFFEL BOYLE

(2) EIN: 37-1206530

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		2000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 535817.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
--	---	---

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

<b>A</b> Name of plan <b>SOUTHERN ILLINOIS BRICKLAYERS PENSION FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SOUTHERN ILLINOIS BRICKLAYERS PENSION FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>43-6130272</b>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	
<b>2</b> 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): _____		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	<b>0</b>

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

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

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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) .....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**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

<b>Part IV</b>	<b>ESOPs</b> (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 **JOSEPH F BECKER INC**

**b** EIN **37-0790726**

**c** Dollar amount contributed by employer **105652**

**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 07 Day 31 Year 2019

**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) 5.57

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

**a** Name of contributing employer **DIECKER-TERRY MASONRY**

**b** EIN **37-1317925**

**c** Dollar amount contributed by employer **76303**

**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 07 Day 31 Year 2019

**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) 5.57

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

**a** Name of contributing employer **TOENJES BRICK CONTRACTING**

**b** EIN **37-1351916**

**c** Dollar amount contributed by employer **214018**

**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 07 Day 31 Year 2019

**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) 5.57

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

**a** Name of contributing employer **BRICKLAYERS LOCAL 1 MISSOURI**

**b** EIN

**c** Dollar amount contributed by employer **244173**

**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 07 Day 31 Year 2019

**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) 5.57

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

**a** Name of contributing employer **FLUOR CONSTRUCTORS INTL INC**

**b** EIN **95-3093523**

**c** Dollar amount contributed by employer **81493**

**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 07 Day 31 Year 2019

**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) 5.57

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

**a** Name of contributing employer **GILLESPIE POWERS INC**

**b** EIN **43-0648117**

**c** Dollar amount contributed by employer **118094**

**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 07 Day 31 Year 2019

**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) 5.57

(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:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input checked="" type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) .....	<b>14a</b>	
<b>b</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) .....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	1.03
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	1.05

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	0
<b>b</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 .....	<b>16b</b>	

**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 \_\_\_\_\_.

SOUTHERN ILLINOIS BRICKLAYERS  
PENSION FUND

FINANCIAL STATEMENTS AND  
SUPPLEMENTARY INFORMATION

YEARS ENDED JUNE 30, 2024 AND 2023

SOUTHERN ILLINOIS BRICKLAYERS  
PENSION FUND

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ALTON EDWARDSVILLE BELLEVILLE HIGHLAND  
JERSEYVILLE COLUMBIA CARROLLTON  
INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of  
Southern Illinois Bricklayers  
Pension Fund

### **Opinion**

We have audited the accompanying financial statements of Southern Illinois Bricklayers Pension Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of accumulated plan benefits as of June 30, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in accumulated plan benefits for the years then ended, and the related notes to the financial statements.

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

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Southern Illinois Bricklayers Pension Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Responsibilities of Management for the Financial Statements**

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

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

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

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

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

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

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

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

## **Supplemental Schedules Required by ERISA and Other Supplemental Information**

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

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

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

*Schuffel Boyl*

Edwardsville, Illinois  
March 23, 2025

SOUTHERN ILLINOIS BRICKLAYERS PENSION FUND  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ASSETS:		
Investments at Fair Value	\$ 23,776,936	\$ 21,611,242
Receivables:		
Employers' Contributions	210,359	190,137
Accrued Interest and Dividends	44,605	13,058
Total Receivables	<u>254,964</u>	<u>203,195</u>
Other Assets:		
Cash	200,679	172,141
Prepays	14,645	5,648
Total Other Assets	<u>215,324</u>	<u>177,789</u>
 TOTAL ASSETS	 <u>24,247,224</u>	 <u>21,992,226</u>
LIABILITIES:		
Accounts Payable for Administrative Expenses	<u>80,471</u>	<u>94,201</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 24,166,753</u>	 <u>\$ 21,898,025</u>

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

SOUTHERN ILLINOIS BRICKLAYERS PENSION FUND  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
FOR THE YEARS ENDED JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ADDITIONS TO NET ASSETS:		
Investment Income:		
Net Appreciation in Fair Value of Investments	\$ 2,196,824	\$ 1,633,717
Interest and Dividend Income	556,417	468,648
	<u>2,753,241</u>	<u>2,102,365</u>
Less: Investment Expenses	53,565	53,181
Net Investment Income	<u>2,699,676</u>	<u>2,049,184</u>
Contributions:		
Employers	1,055,470	1,057,749
Reciprocity, Net	261,386	230,054
	<u>1,316,856</u>	<u>1,287,803</u>
Other Income	520	971
Total Additions	<u>4,017,052</u>	<u>3,337,958</u>
DEDUCTIONS FROM NET ASSETS:		
Benefits Paid Directly to Participants and Beneficiaries	1,622,108	1,578,334
Administrative Expenses (Schedule "I")	126,216	142,186
Total Deductions	<u>1,748,324</u>	<u>1,720,520</u>
Net Increase	2,268,728	1,617,438
Net Assets Available for Benefits:		
Beginning of Year	<u>21,898,025</u>	<u>20,280,587</u>
End of Year	<u>\$ 24,166,753</u>	<u>\$ 21,898,025</u>

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

SOUTHERN ILLINOIS BRICKLAYERS PENSION FUND  
STATEMENTS OF ACCUMULATED PLAN BENEFITS  
JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:		
Vested Benefits:		
Participants Currently Receiving Benefits	\$ 14,434,381	\$ 14,290,657
Other Participants	<u>9,752,767</u>	<u>9,221,663</u>
	24,187,148	23,512,320
Nonvested benefits	<u>137,683</u>	<u>141,968</u>
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	<u>\$ 24,324,831</u>	<u>\$ 23,654,288</u>

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

SOUTHERN ILLINOIS BRICKLAYERS PENSION FUND  
STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS  
FOR THE YEARS ENDED JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS - BEGINNING OF YEAR	\$ 23,654,288	\$ 24,512,128
Increase (Decrease) During the Year Attributable to:		
Plan Amendment	120,145	-
Change in Actuarial Assumptions	-	(1,366,281)
Benefits Accrual/(Gain)/Loss	459,229	426,168
Passage of Time	1,713,277	1,660,607
Benefits Paid	<u>(1,622,108)</u>	<u>(1,578,334)</u>
Net Increase (Decrease)	<u>670,543</u>	<u>(857,840)</u>
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS - END OF YEAR	<u>\$ 24,324,831</u>	<u>\$ 23,654,288</u>

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

SOUTHERN ILLINOIS BRICKLAYERS  
PENSION FUND  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2024 AND 2023

NOTE 1. DESCRIPTION OF PLAN

The following description of the Southern Illinois Bricklayers Pension Fund (the “Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General:

The Plan is a defined benefit pension plan covering members of the Southern Illinois Bricklayers Chapters No. 2 and 65 of Bricklayers Local #8 of Illinois. The Plan is funded exclusively by employer contributions and investment earnings on those contributions. The Plan is a multi-employer defined benefit pension plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The Summary Plan Document (“SPD”) and Plan agreement should be consulted for a complete explanation of benefits, description of plan provisions and termination procedures.

Pension Benefits:

Pension benefits are based on a unit benefit formula in which all contributions from employers are based upon hours worked by the participant. The hourly contribution rate for the years ended June 30, 2024 and 2023 was \$5.57 and \$5.55, respectively.

Participants with five or more years of credited service are entitled to annual pension benefits beginning at normal retirement age 62, as provided in the Plan. The Plan permits early retirement beginning at age 55. If participants terminate before rendering five years of service, they generally forfeit the right to receive the portion of their accumulated plan benefits attributable to the employer contributions, as stipulated in the Plan. The participants have the option to receive their monthly pension in one of the following forms:

- Single Life Annuity – under which the pensioner is paid the normal monthly benefit for his or her lifetime.
- Qualified Joint and Survivor Annuity - under which a reduced pension is paid for the remaining lives of the pensioner and spouse.
- Surviving spousal benefit - under which the spouse of a deceased vested participant is entitled to receive a pension benefit.

Disability Benefits:

A participant is eligible for disability benefits, provided the participant has ten years of credited service. Disability benefit payments are equal to the accrued pension credits as of the participant’s date of disability certification.

Reciprocal Income and Payments:

In accordance with agreements in place between the Southern Illinois Bricklayers local unions, contributions earned by members in the Plan while working in other local union jurisdictions are remitted to the plan and counted towards those members’ eligibility in the Plan. Similarly, contributions received by the plan for hours worked by members of other local union jurisdictions while working in the Plan jurisdiction are paid to the respective members’ local union office. Receipts and payments made under these agreements are included in contributions under the caption “Reciprocity, Net”, on the Statements of Changes in Net Assets Available for Benefits.

SOUTHERN ILLINOIS BRICKLAYERS  
PENSION FUND  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2024 AND 2023

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting:

The accompanying financial statements of the Plan are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

Estimates:

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

Cash and Cash Equivalents

Cash and cash equivalents consist of all demand deposits. Accounts earn monthly interest at variable rates set by the bank.

Valuation of Investments:

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. See Note 4 for a discussion of fair value measurements.

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

Employer Contributions Receivable

Contributions receivable represent the various contributions primarily received from employers from July 1, 2024 through August 31, 2024, for work performed during fiscal year 2024. There is no allowance for credit losses since the receivable is presented at net realizable value. It is management's opinion that the use of this method does not cause a material misstatement of accounts receivable nor employer contributions.

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.

The actuarial present value of accumulated plan benefits is determined by an actuary 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 assumptions used in the valuations as of June 30, 2024 and 2023 were:

SOUTHERN ILLINOIS BRICKLAYERS  
PENSION FUND  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2024 AND 2023

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

Actuarial Present Value of Accumulated Plan Benefits (Cont'd):

- 1) Mortality –
  - a. PRI 2012 Employee Blue Collar Table (June 30, 2024 and 2023)
  - b. PRI 2012 Annuitant Blue Collar Table (June 30, 2024 and 2023)
- 2) Assumed Retirement Age: Age 62 and the completion of 5 Years of Participation.
- 3) Investment Return: 7.50% (June 30, 2024 and 2023)

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Expenses:

Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits. Certain investment-related expenses are included in net appreciation in fair value of investments presented in the accompanying Statements of Changes in Net Assets Available for Benefits.

Payment of Benefits:

Benefit payments to participants are recorded upon distributions.

Reclassifications

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

NOTE 3. FUNDING POLICY

The Plan is funded through employers who are party to the agreement between the Southern Illinois Mason Contractors Association and the Southern Illinois Local No. 8 in the jurisdiction of old Bricklayers Locals No. 2 and No. 65 of Illinois. The employers under the agreement are bound to make contributions to the trust fund in such amount and under the terms provided for in the applicable collective bargaining agreement which are in effect from time to time between the employers and their bargaining representatives in the union or in such amounts and under such terms as may be agreed orally or in writing between the employer and the union, provided such contributions shall be subject to acceptance by the trustee and shall be deposited by the employer to the credit of the trustee in a bank designated by the trustees. The employers' contributions for 2024 and 2023 met the minimum funding standards as required by ERISA.

The certified zone status (as defined by the Pension Protection Act) represents the level at which a plan is funded. Plans in the red zone are less than 65% funded; plans in the yellow zone are less than 80% fund; and plans in the green zone are at least 80% funded. The Plan was certified to be in the green zone for year ended June 30, 2024 and 2023.

NOTE 4. FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying Statements of Net Assets Available for Benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. The Investment Committee determines the Plan's valuation policies. Although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

SOUTHERN ILLINOIS BRICKLAYERS  
PENSION FUND  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2024 AND 2023

NOTE 4. FAIR VALUE MEASUREMENTS (CONT'D)

FASB ASC 820, *Fair Value Measurements*, provides a framework for measuring fair value that requires an entity to determine fair value based on exit price in the principal market for the asset or liability being measured. Fair value is defined as the exchange price that would be received on the measurement date to sell an asset or the price paid to transfer a liability in the principal or most advantageous market available to the entity in an orderly transaction between market participants. The guidance also established a three level fair value hierarchy that describes the inputs that are used to measure assets and liabilities.

Level 1 asset and liability fair values are based on quoted prices in active markets for identical assets and liabilities.

Level 2 asset and liability fair values are based on observable inputs that include: quoted market prices for similar assets or liabilities; quoted market prices that are not in an active market; or other inputs that are observable in the market and can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 assets and liabilities are financial instruments whose value is calculated by the use of pricing models and/or discounted cash flow methodologies, as well as financial instruments for which the determination of fair value requires significant judgment or estimation.

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available.

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

*Cash and Cash Equivalents*

Cash and cash equivalents are based upon quoted prices in an active market, resulting in a Level 1 classification.

*Mutual Funds*

Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Bank Collective Investment Trust and Hedge Fund*

The AFL-CIO Building Investment Trust ("BIT") and NIS Intermediate Fixed Income Fund are valued at the NAV of units held by the Plan at year end. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. Management believes that the funds will be sold at amounts that do not differ materially from the NAV of shares held. Units may be issued and redeemed monthly at the NAV per unit as determined on the last day of each calendar month.

In accordance with Subtopic 820-10, investments in a bank collective trust and hedge fund that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the tables below are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statement of Net Assets Available for Benefits.

SOUTHERN ILLINOIS BRICKLAYERS  
PENSION FUND  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2024 AND 2023

NOTE 4. FAIR VALUE MEASUREMENTS (CONT'D)

The following table sets forth, by level within the fair value hierarchy, the Plan's investments at fair value as of June 30, 2024 and 2023:

	<u>Fair Value</u>	<u>Fair Value Measurement Using:</u> <u>Quoted Prices in</u> <u>Active Markets For</u> <u>Identical Assets</u> <u>(Level 1)</u>
<u>June 30, 2024</u>		
Mutual Funds	\$ 19,605,344	\$ 19,605,344
Cash Equivalents	298,939	298,939
Total	19,904,283	\$ 19,904,283
*Investments measured at Net Asset Value	3,872,653	
Investments at Fair Value	\$ 23,776,936	
<u>June 30, 2023</u>		
Mutual Funds	\$ 18,501,658	\$ 18,501,658
Cash Equivalents	454,275	454,275
Total	18,955,933	\$ 18,955,933
*Investments measured at Net Asset Value	2,655,309	
Investments at Fair Value	\$ 21,611,242	

\* Investments measured at fair value using the net asset value have not been categorized in the fair value.

The following table summarizes investments measured at fair value based on NAV per share as of June 30, 2024 and 2023, respectively. There are no participant redemption restrictions for these investments:

	<u>Fair Value</u>	<u>Unfunded</u> <u>Commitments</u>	<u>Redemption</u> <u>Frequency (If</u> <u>Currently Eligible)</u>	<u>Redemption</u> <u>Notice Period</u>
<u>June 30, 2024</u>				
NIS Intermediate Fixed Income Fund, LLC	\$ 3,289,496	N/A	Monthly	3 Days
AFL-CIO Building Investment Trust	583,157	N/A	Quarterly	30 Days
	\$ 3,872,653			
<u>June 30, 2023</u>				
NIS Intermediate Fixed Income Fund, LLC	\$ 2,028,949	N/A	Monthly	3 Days
AFL-CIO Building Investment Trust	626,360	N/A	Quarterly	30 Days
	\$ 2,655,309			

SOUTHERN ILLINOIS BRICKLAYERS  
PENSION FUND  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2024 AND 2023

NOTE 4. FAIR VALUE MEASUREMENTS (CONT'D)

The following summarizes the investment strategy for each of the Plan's investments in the table presented above:

- The AFL-CIO Building Investment Trust represents a bank collective trust that acquires direct or indirect interests in commercial real estate and mortgage loans secured by commercial real estate. A primary objective of the Trust is to maintain a portfolio that is balanced by property type and geographic location.
- The NIS Intermediate Fixed Income Fund, LLC objective is to build and maintain a portfolio that represents the best relative value available based on the expected economic and market environment. The Plan can redeem monthly from the fund (3 days prior to month end) at the net asset value at the time of redemption.

Changes in Fair Value Levels:

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the years ended June 30, 2024 and 2023, there were no significant transfers in or out of Level 3.

NOTE 5. PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Benefits that members or beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of Pension under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under the plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits (if any) insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

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.

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

The Plan document should be consulted for the allocation procedures and other details relating to termination.

SOUTHERN ILLINOIS BRICKLAYERS  
PENSION FUND  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2024 AND 2023

NOTE 6. RISKS AND UNCERTANTIES

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

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

NOTE 7. CONCENTRATIONS

For the years ended June 30, 2024 and 2023, the Plan had 6 and 7 employers, respectively, who remitted over 5% of the contributions:

	<u>2024</u>	<u>2023</u>
Joseph Becker	\$ 105,652	\$ 116,903
Bricklayers Local 1 Missouri	244,173	283,953
Diecker-Terry Masonry	76,303	118,224
Fluor Constructors Intl Inc	81,493	86,272
Gillespie Powers Inc	118,094	103,759
James G. Staat Tuckpointing, Inc.	-	66,671
Toenjes Brick Contracting	214,018	146,137

NOTE 8. PARTIES-IN-INTEREST

A party-in-interest is defined under the Department of Labor regulations as any fiduciary of the Plan or any party rendering services to the Plan. The Plan pays expenses related to Plan operations and investment activity to various service providers. Therefore, payments to such service providers by the Plan qualify as party-in-interest transactions.

The plan paid for the following services:

	<u>2024</u>	<u>2023</u>
Plan Administration Fees	\$ 46,800	\$ 56,129
Legal Services	8,913	15,800
Investment Advisory Fees	42,565	42,181
Auditing Services	11,500	10,900
Actuary Services	22,435	23,807
Custodian Fees	11,000	11,000
Insurance Brokerage Commissions and Fees	18,061	17,507
	<u>\$ 161,274</u>	<u>\$ 177,324</u>

SOUTHERN ILLINOIS BRICKLAYERS  
PENSION FUND  
NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2024 AND 2023

NOTE 9. TAX STATUS

The Internal Revenue Service has determined and informed the Plan by a letter dated March 15, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

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

NOTE 10. SUBSEQUENT EVENTS

The effect of subsequent events on the financial statements has been evaluated through March 23, 2025, which is the date the financial statements were available to be issued. After year end, the AFL-CIO Building Investment Trust investment was terminated. The Plan is in the process of liquidating the investment. In addition, the Plan approved increasing the accrual rate for the 3 Plan Years beginning July 1, 2019, 2020 and 2021 to \$60, up from \$51.60, for any participant who has at least one hour of service on or after July 1, 2024.

SOUTHERN ILLINOIS BRICKLAYERS PENSION FUND  
SCHEDULES OF ADMINISTRATIVE EXPENSES  
FOR THE YEARS ENDED JUNE 30, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Administrative Fees	\$ 46,800	\$ 56,129
Actuarial Fees	22,435	23,807
PBGC Premiums	16,100	13,920
Legal Fees	8,913	15,800
Accounting Fees	12,167	12,802
Insurance	18,061	17,507
Office Expense	315	861
Memberships and Seminars	1,425	1,360
Total Administrative Expenses	<u>\$ 126,216</u>	<u>\$ 142,186</u>

See accompanying independent auditor's report

SOUTHERN ILLINOIS BRICKLAYERS PENSION FUND  
FEIN: 43-6130272 / PLAN NUMBER: 001  
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
JUNE 30, 2024

<u>IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY</u>	<u>DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE</u>	<u>RATE OF INTEREST COLLATERAL, PAR, OR MATURITY VALUE</u>	<u>COST</u>	<u>CURRENT VALUE</u>
(a)	(b)	(c)	(d)	(e)
<b>MUTUAL FUNDS:</b>				
	Baird Core Plus Bond Fund	133,524.35 Shares	\$ 1,494,788	\$ 1,333,909
	Blackrock Multi-Asset Income Portfolio	125,829.66 Shares	1,400,000	1,260,813
	Fidelity International Small Cap Fd	20,135.63 Shares	527,691	649,374
	Fidelity Emerging Markets Index Fd	30,423.16 Shares	375,000	327,353
	Goldman Sachs Emerging Markets Equity Fd	13,683.38 Shares	382,508	318,412
	Harding Loevner Intl Equity Portfolio	127,183.97 Shares	3,877,195	3,352,570
	Neuberger Berman Option Strategy ETF	47,712.00 Shares	1,249,979	1,255,303
	Nuveen Symphony Floating Rate Inc Fd	34,005.84 Shares	659,724	617,886
	Vanguard 500 Index Fd	18,565.30 Shares	3,097,949	9,352,456
	Vanguard Small Cap Value Index Fd	25,947.25 Shares	355,859	1,137,268
	Total Mutual Funds		<u>13,420,693</u>	<u>19,605,344</u>
<b>HEDGE FUNDS:</b>				
	NIS Intermediate Fixed Income Fd, LLC	153.23 Units	2,337,082	3,289,496
	Total Hedge Funds		<u>2,337,082</u>	<u>3,289,496</u>
<b>REAL ESTATE INVESTMENT TRUSTS:</b>				
	AFL-CIO Building Investment Trust (BIT)	107.85 Shares	555,788	583,157
	Total Real Estate		<u>555,788</u>	<u>583,157</u>
<b>CASH EQUIVALENTS:</b>				
	Goldman Sachs Financial Square Treasury	Various, Demand	298,939	298,939
	Total Cash Equivalents		<u>298,939</u>	<u>298,939</u>
	Total Investments		<u>\$ 16,612,502</u>	<u>\$ 23,776,936</u>

\* Note: Column (a) is blank because there were no parties-in-interest for the year ended June 30, 2024.

See accompanying independent auditor's report

SCHEDULE "III"

SOUTHERN ILLINOIS BRICKLAYERS PENSION FUND  
 FEIN: 43-6130272 / PLAN NUMBER: 001  
SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS  
 FOR THE YEAR ENDED JUNE 30, 2024

<u>IDENTITY OF PARTY INVOLVED</u> (a)	<u>DESCRIPTION OF ASSET (INCLUDE INTEREST RATE AND MATURITY IN CASE OF A LOAN)</u> (b)	<u>PURCHASE PRICE</u> (c)	<u>SELLING PRICE</u> (d)	<u>LEASE RENTAL</u> (e)	<u>EXPENSE INCURRED WITH TRANSACTION</u> (f)	<u>COST OF ASSET</u> (g)	<u>CURRENT VALUE OF ASSET ON TRANSACTION DATE</u> (h)	<u>NET GAIN (LOSS)</u> (i)
<u>Category 1</u> NIS Fund, LLC	NIS Intermediate Fixed Income Fd, LLC	\$1,100,000	-	\$ -	-	\$1,100,000	\$ 1,100,000	\$ -
<u>Category 3</u> Busey Bank	Goldman Sachs Treasury Obligations Fund	\$2,350,664	\$ -	\$ -	-	\$2,350,664	\$ 2,350,664	\$ -
Busey Bank	Goldman Sachs Treasury Obligations Fund	-	2,506,000	-	-	2,506,000	2,506,000	-

See accompanying independent auditor's report

**SOUTHERN ILLINOIS BRICKLAYERS  
PENSION FUND  
EIN: 43-6130272    PN: 001**

**Schedule MB, Line 6 – Summary of Plan Provisions**

**Year of Vesting Service**

Years of Vesting Service are credited according to the following table.

<u>Hours of Service in Plan Year</u>	<u>Fractional Years of Service</u>
870 or more	1.00
670 to 869	0.75
465 to 669	0.50
300 to 464	0.25
Less than 300	0.00

**Future Service Credits**

Future Service Credits are credited by the following table

For Years of Service through 6/30/98

<u>Hours of Service in Plan Year</u>	<u>Fractional Years of Service</u>
1500 or more	1.25 *
1200 or 1499	1.00
900 to 1199	0.75
600 to 899	0.50
300 to 599	0.25
Less than 300	0.00

\* only for years on and after 7/1/95

For Years of Future Service on and after 7/1/98  
Hours of Service/1200: maximum 1.5 (prior to 7/1/2007), no credit unless 300 hours

**Past Service Credits**

Participants are entitled to their Past Service Credits if:

- 1) They are a member of Local 2 and worked 1200 hours within the period from July 1, 1977 to June 30, 1979.
- 2) They are a member of Local 65 and worked 1200 hours within the period from July 1, 1976 to June 30, 1978.

**Accrued Service Credits**

Accrued Service Credits is the sum of Future Service Credits and Past Service Credits.

**SOUTHERN ILLINOIS BRICKLAYERS  
PENSION FUND  
EIN: 43-6130272    PN: 001**

**Schedule MB, Line 6 – Summary of Plan Provisions  
(continued)**

- Normal Pension**
- a) Eligibility requirements: Age 62 and 5 years of Accrued Service Credits
  - b) Benefit: Monthly benefit of \$51.60 multiplied by Accrued Service Credits after 7/1/2019 plus \$60.00 multiplied by Accrued Service Credits after 7/1/2007 plus \$51 multiplied by Accrued Service Credits before 7/1/2007 and after 7/1/2001 plus \$43 multiplied by Accrued Service Credits prior to 7/1/2001. Service Credit equals Hours Worked / 1200 on or after 7/1/1998.
- Early Pension**
- a) Eligibility requirements:
    - 1) Age 55
    - 2) 5 Future Service Credits
  - b) Benefit: Accrued Benefit actuarially reduced using:
    - 7.50% compounded annually
    - 1971 Group Annuity Mortality table for males
- Normal Form of Benefit**
- The Normal Form of payment of the Normal and Early Pension Benefit is a Straight Life Annuity
- Termination Benefit**
- a) Eligibility requirements:
    - 1) Termination other than disability, death or retirement
    - 2) 5 Years of Service
  - b) Benefit: 100% of Accrued Benefit due and payable commencing at Normal Retirement Date.

SOUTHERN ILLINOIS BRICKLAYERS PENSION FUND  
FEIN: 43-6130272 / PLAN NUMBER: 001  
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
JUNE 30, 2024

<u>IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY</u>	<u>DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE</u>	<u>RATE OF INTEREST COLLATERAL, PAR, OR MATURITY VALUE</u>	<u>COST</u>	<u>CURRENT VALUE</u>
(a)	(b)	(c)	(d)	(e)
<b>MUTUAL FUNDS:</b>				
	Baird Core Plus Bond Fund	133,524.35 Shares	\$ 1,494,788	\$ 1,333,909
	Blackrock Multi-Asset Income Portfolio	125,829.66 Shares	1,400,000	1,260,813
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	Goldman Sachs Emerging Markets Equity Fd	13,683.38 Shares	382,508	318,412
	Harding Loevner Intl Equity Portfolio	127,183.97 Shares	3,877,195	3,352,570
	Neuberger Berman Option Strategy ETF	47,712.00 Shares	1,249,979	1,255,303
	Nuveen Symphony Floating Rate Inc Fd	34,005.84 Shares	659,724	617,886
	Vanguard 500 Index Fd	18,565.30 Shares	3,097,949	9,352,456
	Vanguard Small Cap Value Index Fd	25,947.25 Shares	355,859	1,137,268
	Total Mutual Funds		13,420,693	19,605,344
<b>HEDGE FUNDS:</b>				
	NIS Intermediate Fixed Income Fd, LLC	153.23 Units	2,337,082	3,289,496
	Total Hedge Funds		2,337,082	3,289,496
<b>REAL ESTATE INVESTMENT TRUSTS:</b>				
	AFL-CIO Building Investment Trust (BIT)	107.85 Shares	555,788	583,157
	Total Real Estate		555,788	583,157
<b>CASH EQUIVALENTS:</b>				
	Goldman Sachs Financial Square Treasury	Various, Demand	298,939	298,939
	Total Cash Equivalents		298,939	298,939
	Total Investments		\$ 16,612,502	\$ 23,776,936

\* Note: Column (a) is blank because there were no parties-in-interest for the year ended June 30, 2024.

See accompanying independent auditor's report

**SOUTHERN ILLINOIS BRICKLAYERS  
PENSION FUND**

**EIN: 43-6130272    PN: 001**

**Schedule MB, line 8B - Schedule of Active Participant Data**

Attained Age	Years of Credited Service										Total	
	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +		
Under 25	-	10	2	-	-	-	-	-	-	-	-	<b>12</b>
25 - 29	2	11	1	-	-	-	-	-	-	-	-	<b>14</b>
30 - 34	4	12	3	2	-	1	-	-	-	-	-	<b>22</b>
35 - 39	1	6	-	-	4	8	1	-	-	-	-	<b>20</b>
40 - 44	2	4	2	2	5	7	3	2	1	-	-	<b>28</b>
45 - 49	6	3	2	3	4	3	6	3	-	-	-	<b>30</b>
50 - 54	1	1	2	1	3	-	3	2	1	2	-	<b>16</b>
55 - 59	2	1	1	2	3	4	3	2	2	2	-	<b>22</b>
60 - 64	1	-	2	-	-	1	-	-	1	1	-	<b>6</b>
65 - 69	-	-	1	-	-	-	-	-	-	-	-	<b>1</b>
70 +	1	-	-	-	-	-	-	-	-	-	-	<b>1</b>
	<b>20</b>	<b>48</b>	<b>16</b>	<b>10</b>	<b>19</b>	<b>24</b>	<b>16</b>	<b>9</b>	<b>5</b>	<b>5</b>		<b>172</b>

Form <b>15315</b> (December 2022)	Department of the Treasury - Internal Revenue Service <b>Annual Certification for Multiemployer Defined Benefit Plans</b>	OMB Number 1545-2111
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This Form is required to be filed under Internal Revenue Code (IRC) Section 432(b)(3)  
Complete all entries in accordance with the instructions

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

**Part I – Basic Plan Information**

1a. Name of plan SOUTHERN ILLINOIS BRICKLAYERS PENSION FUND	1b. Three-digit plan number (PN) 001
1c. Plan sponsor's name SOUTHERN ILLINOIS BRICKLAYERS PENSION FUND	1d. Employer identification number (EIN) 43-6130272
1e. Plan sponsor's telephone number 855-881-6488	1f. Plan sponsor's address, city, state, ZIP code P.O. BOX 347, BELLEVILLE, IL 62222

**Part II – Plan Actuary's Information**

2a. Plan actuary's name KEITH KOWALCZYK	2b. Plan actuary's firm name EKON BENEFITS
2c. Plan actuary's firm address, city, state, ZIP code 4940 WASHINGTON BLVD., ST LOUIS, MO 63108	
2d. Plan actuary's enrollment number 23-2812	2e. Plan actuary's telephone number 314-367-6555

**Part III – Plan Status**

3. Check the appropriate box to indicate the plan's IRC Section 432 status

<input checked="" type="checkbox"/> Neither endangered nor critical	<input type="checkbox"/> Not endangered due to special rule in IRC Section 432(b)(5)
<input type="checkbox"/> Endangered	<input type="checkbox"/> Critical due to election under IRC Section 432(b)(4)
<input type="checkbox"/> Seriously endangered	<input type="checkbox"/> Plans that are not currently in critical status, but are projected to be in critical status within the next five years under 432(b)(3)(D)(v)
<input type="checkbox"/> Critical	
<input type="checkbox"/> Critical and declining	

**Part IV – Scheduled Progress in Funding Improvement Plan or Rehabilitation Plan**

4. Check the appropriate box to indicate whether the plan is making the scheduled progress in meeting the requirements of an applicable funding improvement plan (FIP) or rehabilitation plan (RP)

	Yes	No	N/A
Funding Improvement Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rehabilitation Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part V – Sign Here**

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this actuarial certification is complete and accurate. As required by IRC Section 432(b)(3)(B)(iii), the projected industry activity is based on information provided by the plan sponsor. The projections are based on reasonable actuarial estimates, assumptions and methods that (other than projected industry activity) offer my best estimate of anticipated experience under the plan.

Actuary's signature 	Date 9/27/2023
-------------------------	-------------------



YOUR TRUSTED PARTNER

September 27, 2023

4940 Washington Blvd.  
St. Louis, Missouri 63108

t: 314.367.6555  
toll free: 866.871.6356  
f: 314.367.7982

[ekonbenefits.com](http://ekonbenefits.com)

Internal Revenue Service  
Employee Plans Compliance  
Unit Group 7602 (SE:TEGE:EP)  
Room 1700--17<sup>th</sup> Floor  
230 South Dearborn  
Chicago, IL 60604

Board of Trustees  
Richard Seymore Jeff Becker  
Dennis Hummert Greg Schniers  
Matt Braun Rodney Vasquez  
Stephanie French

RE: SOUTHERN ILLINOIS BRICKLAYERS  
PENSION PLAN (EIN: 43-6130272, Plan No. 001)  
432(b)(3) ANNUAL CERTIFICATION FOR THE 2023 PLAN YEAR

Dear IRS and Board of Trustees:

This is the Annual Certification under IRC §432(b)(3) of the funding status of the referenced Plan for the Current Plan Year of July 1, 2023 through June 30, 2024. Within 90 days of the beginning of the Plan Year, the Plan Actuary must certify to the Internal Revenue Service and the Plan Sponsor (i.e. Board of Trustees) whether or not the Plan is in critical status and whether or not the Plan is in endangered status.

#### **Assets and Accrued Liabilities projected to July 1, 2023**

In order to prepare this certification, our best estimate of the funded percentage as of July 1, 2023 is required. The Independent Accountant Audit was not yet finalized, but we used the preliminary statement of assets prepared by the accountant to determine the investment earnings during the year. Accrued Liabilities, calculated under the unit credit funding method, were projected based on the Actuarial Valuation as of July 1, 2022 brought forward to July 1, 2023 based on the actuarial assumptions used in such valuation. The Funded Percentages as of July 1, 2022 and projected as described above to July 1, 2023 are as follows:

	<u>July 1, 2022</u>	<u>July 1, 2023</u>
Unit Credit Accrued Liability	24,598,971	24,959,365
Actuarial Value of Assets	20,301,742	21,897,191
Excess (Deficit)	(4,297,229)	(3,062,174)
Funded Percentage	82.53%	87.73%
Investment Return Assumption	7.00%	7.00%

#### **Projection of Minimum Funding Standard Account**

In order to prepare this certification, our best estimate projection of the Minimum Funding Standard Account for up to seven years into the future is required. This projection is based on the most recently filed Annual Report and the actuarial assumptions which were used in the Actuarial Valuation as of July 1, 2022. To prepare this projection we used an open group valuation assuming new hires replace assumed retirements.

Future employment levels and hours worked are assumed to remain at the current levels based on the plan sponsor's reasonable and good faith projection of the activity in the industry and that the terms of the collective bargaining agreements to which the Plan is maintained will continue in force with the contribution rate of \$5.57/hour. There are no anticipated changes during the forecast period that deviate from the Actuarial Valuation as of July 1, 2022.



SOUTHERN ILLINOIS BRICKLAYERS  
PENSION PLAN (EIN: 43-6130272, Plan No. 001)  
432(b)(3) ANNUAL CERTIFICATION FOR THE 2023 PLAN YEAR  
September 27, 2023  
Page 2

The Minimum Funding Standard Account is projected to have a positive Credit Balance for the current year and each of the 6 succeeding plan years. The actual results of our projection are as follows:

<b>Plan Year</b>	<b>Credit Balance</b>
6/30/2022	822,638 (actual)
6/30/2023	966,430 (estimate)
6/30/2024	1,260,246 (current)
6/30/2025	1,626,050 (projected 1)
6/30/2026	2,066,079 (projected 2)
6/30/2027	2,582,878 (projected 3)
6/30/2028	3,179,315 (projected 4)
6/30/2029	3,858,596 (projected 5)
6/30/2030	4,624,279 (projected 6)
6/30/2031	5,480,296 (projected 7)

A plan is in *critical status* under IRC §432(b)(2)(A)-(D) for the Current Plan Year if any of the following failures occur:

1. The Funded Percentage is less than 65% and, the Plan is either projected to have a funding deficiency within four succeeding Plan Years or projected not to have sufficient assets to pay benefits within six succeeding Plan Years;
2. The Plan is projected to have a funding deficiency within three succeeding Plan Years;
3. The Plan is projected to not have sufficient assets to pay benefits within four succeeding Plan Years; or
4. The present value of nonforfeitable benefits for inactive participants is greater than that for actives, expected contributions are less than the normal cost plus interest on the unfunded liability, and the Plan is projected have a funding deficiency within four succeeding Plan Years.

A plan that is not in critical status is in *endangered status* under IRC §432(b)(1) for the Current Plan Year if it fails either of the two tests detailed below:

1. The Current Year Funded Percentage is less than 80%; or
2. The plan is projected to have a funding deficiency within six succeeding Plan Years.

However, a plan that would otherwise be in endangered status is deemed to not be in endangered status if it was not in either critical or endangered status for the prior year and it is projected to not be in endangered status as of the end of the tenth year ending after the plan year of the certification. In addition, a plan that was in critical status in the prior year remains in critical status for the current year if it projected to have a funding deficiency within nine years or is projected to become insolvent within 30 years.



SOUTHERN ILLINOIS BRICKLAYERS  
PENSION PLAN (EIN: 43-6130272, Plan No. 001)  
432(b)(3) ANNUAL CERTIFICATION FOR THE 2023 PLAN YEAR  
September 27, 2023  
Page 3

As the Plan Actuary, I hereby certify that the Plan is not in critical status and not in endangered status for the Current 2023 Plan Year. In addition, we project that the Plan will not enter critical status for any of the succeeding five Plan Years. This certification is based on the assumptions and projections described above and the actuarial assumptions that were used for the July 1, 2022 Actuarial Valuation that are attached to this certification. I hereby certify that these projections are based on reasonable estimates, assumptions and methods in accordance with IRC §431(c)(3) and offer my best estimate of anticipated experience under the Plan with the reservation of the stipulated reliance on the plan sponsor's projection of activity in the industry.

Respectfully submitted,

Keith Kowalczyk #23-2812  
Ekon Benefits  
4940 Washington Blvd.  
St. Louis, MO 63108  
(314) 367-6555

# SOUTHERN ILLINOIS BRICKLAYERS PENSION PLAN

## Statement of Actuarial Methods and Assumptions

### Funding Method:

Aggregate Funding Method - Under this method, the Present Value of Future Normal Costs equals the Present Value of Benefits reduced by Plan Assets. These future costs are spread as a level percentage over current and future expected pay. The portion attributable to current pay is the current year Normal Cost.

Experience gains and losses are included in the Present Value of Future Normal Costs, and therefore are spread over future years as a level percentage of pay.

### Valuation of Assets

All Assets are valued at Market Value

### Mortality Rates

Pre-Retirement : Males: PRI 2012 Employee Blue Collar Table for Males, with projected mortality improvement based on most recently published mortality improvement projection scales (Scale MP 2021).

Females: PRI 2012 Employee Blue Collar Table for Females, with projected mortality improvement based on most recently published mortality improvement projection scales (Scale MP 2021).

Post-Retirement : Males: PRI 2012 Annuitant Blue Collar Table for Males, with projected mortality improvement based on most recently published mortality improvement projection scales (Scale MP 2021).

Females: PRI 2012 Annuitant Blue Collar Table for Females, with projected mortality improvement based on most recently published mortality improvement projection scales (Scale MP 2021).

### Investment Earnings

Pre-Retirement: 7.00% per annum: compounded annually  
Post-Retirement: 7.00% per annum: compounded annually

### Current Liability

Interest Rate: 2.27% per annum: compounded annually

### Salary Appreciation

Increase Rate: None Assumed

### Assumed Retirement Age

Age 62 and the completion of 5 Years of Participation

# SOUTHERN ILLINOIS BRICKLAYERS PENSION PLAN

## Statement of Actuarial Methods and Assumptions (continued)

### Termination prior to Retirement other than Death

T-2 Actuaries Table

<u>Age</u>	<u>Probability of Termination</u>
20	0.05441
30	0.05072
40	0.03510
50 & over	0.00407

### Expense Load

5.00% of the Present Value of Benefits

### Amortization Methods for Contribution Alternatives

The Recommended Contribution is based on the Aggregate Cost Method, under which there is no Unfunded Accrued Liability.

**SOUTHERN ILLINOIS BRICKLAYERS  
PENSION FUND  
EIN: 43-6130272    PN: 001**

**Schedule MB, line 11  
Justification for Change in Actuarial Assumptions**

A change was made in the actuarial assumptions to more accurately reflect the anticipated future investment returns. Specifically, the investment return assumption was increased from 7.00% to 7.50%.

**SOUTHERN ILLINOIS BRICKLAYERS  
PENSION FUND  
EIN: 43-6130272    PN: 001**

**Schedule MB, Line 6 - Statement of Actuarial  
Assumptions/Methods**

**Funding Method:**

Aggregate Funding Method - Under this method, the Present Value of Future Normal Costs equals the Present Value of Benefits reduced by Plan Assets. These future costs are spread as a level percentage over current and future expected pay. The portion attributable to current pay is the current year Normal Cost.

Experience gains and losses are included in the Present Value of Future Normal Costs, and therefore are spread over future years as a level percentage of pay.

**Valuation of Assets**

All Assets are valued at Market Value

**Mortality Rates**

Pre-Retirement:            Males: PRI 2012 Employee Blue Collar Table for Males,  
with projected mortality improvement based on Scale MP 2021

Females: PRI 2012 Employee Blue Collar Table for Females,  
with projected mortality improvement based on Scale MP 2021

Post-Retirement:            Males: PRI 2012 Annuitant Blue Collar Table for Males,  
with projected mortality improvement based on Scale MP 2021

Females: PRI 2012 Annuitant Blue Collar Table for Females,  
with projected mortality improvement based on Scale MP 2021

**Investment Earnings**

Pre-Retirement:            7.50% per annum: compounded annually

Post-Retirement:            7.50% per annum: compounded annually

**Current Liability**

Interest Rate:                2.85% per annum: compounded annually

**Salary Appreciation**

Increase Rate:                None Assumed

**Assumed Retirement Age**

Age 62 and the completion of 5 Years of Participation

**SOUTHERN ILLINOIS BRICKLAYERS  
PENSION FUND**

**EIN: 43-6130272    PN: 001**

**Schedule MB, Line 6 - Statement of Actuarial  
Assumptions/Methods  
(continued)**

**Termination prior to Retirement other than Death**

T-2 Actuaries Table

<u>Age</u>	<u>Probability of Termination</u>
20	0.05441
30	0.05072
40	0.0351
50 & over	0.00407

**Expense Load**

5.00% of the Present Value of Benefits

**Amortization Methods for Contribution Alternatives**

The Recommended Contribution is based on the Aggregate Cost Method, under which there is no Unfunded Accrued Liability.

SOUTHERN ILLINOIS BRICKLAYERS PENSION FUND  
FEIN: 43-6130272 / PLAN NUMBER: 001  
SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS  
FOR THE YEAR ENDED JUNE 30, 2024

<u>IDENTITY OF PARTY INVOLVED</u> (a)	<u>DESCRIPTION OF ASSET (INCLUDE INTEREST RATE AND MATURITY IN CASE OF A LOAN)</u> (b)	<u>PURCHASE PRICE</u> (c)	<u>SELLING PRICE</u> (d)	<u>LEASE RENTAL</u> (e)	<u>EXPENSE INCURRED WITH TRANSACTION</u> (f)	<u>COST OF ASSET</u> (g)	<u>CURRENT VALUE OF ASSET ON TRANSACTION DATE</u> (h)	<u>NET GAIN (LOSS)</u> (i)
<u>Category 1</u>								
NIS Fund, LLC	NIS Intermediate Fixed Income Fd, LLC	\$1,100,000	\$ -	\$ -	\$ -	\$1,100,000	\$ 1,100,000	\$ -
<u>Category 3</u>								
Busey Bank	Goldman Sachs Treasury Obligations Fund	\$2,350,664	\$ -	\$ -	\$ -	\$2,350,664	\$ 2,350,664	\$ -
Busey Bank	Goldman Sachs Treasury Obligations Fund	-	2,506,000	-	-	2,506,000	2,506,000	-

See accompanying independent auditor's report

**SCHEDULE MB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Multiemployer Defined Benefit Plan and Certain  
Money Purchase 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.

<b>A</b> Name of plan SOUTHERN ILLINOIS BRICKLAYERS PENSION FUND		<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SOUTHERN ILLINOIS BRICKLAYERS PENSION FUND		<b>D</b> Employer Identification Number (EIN) 43-6130272	

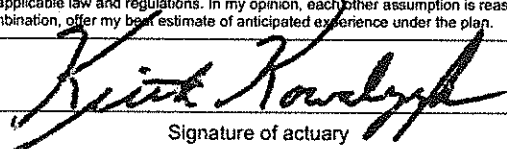
**E** Type of plan: (1)  Multiemployer Defined Benefit (2)  Money Purchase (see instructions)

**1a** Enter the valuation date: Month 07 Day 01 Year 2023

<b>b</b> Assets		
(1) Current value of assets .....	<b>1b(1)</b>	21,979,167
(2) Actuarial value of assets for funding standard account .....	<b>1b(2)</b>	21,979,167
<b>c</b> (1) Accrued liability for plan using immediate gain methods .....	<b>1c(1)</b>	
(2) Information for plans using spread gain methods:		
(a) Unfunded liability for methods with bases .....	<b>1c(2)(a)</b>	
(b) Accrued liability under entry age normal method .....	<b>1c(2)(b)</b>	27,189,196
(c) Normal cost under entry age normal method .....	<b>1c(2)(c)</b>	146,409
(3) Accrued liability under unit credit cost method .....	<b>1c(3)</b>	23,654,288
<b>d</b> Information on current liabilities of the plan:		
(1) Amount excluded from current liability attributable to pre-participation service (see instructions) .....	<b>1d(1)</b>	
(2) "RPA '94" information:		
(a) Current liability .....	<b>1d(2)(a)</b>	47,677,518
(b) Expected increase in current liability due to benefits accruing during the plan year .....	<b>1d(2)(b)</b>	629,358
(c) Expected release from "RPA '94" current liability for the plan year .....	<b>1d(2)(c)</b>	1,594,948
(3) Expected plan disbursements for the plan year .....	<b>1d(3)</b>	1,594,948

**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.

<b>SIGN HERE</b>		02/19/2025
	Signature of actuary	Date
Keith Kowalozyc		2302812
	Type or print name of actuary	Most recent enrollment number
Ekon Benefits		314-367-6555
	Firm name	Telephone number (including area code)
4940 Washington Blvd.		
Saint Louis MO 63108-1621		
	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 MB (Form 5500) 2023  
v. 230728

**2** Operational information as of beginning of this plan year:

<b>a</b> Current value of assets (see instructions) .....	<b>2a</b>	21,979,167
<b>b</b> "RPA '94" current liability/participant count breakdown:	<b>(1) Number of participants</b>	<b>(2) Current liability</b>
(1) For retired participants and beneficiaries receiving payment .....	181	22,933,033
(2) For terminated vested participants .....	107	8,003,811
(3) For active participants:		
<b>(a)</b> Non-vested benefits .....		453,069
<b>(b)</b> Vested benefits .....		16,287,605
<b>(c)</b> Total active .....	172	16,740,674
(4) Total .....	460	47,677,518
<b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage .....	<b>2c</b>	46.09 %

**3** 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
02/15/2024	1,272,549	0			
<b>Totals ▶</b>			<b>3(b)</b>	1,272,549	<b>3(c)</b>
					0
<b>(d) Total withdrawal liability amounts included in line 3(b) total .....</b>					<b>3(d)</b>
					0

**4** Information on plan status:

<b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....	<b>4a</b>	92.9 %
<b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5 .....	<b>4b</b>	N
<b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date .....	<b>4e</b>	
<b>f</b> If the plan is in critical status or critical and declining status, and is:	<b>4f</b>	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here .....		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

**5** Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

<b>a</b> <input type="checkbox"/> Attained age normal	<b>b</b> <input type="checkbox"/> Entry age normal	<b>c</b> <input type="checkbox"/> Accrued benefit (unit credit)	<b>d</b> <input checked="" type="checkbox"/> Aggregate
<b>e</b> <input type="checkbox"/> Frozen initial liability	<b>f</b> <input type="checkbox"/> Individual level premium	<b>g</b> <input type="checkbox"/> Individual aggregate	<b>h</b> <input type="checkbox"/> Shortfall
<b>i</b> <input type="checkbox"/> Other (specify):			

**j** If box h is checked, enter period of use of shortfall method .....

	<b>5j</b>
--	-----------

**k** Has a change been made in funding method for this plan year?  Yes  No

**l** If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?  Yes  No

**m** If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method 5m

**6** Checklist of certain actuarial assumptions:

**a** Interest rate for "RPA '94" current liability 6a 2.85 %

	Pre-retirement	Post-retirement
<b>b</b> Rates specified in insurance or annuity contracts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

**c** Mortality table code for valuation purposes:

(1) Males 6c(1) 9P21 9P21

(2) Females 6c(2) 9FP21 9FP21

**d** Valuation liability interest rate 6d 7.50 % 7.50 %

**e** Salary scale 6e % N/A

**f** Withdrawal liability interest rate:

(1) Type of interest rate 6f(1)  Single rate  ERISA 4044  Other  N/A

(2) If "Single rate" is checked in (1), enter applicable single rate 6f(2) 5.80 %

**g** Estimated investment return on actuarial value of assets for year ending on the valuation date 6g 10.5 %

**h** Estimated investment return on current value of assets for year ending on the valuation date 6h 10.5 %

**i** Expense load included in normal cost reported in line 9b 6i  N/A

(1) If expense load is described as a percentage of normal cost, enter the assumed percentage 6i(1) 5.0 %

(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b 6i(2)

(3) If neither (1) nor (2) describes the expense load, check the box 6i(3)

**7** New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit

**8** Miscellaneous information:

**a** If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval 8a

**b** Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.  Yes  No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).  Yes  No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.  Yes  No

**c** Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?  Yes  No

**d** If line c is "Yes," provide the following additional information:  

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?  Yes  No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended. 8d(2)

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?  Yes  No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)). 8d(4)

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension 8d(5)

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?  Yes  No

<b>e</b> If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s) .....	<b>8e</b>	
<b>9</b> Funding standard account statement for this plan year:		
<b>Charges to funding standard account:</b>		
<b>a</b> Prior year funding deficiency, if any.....	<b>9a</b>	
<b>b</b> Employer's normal cost for plan year as of valuation date .....	<b>9b</b>	894,010
<b>c</b> Amortization charges as of valuation date:		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	<b>9c(1)</b>	Outstanding balance
(2) Funding waivers .....	<b>9c(2)</b>	
(3) Certain bases for which the amortization period has been extended .....	<b>9c(3)</b>	
<b>d</b> Interest as applicable on lines 9a, 9b, and 9c .....	<b>9d</b>	67,051
<b>e</b> Total charges. Add lines 9a through 9d.....	<b>9e</b>	961,061
<b>Credits to funding standard account:</b>		
<b>f</b> Prior year credit balance, if any .....	<b>9f</b>	961,065
<b>g</b> Employer contributions. Total from column (b) of line 3 .....	<b>9g</b>	1,272,549
<b>h</b> Amortization credits as of valuation date .....		
(1) ERISA FFL (accrued liability FFL).....	<b>9j(1)</b>	Outstanding balance
(2) "RPA '94" override (90% current liability FFL) .....	<b>9j(2)</b>	
(3) FFL credit .....	<b>9j(3)</b>	
<b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....	<b>9i</b>	107,805
<b>j</b> Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	<b>9j(1)</b>	
(2) "RPA '94" override (90% current liability FFL) .....	<b>9j(2)</b>	
(3) FFL credit .....	<b>9j(3)</b>	
<b>k</b> (1) Waived funding deficiency.....	<b>9k(1)</b>	
(2) Other credits .....	<b>9k(2)</b>	
<b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) .....	<b>9l</b>	2,341,419
<b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference .....	<b>9m</b>	1,380,358
<b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference .....	<b>9n</b>	
<b>o</b> Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year .....	<b>9o(1)</b>	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date .....	<b>9o(2)(a)</b>	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	<b>9o(2)(b)</b>	0
(3) Total as of valuation date .....	<b>9o(3)</b>	0
<b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	<b>10</b>	
<b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No