

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: CENTRAL ILLINOIS CARPENTERS HEALTH AND WELFARE FUN
1b Three-digit plan number (PN): 501
1c Effective date of plan: 06/01/1982
2a Plan sponsor's name (employer, if for a single-employer plan): BOARD OF TRUSTEES OF CENTRAL ILLINOIS CARPENTERS HEALTH AND WELFARE FU
2b Employer Identification Number (EIN): 37-1117215
2c Plan Sponsor's telephone number: 217-732-1919
2d Business code (see instructions): 238900

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for BRAD KULIFAY (09/24/2025) and MATTHEW R BENDER (09/23/2025).

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	2110
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	1909
	6a(2)	1922
	6b	185
	6c	
	6d	2107
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	364

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4D 4E 4F 4L

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" 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	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>5</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan CENTRAL ILLINOIS CARPENTERS HEALTH AND WELFARE FUN		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF CENTRAL ILLINOIS CARPENTERS HEALTH AND WELFARE FU		D Employer Identification Number (EIN) 37-1117215

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
VISION SERVICE PLAN OF ILLINOIS

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
20-0891619	12516	12045794	2092	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year			7b	
c Additions: (1) Contributions deposited during the year	7c(1)			
	7c(2)			
	7c(3)			
	7c(4)			
	7c(5)			
	(6) Total additions			
d Total of balance and additions (add lines 7b and 7c(6))			7d	
e Deductions:				
	7e(1)			
	7e(2)			
	7e(3)			
	7e(4)			
(5) Total deductions		7e(5)	0	
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....			7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	232133	
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))	9a(4)		232133
b	Benefit charges (1) Claims paid	9b(1)	201020	
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))	9b(3)		201020
	(4) Claims charged	9b(4)		
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)	31113	
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention	9c(1)(H)		31113
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)		
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)		
	(2) Claim reserves	9d(2)		
	(3) Other reserves	9d(3)		
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e		

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	--	---

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan CENTRAL ILLINOIS CARPENTERS HEALTH AND WELFARE FUN</p>	<p>B Three-digit plan number (PN) ▶ 501</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF CENTRAL ILLINOIS CARPENTERS HEALTH AND WELFARE FU</p>	<p>D Employer Identification Number (EIN) 37-1117215</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA-02110		01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 2288	(b) Total amount of fees paid 21285
---	---

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

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
21285	21285	ASSET MANAGEMENT FEES	7

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
2288			0

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	3983354

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	

(6) Total additions **7c(6)** 0

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	

(5) Total deductions **7e(5)** 0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f**

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</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>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	--	--

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan CENTRAL ILLINOIS CARPENTERS HEALTH AND WELFARE FUN</p>	<p>B Three-digit plan number (PN) ▶ 501</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF CENTRAL ILLINOIS CARPENTERS HEALTH AND WELFARE FU</p>	<p>D Employer Identification Number (EIN) 37-1117215</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
BLUE CROSS BLUE SHIELD

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-1236610	70670	140602	5097	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	27415585
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))	9a(4)	27415585
b	Benefit charges (1) Claims paid	9b(1)	26471639
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))	9b(3)	26471639
	(4) Claims charged	9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	438339
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	505607
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention	9c(1)(H)	943946
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)	
	(2) Claim reserves	9d(2)	
	(3) Other reserves	9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan CENTRAL ILLINOIS CARPENTERS HEALTH AND WELFARE FUN		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF CENTRAL ILLINOIS CARPENTERS HEALTH AND WELFARE FU		D Employer Identification Number (EIN) 37-1117215

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

BCS INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-6033921	38245	ESL-30369	2080	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
---	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	979160
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

<p>SCHEDULE A (Form 5500)</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>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
---	--	--

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p>A Name of plan CENTRAL ILLINOIS CARPENTERS HEALTH AND WELFARE FUN</p>	<p>B Three-digit plan number (PN) ▶ 501</p>	
<p>C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF CENTRAL ILLINOIS CARPENTERS HEALTH AND WELFARE FU</p>	<p>D Employer Identification Number (EIN) 37-1117215</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
DELTA DENTAL OF ILLINOIS

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-2612058	47589	11680	2102	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
--	---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

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

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

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

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
	(6) Total additions	7c(6)
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)	
	(2) Increase (decrease) in amount due but unpaid	9a(2)	
	(3) Increase (decrease) in unearned premium reserve	9a(3)	
	(4) Earned ((1) + (2) - (3))		9a(4)
b	Benefit charges (1) Claims paid	9b(1)	
	(2) Increase (decrease) in claim reserves	9b(2)	
	(3) Incurred claims (add (1) and (2))		9b(3)
	(4) Claims charged		9b(4)
c	Remainder of premium: (1) Retention charges (on an accrual basis) --		
	(A) Commissions	9c(1)(A)	
	(B) Administrative service or other fees	9c(1)(B)	
	(C) Other specific acquisition costs	9c(1)(C)	
	(D) Other expenses	9c(1)(D)	
	(E) Taxes	9c(1)(E)	
	(F) Charges for risks or other contingencies	9c(1)(F)	
	(G) Other retention charges	9c(1)(G)	
	(H) Total retention		9c(1)(H)
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)
	(2) Claim reserves		9d(2)
	(3) Other reserves		9d(3)
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	47746
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan CENTRAL ILLINOIS CARPENTERS HEALTH AND WELFARE FUN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF CENTRAL ILLINOIS CARPENTERS HEALTH AND WELFARE FU	D Employer Identification Number (EIN) 37-1117215	

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

ISHARES CORE MSCI EAFE ETF	400 HOWARD ST SAN FRANCISCO, CA 94105
-----------------------------------	--

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

ISHARES SP SMALL CAP 600 INDEX	400 HOWARD ST SAN FRANCISCO, CA 94105
---------------------------------------	--

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

VANGUARD TOTAL STOCK MARKET ETF	PO BOX 1110 VALLEY FORGE, PA 19482-1110
--	--

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

VANGUARD MID CAP ETF	PO BOX 1110 VALLEY FORGE, PA 19482-1110
-----------------------------	--

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

VANGUARD FTSE EMERGING MKTS

PO BOX 1110
VALLEY FORGE, PA 19482-1110

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

CALAMOS MARKET NEUTRAL INC

801 PENNSYLVANIA AVE, SUITE 219252
KANSAS CITY, MO 64105

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

BLACKROCK EVENT DRIVEN EQ INST

PO BOX 9819
PROVIDENCE, RI 02940

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

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

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

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

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

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

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

EXPRESS SCRIPTS, INC.

43-1420563

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	297682	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)

CAVANAGH & O'HARA

37-1259635

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	154486	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)

ROMOLO & ASSOCIATES, LLC

84-2885766

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 10	NONE	127632	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)

UNITED SYSTEMS AND SOFTWARE, INC

59-1918677

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	108865	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)

EMPLOYEE 2

37-1117215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	97404	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)

TOTAL ADMINISTRATIVE SERVICES CORP

39-1561025

(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?
50 13	NONE	86022	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)

MID-AMERICA CARP REG CNCL BEN FDS

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 14	NONE	85547	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)

BRIDGEWAY BENEFIT TECHNOLOGIES

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
50 49	NONE	82084	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)

EMPLOYEE 1

37-1117215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	81143	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)

EMPLOYEE 5

37-1117215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	80844	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)

EMPLOYEE 7

37-1117215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	76832	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)

EMPLOYEE 6

37-1117215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	76145	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)

EMPLOYEE 8

37-1117215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
	EMPLOYEE	74525	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)

EMPLOYEE 3

37-1117215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	73311	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)

UNITED ACTUARIAL SERVICES, INC.

35-2156428

(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?
50 11	NONE	70050	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)

EMPLOYEE 4

37-1117215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30 50	EMPLOYEE	69956	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)

CARPENTERS PENSION FUND OF ILLINOIS

36-6147396

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	60156	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)

LEVI, RAY, & SHOUP, INC

37-1073724

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	37472	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)

COMPSYCH

36-3739783

(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?
50 99	NONE	32953	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)

MORGAN STANLEY SMITH BARNEY

20-8764829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50 49 99 72 33 71 27	NONE	31534	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FRANKLIN TEMPLETON

620 EIGHTH AVE, 48TH FLOOR
NEW YORK, NY 10018

(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 50	NONE	25489	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)

WEAVER C BARKSDALE & ASSOCIATES, IN

62-1217255

(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?
50 51	NONE	18435	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE SEGAL COMPANY (EASTERN STATES),

13-1835864

(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?
50 49	NONE	16763	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)

ILLINOIS NATIONAL BANK

37-0274319

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51	NONE	10490	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>CENTRAL ILLINOIS CARPENTERS HEALTH AND WELFARE FUN</u>	B Three-digit plan number (PN) ▶	<u>501</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOARD OF TRUSTEES OF CENTRAL ILLINOIS CARPENTERS HEALTH AND WELFARE FU</u>	D Employer Identification Number (EIN) <u>37-1117215</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SEPARATE ACCOUNT W-1</u>		
b Name of sponsor of entity listed in (a): <u>THE UNION LABOR LIFE INSURANCE COMPANY</u>		
c EIN-PN <u>13-1423090-209</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3983354</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan CENTRAL ILLINOIS CARPENTERS HEALTH AND WELFARE FUN	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF CENTRAL ILLINOIS CARPENTERS HEALTH AND WELFARE FU	D Employer Identification Number (EIN) 37-1117215

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	3132608
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	582120
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	15430738
(2) U.S. Government securities	1c(2)	12564315
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	9200619
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	3756197
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	27716427
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e	501559	498853
f Total assets (add all amounts in lines 1a through 1e).....	1f	72884583	74999470
Liabilities			
g Benefit claims payable.....	1g	3007000	2814000
h Operating payables.....	1h	1177768	1500459
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	381562	349299
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	4566330	4663758
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	68318253	70335712

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	31255993	
(B) Participants.....	2a(1)(B)	2306168	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		33562161
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	546498	
(B) U.S. Government securities.....	2b(1)(B)	519214	
(C) Corporate debt instruments.....	2b(1)(C)	304239	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1369951
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	619657	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		619657
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	10184358	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	10464671	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-280313
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	113114	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		248442
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3269896
c Other income	2c		347149
d Total income. Add all income amounts in column (b) and enter total	2d		39250057

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	33799416	
(2) To insurance carriers for the provision of benefits	2e(2)	978427	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		34777843
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	710151	
(3) Recordkeeping fees	2i(3)	128432	
(4) IQPA audit fees	2i(4)	25200	
(5) Investment advisory and investment management fees	2i(5)	32000	
(6) Bank or trust company trustee/custodial fees	2i(6)	71114	
(7) Actuarial fees	2i(7)	70050	
(8) Legal fees	2i(8)	154486	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1263322	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2454755
j Total expenses. Add all expense amounts in column (b) and enter total	2j		37232598

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2017459
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: ROMOLO & ASSOCIATES, LLC

(2) EIN: 84-2885766

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

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

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

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

INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Central Illinois Carpenters
Health and Welfare Trust Fund
Lincoln, Illinois

Opinion

We have audited the accompanying financial statements of Central Illinois Carpenters Health and Welfare Trust 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 Benefit Obligations as of December 31, 2024 and 2023, and the related Statements of Changes in Net Assets Available for Benefits and Benefit Obligations 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 benefit obligations of Central Illinois Carpenters Health and Welfare Trust Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

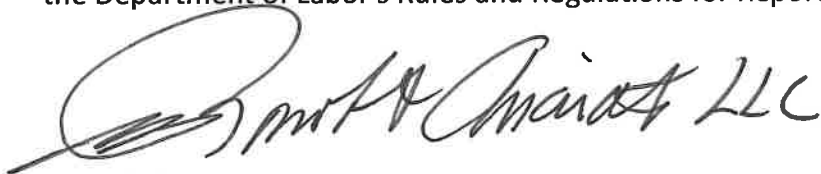
Supplemental Schedules Required by ERISA

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

procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

A handwritten signature in black ink, appearing to read "Romolo & Associates, LLC". The signature is written in a cursive, flowing style with a large initial 'R'.

Romolo & Associates, LLC
Certified Public Accountants
Peoria, Illinois

September 26, 2025

CENTRAL ILLINOIS CARPENTERS HEALTH & WELFARE TRUST FUND

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

SCHEDULE 1

37-1117215 PLAN #501

DECEMBER 31, 2024

**(c) Description of investment, including maturity date,
rate of interest, collateral, par or maturity value**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Par or Maturity Value	(d) Cost	(e) Current Value
	US TREASURY NOTE	US GOV'T SECURITY	5/31/26	0.75%	813,000	\$780,998	\$774,525
	US TREASURY NOTE	US GOV'T SECURITY	9/30/26	3.50%	668,000	661,813	659,754
	US TREASURY NOTE	US GOV'T SECURITY	2/28/27	1.125%	294,000	293,506	275,338
	US TREASURY NOTE	US GOV'T SECURITY	8/31/27	3.125	563,000	543,303	546,924
	US TREASURY NOTE	US GOV'T SECURITY	2/29/28	4.0%	604,000	609,221	598,809
	US TREASURY NOTE	US GOV'T SECURITY	4/30/28	3.5%	338,000	332,311	329,576
	US TREASURY NOTE	US GOV'T SECURITY	5/31/28	1.25%	303,000	291,990	273,777
	US TREASURY NOTE	US GOV'T SECURITY	11/15/28	3.125%	860,000	844,933	823,148
	US TREASURY NOTE	US GOV'T SECURITY	8/15/29	1.625%	307,000	290,554	272,618
	US TREASURY NOTE	US GOV'T SECURITY	11/30/29	4.125%	555,000	555,564	548,951
	US TREASURY NOTE	US GOV'T SECURITY	11/15/30	0.875%	535,000	474,353	438,073
	US TREASURY NOTE	US GOV'T SECURITY	2/15/32	1.875%	579,000	493,455	487,310
	US TREASURY NOTE	US GOV'T SECURITY	2/15/33	3.5%	345,000	331,946	321,175
	US TREASURY NOTE	US GOV'T SECURITY	2/15/34	4.0%	390,000	382,931	373,669
	US TREASURY BILL	US GOV'T SECURITY	1/21/25	0.0%	395,000	389,506	394,112
	US TREASURY BILL	US GOV'T SECURITY	2/18/25	0.0%	405,000	399,510	402,789
	US TREASURY NOTE	US GOV'T SECURITY	4/30/26	0.75%	135,000	134,314	128,975
	US TREASURY NOTE	US GOV'T SECURITY	8/31/26	0.75%	207,000	206,822	195,530
	US TREASURY NOTE	US GOV'T SECURITY	9/30/26	0.875	207,000	205,884	195,385
	US TREASURY NOTE	US GOV'T SECURITY	11/15/26	2.0%	240,000	253,163	230,400
	US TREASURY NOTE	US GOV'T SECURITY	5/31/27	0.50%	125,000	123,252	114,375
	US TREASURY NOTE	US GOV'T SECURITY	9/15/27	3.375%	230,000	226,712	224,843
	US TREASURY NOTE	US GOV'T SECURITY	10/15/27	3.875%	200,000	198,633	197,945
	US TREASURY NOTE	US GOV'T SECURITY	10/31/27	4.125%	150,000	148,307	149,455
	US TREASURY NOTE	US GOV'T SECURITY	6/30/28	1.25%	75,000	76,145	67,614
	US TREASURY NOTE	US GOV'T SECURITY	10/31/28	4.875%	300,000	306,070	305,484
	US TREASURY NOTE	US GOV'T SECURITY	11/30/28	1.5%	150,000	151,248	134,760
	US TREASURY NOTE	US GOV'T SECURITY	2/28/29	4.25%	200,000	200,383	199,172
	US TREASURY NOTE	US GOV'T SECURITY	4/30/29	4.625%	900,000	904,359	909,141
	US TREASURY NOTE	US GOV'T SECURITY	5/31/29	4.5%	250,000	251,777	251,299
	US TREASURY NOTE	US GOV'T SECURITY	11/30/29	4.125%	270,000	270,527	267,057
	US TREASURY NOTE	US GOV'T SECURITY	5/15/30	0.625%	35,000	34,058	28,738
	US TREASURY NOTE	US GOV'T SECURITY	8/15/30	0.625%	30,000	29,705	24,383
	US TREASURY NOTE	US GOV'T SECURITY	5/15/31	1.625%	310,500	316,837	262,081
	US TREASURY NOTE	US GOV'T SECURITY	8/15/31	1.25%	135,000	132,442	110,246
	US TREASURY NOTE	US GOV'T SECURITY	2/15/32	1.875%	330,000	301,718	277,741
	US TREASURY NOTE	US GOV'T SECURITY	8/15/32	2.75%	100,000	95,363	88,758
	US TREASURY NOTE	US GOV'T SECURITY	11/15/32	4.125%	560,000	580,977	546,525
	US TREASURY NOTE	US GOV'T SECURITY	2/15/33	3.5%	210,000	209,838	195,497
	US TREASURY NOTE	US GOV'T SECURITY	11/15/33	4.5%	60,000	61,430	59,775
	US TREASURY NOTE	US GOV'T SECURITY	2/15/34	4.0%	260,000	252,371	249,112
	US TREASURY NOTE	US GOV'T SECURITY	5/15/34	4.375%	150,000	154,295	147,833
	US TREASURY NOTE	US GOV'T SECURITY	8/15/34	3.875%	325,000	330,597	307,558
	FNMA	US GOV'T SECURITY	4/24/26	2.125%	225,000	215,487	218,781
	FNMA REMIC TRUST 2023-M5 2A2	US GOV'T SECURITY	7/25/28	4.5%	165,000	141,740	143,886
	FHLMC 20 YR GOLD C91594	US GOV'T SECURITY	1/1/33	3.0%	225,000	28,712	25,834
	FNMA POOL FM4044	US GOV'T SECURITY	8/1/35	2.0%	85,000	37,931	32,159
	FNMA POOL BQ9287	US GOV'T SECURITY	12/1/35	2.0%	60,000	28,789	24,624
	FNMA POOL CA8788	US GOV'T SECURITY	1/1/36	2.0%	130,000	69,861	57,882

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

CENTRAL ILLINOIS CARPENTERS HEALTH & WELFARE TRUST FUND

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

SCHEDULE 1

37-1117215 PLAN #501

DECEMBER 31, 2024

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Par or Maturity Value	(d) Cost	(e) Current Value
	FHLMC 15 YR GOLD QN4824	US GOV'T SECURITY	1/1/36	2.0%	85,000	44,804	38,216
	FNMA POOL BT1296	US GOV'T SECURITY	7/1/36	2.0%	60,000	36,233	31,019
	FNMA POOL BT2752	US GOV'T SECURITY	8/1/36	2.0%	40,000	23,492	20,119
	GNR 2013-72 A	US GOV'T SECURITY	10/16/46	2.039%	150,000	17,088	15,011
	FHLMC 30 YR GOLD Q60419	US GOV'T SECURITY	12/1/48	4.0%	105,000	8,407	7,573
	FHLMC 15 YR GOLD QA0127	US GOV'T SECURITY	6/1/49	3.5%	90,000	20,934	18,302
	FHLMC 30 YR GOLD QA3329	US GOV'T SECURITY	10/1/49	3.0%	75,000	18,299	15,521
	FHLMC 30 YR GOLD QA4404	US GOV'T SECURITY	11/1/49	3.0%	110,000	39,257	33,221
	FNMA POOL MA5107	US GOV'T SECURITY	8/1/53	5.5%	717,671	601,193	623,555
	TOTAL	US GOV'T SECURITY				\$15,165,348	\$14,695,933
	AT&T	CORPORATE BOND	3/25/26	1.70%	229,000	\$210,232	\$220,888
	ABBVIE	CORPORATE BOND	11/21/26	2.95%	284,000	268,303	275,987
	MCDONALDS	CORPORATE BOND	7/1/27	3.5%	140,000	153,186	136,411
	AMAZON.COM	CORPORATE BOND	8/22/27	3.15%	141,000	135,913	136,133
	GOLDMAN SACHS GROUP	CORPORATE BOND	10/21/27	1.948%	291,000	284,848	276,086
	CHEVRON USA	CORPORATE BOND	1/15/28	3.85%	138,000	140,336	136,185
	LOWE'S COS	CORPORATE BOND	4/15/28	1.3%	154,000	143,375	137,772
	ORACLE	CORPORATE BOND	5/6/29	4.5%	221,000	215,890	218,880
	WELLS FARGO & CO	CORPORATE BOND	6/2/28	2.393%	290,000	273,207	273,131
	BANK OF AMERICA	CORPORATE BOND	12/20/28	3.419%	284,000	288,780	272,186
	ENTERPRISE PRODUCTS OPERATING	CORPORATE BOND	7/31/29	3.125%	233,000	229,487	216,886
	UNITEDHEALTH GROUP	CORPORATE BOND	5/15/30	2.0%	318,000	313,609	274,102
	JPMORGAN CHASE	CORPORATE BOND	10/1/30	2.739%	303,000	305,720	272,936
	VERIZON COMMUNICATIONS	CORPORATE BOND	1/20/31	1.75%	329,000	300,881	271,387
	CITIGROUP	CORPORATE BOND	6/3/31	2.572%	309,000	296,358	269,420
	COMCAST	CORPORATE BOND	5/15/33	4.8%	280,000	275,573	272,073
	CVS HEALTH	CORPORATE BOND	6/1/33	5.3%	274,000	269,823	262,921
	DEVON ENERGY	CORPORATE BOND	9/15/34	5.2%	282,000	280,925	268,217
	BANK OF AMERICA	CORPORATE BOND	1/22/25	4.0%	70,000	72,956	69,972
	3M	CORPORATE BOND	2/14/25	2.0%	35,000	34,790	34,882
	SABINE PASS LIQUEFACTION	CORPORATE BOND	3/1/25	5.625%	10,000	11,241	10,004
	CHUBB INA HOLDINGS	CORPORATE BOND	3/15/25	3.15%	72,000	70,580	71,771
	EOG RESOURCES	CORPORATE BOND	4/1/25	3.15%	40,000	41,214	39,830
	TARGET	CORPORATE BOND	4/15/25	2.25%	40,000	39,934	39,730
	TRUIST FINANCIAL	CORPORATE BOND	5/1/25	4.0%	70,000	74,423	69,805
	GOLDMAN SACHS GROUP	CORPORATE BOND	5/22/25	3.75%	68,000	67,820	67,764
	COMCAST	CORPORATE BOND	8/15/25	3.375%	35,000	38,722	34,701
	RTX	CORPORATE BOND	8/16/25	3.95%	80,000	88,968	79,615
	AIR PRODUCTS AND CHEMICALS	CORPORATE BOND	10/15/25	1.5%	40,000	40,069	39,084
	NATIONAL RURAL UTILITIES COOP FIN	CORPORATE BOND	11/1/25	3.25%	70,000	71,364	69,149
	TORONTO-DOMINION BANK	CORPORATE BOND	1/6/26	0.75%	45,000	44,934	43,289
	MARSH & MCLENNAN COS	CORPORATE BOND	3/14/26	3.75%	60,000	63,411	59,466
	PIONEER NATURAL RESOURCES	CORPORATE BOND	3/29/26	5.1%	20,000	19,990	20,137
	ORACLE	CORPORATE BOND	8/15/26	2.65%	65,000	63,924	63,074
	VERIZON COMMUNICATIONS	CORPORATE BOND	8/15/26	2.625%	70,000	69,425	67,939
	PUBLIC SERVICE ELECTRIC & GAS	CORPORATE BOND	9/15/26	2.25%	80,000	75,681	76,994
	GOLDMAN SACHS GROUP	CORPORATE BOND	1/26/27	3.85%	75,000	75,363	73,613
	DISCOVER FINANCIAL SERVICES	CORPORATE BOND	2/9/27	4.1%	105,000	106,469	103,128

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

CENTRAL ILLINOIS CARPENTERS HEALTH & WELFARE TRUST FUND

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

SCHEDULE 1

37-1117215 PLAN #501

DECEMBER 31, 2024

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Par or Maturity Value	(d) Cost	(e) Current Value
	WORKDAY	CORPORATE BOND	4/1/27	3.5%	86,000	85,949	83,822
	HOME DEPOT	CORPORATE BOND	4/15/27	2.875%	191,000	180,873	184,647
	VISA	CORPORATE BOND	4/15/27	1.9%	200,000	185,534	189,120
	AUTOZONE	CORPORATE BOND	6/1/27	3.75%	75,000	83,289	73,297
	COSTCO WHOLESALE	CORPORATE BOND	6/20/27	1.375%	70,000	70,066	65,078
	AT&T	CORPORATE BOND	2/1/28	1.65%	208,000	182,628	189,206
	COMCAST	CORPORATE BOND	2/15/28	3.15%	160,000	152,788	152,426
	T-MOBILE USA	CORPORATE BOND	3/15/28	4.95%	179,000	176,377	179,070
	CVS HEALTH	CORPORATE BOND	3/25/28	4.3%	16,000	17,241	15,514
	PUBLIC STORAGE	CORPORATE BOND	5/1/28	1.85%	55,000	55,095	50,163
	SALESFORCE.COM	CORPORATE BOND	7/15/28	1.5%	115,000	104,563	103,375
	PNC FINL SERVICES GRP	CORPORATE BOND	12/2/28	5.354%	120,000	120,000	121,698
	AMAZON.COM	CORPORATE BOND	4/13/29	3.45%	165,000	156,239	158,233
	ONEOK	CORPORATE BOND	9/1/29	3.4%	45,000	43,484	41,863
	VERIZON COMMUNICATIONS	CORPORATE BOND	12/3/29	4.016%	50,000	60,405	47,972
	KRAFT HEINZ FOODS	CORPORATE BOND	4/1/30	3.75%	175,000	163,894	165,394
	RAYMOND JAMES FINANCIAL	CORPORATE BOND	4/1/30	4.65%	120,000	131,430	118,691
	PROLOGIS	CORPORATE BOND	7/1/30	1.75%	20,000	19,814	16,872
	HANOVER INSURANCE GROUP	CORPORATE BOND	9/1/30	2.5%	90,000	91,126	77,509
	TRACTOR SUPPLY	CORPORATE BOND	11/1/30	1.75%	75,000	74,192	62,734
	BROADCOM	CORPORATE BOND	11/15/30	4.15%	100,000	100,887	95,653
	WALT DISNEY	CORPORATE BOND	1/13/31	2.65%	210,000	182,008	185,824
	BANK OF AMERICA	CORPORATE BOND	2/13/31	2.496%	90,000	90,000	79,125
	EQUINIX	CORPORATE BOND	4/15/32	3.9%	102,000	101,129	94,004
	RIO TINTO FINANCE USA	CORPORATE BOND	3/9/33	5.0%	80,000	78,950	79,923
	HCA	CORPORATE BOND	6/1/33	5.5%	165,000	163,881	163,201
	DOMINION ENERGY	CORPORATE BOND	8/1/33	5.25%	200,000	200,694	197,580
	ELI LILLY & CO	CORPORATE BOND	2/9/34	4.7%	185,000	183,615	179,537
	SOUTHERN CO	CORPORATE BOND	3/15/34	5.7%	120,000	124,078	122,726
	JP MORGAN CHASE	CORPORATE BOND	6/1/34	5.35%	195,000	196,725	195,086
	COMET 2022-A3	CORPORATE BOND	10/15/27	4.95%	115,000	114,982	115,424
	FHLMC REMIC SERIES K-075 A-2	CORPORATE BOND	2/25/28	3.65%	70,000	77,317	67,943
	TOTAL	CORPORATE BOND				\$9,326,977	\$8,998,258

	CALIFORNIA ST	MUNICIPAL BOND	4/1/25	3.375%	70,000	\$70,521	\$69829
	GEARY CNTY KANS UNI SCH DIST NO 475 TAXABLE SER-C	MUNICIPAL BOND	9/1/25	2.911%	70,000	70,000	69,408
	ROMEONVILLE ILL TAXABLE GENL OBLIG SER-B	MUNICIPAL BOND	12/30/29	3.000%	30,000	30,846	27,370
	REGIONAL TRANSN AUTH ILL GENL OBLIG REV REF-A	MUNICIPAL BOND	6/1/31	3.000%	50,000	53,454	44,993
	ROMEONVILLE ILL TXBLE GENL OBLIG SER-B	MUNICIPAL BOND	12/30/33	3.050%	40,000	40,000	33,677
	TOTAL	MUNICIPAL BOND				\$264,821	\$245,277

	VANGUARD FTSE EMERGING MKTS	REG'D INV COMPANY			41,000	1,600,152	1,805,640
	CALAMOS MARKET NEUTRAL INC	REG'D INV COMPANY			211,249.783	3,051,673	3,153,959
	BLACKROCK EVENT DRIVEN EQ INST	REG'D INV COMPANY			298,151.998	2,962,829	2,981,520
	TOTAL	REG'D INV COMPANY				\$7,614,654	\$7,941,119

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

CENTRAL ILLINOIS CARPENTERS HEALTH & WELFARE TRUST FUND

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

SCHEDULE 1

37-1117215 PLAN #501

DECEMBER 31, 2024

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Par or Maturity Value	(d) Cost	(e) Current Value
	ISHARES CORE S&P SMALL CAP	EXCHG TRADED FUND			11,157.201	\$745,630	\$1,285,533
	ISHARES CORE MSCI EAFE	EXCHG TRADED FUND			86,586	5,416,728	6,085,264
	VANGUARD MID-CAP	EXCHG TRADED FUND			12,301	2,323,351	3,249,063
	VANGUARD TTL STK MKT	EXCHG TRADED FUND			45,661.564	6,288,724	13,233,178
	TOTAL	EXCHG TRADED FUND				\$14,774,433	\$23,853,038
	MORGAN STANLEY CASH	INT BEARING CASH				\$11,336	\$11,336
	INB CHECKING ACCTS	INT BEARING CASH				5,621,346	5,621,346
	TOTAL	INT BEARING CASH				\$5,632,682	\$5,632,682
	INVESCO PREM US GOVT MNY INST	MONEY MARKET FD			3,028,632.84	\$3,028,633	\$3,028,633
	MORGAN STANLEY PRIVATE BANK NA	MONEY MARKET FD				522,652	522,652
	FEDERATED GOV'T OBLIGATIONS FD	MONEY MARKET FD				2,015,520	2,015,520
	TOTAL	MONEY MARKET FD				\$5,566,805	\$5,566,805
	ULLICO W-1 ACCOUNT	POOLED SEP ACCT			2,193,537.41	\$2,464,877	\$3,983,354
	TOTAL INVESTMENTS					\$60,810,597	\$70,916,466

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

**CENTRAL ILLINOIS CARPENTERS
HEALTH AND WELFARE TRUST FUND
FINANCIAL STATEMENTS
DECEMBER 31, 2024 AND 2023**

TABLE OF CONTENTS

INDEPENDENT AUDITOR'S REPORT

FINANCIAL STATEMENTS

Statements of Net Assets Available for Benefits – Statement A	1
Statements of Changes in Net Assets Available for Benefits – Statement B	2
Statements of Benefit Obligations – Statement C	3
Statements of Changes in Benefit Obligations – Statement D	4
Notes to Financial Statements	5

SUPPLEMENTAL INFORMATION

Schedule of Assets (Held at End of Year) – Schedule 1	25
Schedule of Reportable Transactions – Schedule 2	29

INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Central Illinois Carpenters
Health and Welfare Trust Fund
Lincoln, Illinois

Opinion

We have audited the accompanying financial statements of Central Illinois Carpenters Health and Welfare Trust 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 Benefit Obligations as of December 31, 2024 and 2023, and the related Statements of Changes in Net Assets Available for Benefits and Benefit Obligations 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 benefit obligations of Central Illinois Carpenters Health and Welfare Trust Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and changes in its benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

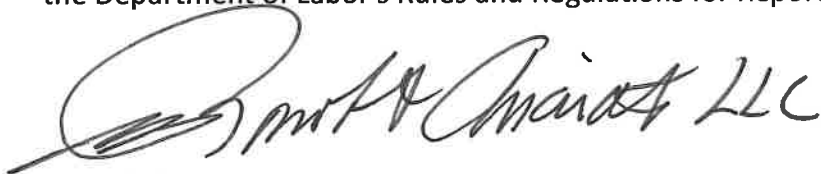
Supplemental Schedules Required by ERISA

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

procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

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

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

A handwritten signature in black ink that reads "Romolo & Associates, LLC". The signature is written in a cursive, flowing style.

Romolo & Associates, LLC
Certified Public Accountants
Peoria, Illinois

September 26, 2025

CENTRAL ILLINOIS CARPENTERS HEALTH & WELFARE TRUST FUND**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS****STATEMENT A****DECEMBER 31, 2024 AND 2023**

	ASSETS	
	<u>2024</u>	<u>2023</u>
Investments at Fair Value		
U.S. Government Securities	\$ 14,695,933	\$ 12,202,956
Corporate Bonds	8,998,258	9,200,619
Certificates of Deposit	-	68,304
Municipal Bonds	245,277	361,359
Exchange Traded Funds	23,853,038	26,132,282
Registered Investment Company	7,941,119	1,584,145
Pooled Separate Account	3,983,354	3,756,197
Cash - Interest Bearing	5,632,682	8,629,363
Money Market Funds	5,566,805	6,733,071
Total Investments	<u>\$ 70,916,466</u>	<u>\$ 68,668,296</u>
Receivables		
Employer Contributions Receivable, Net	\$ 2,822,333	\$ 3,132,608
Interest Receivable	176,699	147,644
Stop Loss Receivable	23,792	15,363
Claims Refunds Receivable	-	2,305
PBM Rebates Receivable	422,417	362,687
Other Receivable	15,626	-
Due from Affiliates	21,282	12,734
Total Receivables	<u>\$ 3,482,149</u>	<u>\$ 3,673,341</u>
Prepaid Expenses	\$ 102,002	\$ 41,387
Fixed Assets	498,853	501,559
TOTAL ASSETS	<u><u>\$ 74,999,470</u></u>	<u><u>\$ 72,884,583</u></u>
	LIABILITIES	
Accounts Payable	\$ 727,594	\$ 747,933
Payable to Claims Administrators	772,865	429,835
Unearned Revenues	349,299	381,562
TOTAL LIABILITIES	<u>\$ 1,849,758</u>	<u>\$ 1,559,330</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 73,149,712</u></u>	<u><u>\$ 71,325,253</u></u>

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

CENTRAL ILLINOIS CARPENTERS HEALTH & WELFARE TRUST FUND**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023****STATEMENT B**

	<u>2024</u>	<u>2023</u>
ADDITIONS TO NET ASSETS ATTRIBUTABLE TO		
Investment Income (Loss)		
Net Appreciation (Depreciation) in Fair Value of Investments	\$ 3,351,139	\$ 4,577,285
Dividends	619,657	625,257
Interest	1,369,951	1,094,385
Capital Gains	14,430	-
Class Action	-	31
Total Investment Income (Loss)	<u>\$ 5,355,177</u>	<u>\$ 6,296,958</u>
Less Investment Expenses	<u>(71,114)</u>	<u>(82,502)</u>
Net Investment Income (Loss)	<u>\$ 5,284,063</u>	<u>\$ 6,214,456</u>
Contributions		
Participating Employers	\$ 31,255,993	\$ 31,052,237
Participants	<u>2,306,168</u>	<u>2,376,401</u>
Total Contributions	<u>\$ 33,562,161</u>	<u>\$ 33,428,638</u>
Service Fee	\$ 194,213	\$ 196,052
Other Income	<u>138,506</u>	<u>132,204</u>
TOTAL ADDITIONS	<u>\$ 39,178,943</u>	<u>\$ 39,971,350</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTABLE TO		
Claims Paid, Net	\$ 33,992,416	\$ 30,134,376
Premiums Paid	978,427	884,163
Administrative Expenses - Note 15	<u>2,383,641</u>	<u>2,148,268</u>
TOTAL DEDUCTIONS	<u>\$ 37,354,484</u>	<u>\$ 33,166,807</u>
NET INCREASE (DECREASE) DURING YEAR	\$ 1,824,459	\$ 6,804,543
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of Year	<u>\$ 71,325,253</u>	<u>\$ 64,520,710</u>
END OF YEAR	<u>\$ 73,149,712</u>	<u>\$ 71,325,253</u>

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

CENTRAL ILLINOIS CARPENTERS HEALTH & WELFARE TRUST FUND**STATEMENTS OF BENEFIT OBLIGATIONS****STATEMENT C**

DECEMBER 31, 2024 AND 2023

	<u>2024</u>	<u>2023</u>
Amounts Currently Payable to or for Participants, Beneficiaries, and Dependents		
Health Claims Payable and Claims Incurred but Not Reported	\$ 2,814,000	\$ 3,007,000
Other Obligations for Current Benefit Coverage, at Present Value of Estimated Amounts		
Accumulated Eligibility Credits	<u>\$ 27,918,000</u>	<u>\$ 25,917,000</u>
Total Obligations Other than Postretirement Ben. Obligations	<u>\$ 30,732,000</u>	<u>\$ 28,924,000</u>
Postretirement Benefit Obligations		
Current Retirees, Beneficiaries, and Dependents	\$ 10,776,457	\$ 11,052,718
Active, Fully Eligible for Benefits	34,926,055	22,467,378
Active, Not Yet Fully Eligible for Benefits	<u>88,944,302</u>	<u>65,883,869</u>
Total Postretirement Benefit Obligations	<u>\$ 134,646,814</u>	<u>\$ 99,403,965</u>
TOTAL BENEFIT OBLIGATIONS	<u><u>\$ 165,378,814</u></u>	<u><u>\$ 128,327,965</u></u>

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

CENTRAL ILLINOIS CARPENTERS HEALTH & WELFARE TRUST FUND**STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023****STATEMENT D**

	<u>2024</u>	<u>2023</u>
Amounts Currently Payable to or for Participants, Beneficiaries, and Dependents		
Balance at Beginning of Year	\$ 3,007,000	\$ 2,755,000
Claims Reported and Approved for Payment	33,799,416	30,386,376
Claims Paid (Including Disability)	<u>(33,992,416)</u>	<u>(30,134,376)</u>
Balance at End of Year	<u>\$ 2,814,000</u>	<u>\$ 3,007,000</u>
Other Obligations for Current Benefit Coverage, at Present Value of Estimated Amounts		
Balance at Beginning of Year	\$ 25,917,000	\$ 20,619,000
Net Change During Year:		
Accumulated Eligibility Credits	<u>2,001,000</u>	<u>5,298,000</u>
Balance at End of Year	<u>\$ 27,918,000</u>	<u>\$ 25,917,000</u>
Total Obligations Other than Postretirement Ben. Obligations	<u>\$ 30,732,000</u>	<u>\$ 28,924,000</u>
Postretirement Benefit Obligations		
Balance at Beginning of Year	\$ 99,403,965	\$ 70,515,516
Increase During the Year Attributable to:		
Benefits Earned and Other Changes	35,576,422	26,804,370
Benefit Payments	(3,701,034)	(3,030,761)
Plan Amendments	(719,044)	(1,900,070)
Interest	4,970,198	3,525,776
Assumption Changes	<u>(883,693)</u>	<u>3,489,134</u>
Balance at End of Year	<u>\$ 134,646,814</u>	<u>\$ 99,403,965</u>
TOTAL BENEFIT OBLIGATIONS AT END OF YEAR	<u>\$ 165,378,814</u>	<u>\$ 128,327,965</u>

CENTRAL ILLINOIS CARPENTERS HEALTH & WELFARE TRUST FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1: DESCRIPTION OF PLAN

The following description of Central Illinois Carpenters Health and Welfare Trust Fund (the Plan) provides only general information about the Plan's provisions. Participants should refer to the plan agreement for a complete description of the Plan's provisions, copies of which may be obtained from the Plan.

General

The Plan is a multiemployer defined benefit health and welfare fund that was established on June 1, 1982, to provide healthcare and other benefits to union members and employees and to provide administration of the program. It is maintained by contributions of employers based on a rate per hour of eligible employees in accordance with collective bargaining agreements and participation agreements. The Plan does allow for self-pay contributions in certain circumstances. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Administration of the Plan is the responsibility of the joint board of trustees.

Eligibility

To become initially eligible for benefits, a participant must have 500 hours of contributions paid to the Plan in a period of not more than twelve consecutive months. Once the eligibility requirements are met, certain eligible dependents are also covered under the Plan upon submission of the applicable enrollment form and supporting documentation to the Plan. Coverage begins on the first day of the month after the initial eligibility requirements are met.

Generally, a participant will remain eligible as long as 250 hours of contributions are paid to the Plan by a Contributing Employer in a calendar quarter on behalf of the participant. Participants may also continue to remain eligible for benefits if 1,000 hours of contributions have been paid to the Plan by a Contributing Employer over a 15-month period ending on the same calendar quarter. Upon termination of employment, a participant may maintain eligibility through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

A retired participant may apply to make self-payments and/or exhaust any available banked hours to continue coverage under the Plan as long as eligibility requirements are met. Retirees are entitled to benefits if they are an eligible retired participant of the Carpenters Pension Fund of Illinois, receiving an early or disability retirement benefit, were eligible for benefits from the Plan for at least one of the last four benefit quarters preceding their retirement date and had at least four consecutive benefit quarters of prior eligibility under the plan at any point prior to the date of retirement, and be a retiree in good standing with a participating local union within the Plan's jurisdiction or a local union affiliated with the United Brotherhood of Carpenters and Joiners of America.

Benefits

The Plan is maintained for the purpose of providing death, loss of time, medical, dental, prescription drug, and vision benefits for eligible participants (with at least 250 hours of work in the industry during a three-month calendar quarter) and to their beneficiaries and covered dependents in accordance with the Schedule of Benefits and eligibility rules described in the Summary Plan Description. Retired employees are entitled

CENTRAL ILLINOIS CARPENTERS HEALTH & WELFARE TRUST FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1: DESCRIPTION OF PLAN (continued)

to similar health benefits until they have attained age sixty-five or while their spouses or eligible dependents are under age sixty-five. Retired employees must make self-payments to continue coverage under the Plan. The Plan also provides continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

	<u>2024</u>	<u>2023</u>
Health Care Claims (Net of Claims Refunds)	\$ 26,945,851	\$ 25,019,007
Prescription Expense (Net of Refunds and Guarantees)	3,878,884	3,357,650
Dental Claims	1,029,038	-
Dental Admin Fees	47,767	-
Vision Claims	201,020	206,701
Disability Payments	186,144	192,384
Life Insurance Payouts	50,000	30,000
EAP	32,953	34,416
Stop Loss Reimbursements	(125,548)	(360,206)
BCBS Access Fees	333,907	298,998
Value Based Care Fee	76,536	184,456
HRA Claims	1,249,842	1,091,058
HRA Admin Fees	86,022	79,617
Medical Consulting Fees	-	295
Total Benefits Paid	<u>\$ 33,992,416</u>	<u>\$ 30,134,376</u>

Stop Loss Coverage

The Plan has entered into a stop loss insurance arrangement in an effort to limit its exposure for self-insured benefits (individual participant claims over a specific dollar amount). The Plan's individual stop loss deductible is \$425,000 and the aggregating specific deductible was previously eliminated.

Self-Insured Benefits

All other plan benefits are self-insured. Medical claims that are in-network or contracted with Blue Cross Blue Shield are processed by the Plan with payment remitted by Blue Cross Blue Shield. All other medical claims are processed and paid by the Plan. The disability claims are processed and paid by the Plan. Dental claims are processed by the Plan with payment remitted by Delta Dental. The claims for prescription and vision are processed by a third-party claims processor. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by the Plan. Despite the Plan's utilization of third-party claims processors, ultimate responsibility for payments to providers and participants is retained by the Plan.

The Plan does utilize a pharmacy benefit manager (PBM) who periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs.

The Plan also has a health reimbursement arrangement (HRA) that is funded solely through employer contributions at a rate of \$.50 per welfare hour worked. The HRA allows participants to be reimbursed tax

CENTRAL ILLINOIS CARPENTERS HEALTH & WELFARE TRUST FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1: DESCRIPTION OF PLAN (continued)

free for qualified medical expenses for themselves and their eligible dependents. Amounts remaining at the end of the year can generally be carried over to the next year. The Plan is not permitted to refund any part of the balance to the participant; the account cannot be used for anything other than reimbursements for qualified medical expenses and self-payments; and remaining amounts will be forfeited if participants do not maintain good standing status with their Local union or there is no activity in the account for twenty-four consecutive months.

Contributions

As of May 1, 2024, participating employers contribute \$9.70 per hour worked pursuant to the current collective bargaining agreement between employers and the union. The previous rate was \$9.45. Self-payments can be made by choosing Schedule of Benefits I. Schedule of Benefits I requires a payment equal to three hundred fifty-two hours times the hourly contribution rate, reduced by any hours reported by an employer for that quarter. Retirees may make self-payments to continue eligibility. The Schedule of Benefits I for retirees requires a payment equal to three hundred twenty-seven hours times the hourly contribution rate, reduced by any hours reported by an employer for that quarter.

Termination and Amendment of the Plan

Although it has not expressed any intention to do so, the Plan's board of trustees, as sponsor, has the right under the Plan to modify the benefits provided to, and contributions required of, participants. The Plan may be terminated only by joint agreement between industry and union, subject to the provisions set forth in ERISA. In the event of termination of the Plan, the assets then remaining will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan may be used for purposes other than for the exclusive benefit of the Plan's participants.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting and Estimates

The accompanying financial statements are prepared on the accrual basis of accounting. The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, IBNR, accumulated eligibility credits, claims payable, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Contributions Received and Receivable

Contribution receivables are reported at their outstanding balances net of an estimated reserve for credit losses and are primarily composed of balances due from employers. The Plan estimates the allowance for credit losses based on historical bad debts, factors related to specific employers' or groups of participants' ability to pay, and current economic trends and conditions. As of December 31, 2024 and 2023, the allowance for credit losses was \$0 and \$471,004, respectively. The Plan does maintain an on-going payroll compliance audit program to collect these amounts.

CENTRAL ILLINOIS CARPENTERS HEALTH & WELFARE TRUST FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Revenue Recognition

Various reimbursed expenses are recorded when earned by the Plan. The reimbursed expenses include shared employees and administrative costs.

Payments of Benefits

Premiums paid by the Plan are recorded as premium payments in the accompanying Statements of Changes in Net Assets Available for Benefits.

Claim payments are recorded when paid by the third-party claims processor. Amounts due to claims processors that have yet to be reimbursed by the Plan are recorded as payable to claims administrators in the accompanying Statements of Net Assets Available for Benefits. Disability payments are processed through the Plan's payroll system and paid from the general assets of the Plan. These payments are recorded as claims paid in the accompanying Statements of Changes in Net Assets Available for Benefits.

Health Reimbursement Arrangement

Included in the accompanying statements of net assets are amounts available to reimburse participants for qualifying medical expenses and self-payments as of December 31, 2024 and 2023, totaling \$3,116,680 and \$2,986,382, respectively. Claims incurred totaled \$1,249,842 and \$1,091,058 for the years ending December 31, 2024 and 2023, respectively. There were \$81,351 and \$38,581 forfeited accounts during the years ended December 31, 2024 and 2023.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's investment managers determine the Plan's valuation policies and procedures and report to the Plan's board of trustees for approval. See Note 3 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.

Fixed Assets

All fixed assets are carried at cost, less accumulated depreciation, and depreciation is computed under the straight-line method over the useful lives of the assets. Estimated lives range from three to thirty-nine years. Expenditures for maintenance and repairs are expensed as incurred, whereas additions and improvements that extend the life of the asset are capitalized. Depreciation expense for December 31, 2024 and 2023, was \$50,452 and \$102,638.

CENTRAL ILLINOIS CARPENTERS HEALTH & WELFARE TRUST FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

	<u>2024</u>	<u>2023</u>
Land	\$ 70,014	\$ 70,014
Furniture and Fixtures	716,566	730,287
Building	<u>684,341</u>	<u>665,256</u>
Total	\$ 1,470,921	\$ 1,465,557
Less Accumulated Depreciation	<u>(972,068)</u>	<u>(963,998)</u>
Total Fixed Assets	<u>\$ 498,853</u>	<u>\$ 501,559</u>

Stop Loss

Premiums for stop loss insurance are included in premium payments in the accompanying Statements of Changes in Net Assets Available for Benefits. Claims that were already paid from the Plan that exceeded the stop loss coverage and are due to the Plan at year end are recorded as a receivable. Stop loss refunds totaling \$125,548 and \$360,206 for the years ending December 31, 2024 and 2023, respectively, have been netted with claims paid in the accompanying Statements of Changes in Net Assets Available for Benefits.

Refunds

The Plan utilizes Express Scripts as their PBM. The Plan is under a master contract with the United Brotherhood of Carpenters. The contract calls for several types of refunds, guarantees, and rebates. Refunds due from the Plan's PBM are recorded when known; however, additional refunds may be due to the Plan. Refunds due as of the financial statement date have been reported as a receivable with the offset being netted against claims paid. Pharmacy rebates totaling \$1,687,619 and \$1,682,973 have been netted with claims paid in the accompanying Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2024 and 2023.

Administrative Expenses

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

Reciprocity Agreements

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

For the years ended December 31, 2024 and 2023, the Plan remitted \$2,217,090 and \$2,431,102, respectively, of reciprocal cash payments in accordance with these agreements with the participating local unions. Reciprocal payments received are included in the employers' contributions in the Statements of Changes in Net Assets Available for Benefits. No allowance for credit losses as of December 31, 2024 or 2023,

CENTRAL ILLINOIS CARPENTERS HEALTH & WELFARE TRUST FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

was necessary for reciprocal payments due to the Plan. Payments made to other plans for reciprocal contributions collected on behalf of those plans are recorded as a reduction in the employers' contributions in the Statements of Changes in Net Assets Available for Benefits. Amounts payable and receivable at year end are included in the respective employer contributions receivable and accounts payable in the Statements of Net Assets Available for Benefits.

Claims Incurred but Not Reported and Accumulated Eligibility

Plan obligations at December 31, 2024 and 2023, for health claims incurred by active participants but not reported at that date and for accumulated eligibility for participants are estimated by the Plan's actuary, United Actuarial Services, Inc., in accordance with accepted actuarial principles. Such estimated amounts are reported in the accompanying Statements of Benefit Obligations at estimated present value. These amounts are paid by the Plan only if claims are submitted and approved for payment. The Plan has determined the amount of the accumulated eligibility by multiplying the anticipated cost per participant per month, times the number of participants and months of eligibility accumulated at December 31, 2024 and 2023. Health claims incurred by retired participants, but not reported at year end, are included in the postretirement benefit obligation.

Postretirement Benefits

A postretirement benefit obligation has been recognized for future benefits expected to be paid to or for (1) currently retired participants and their beneficiaries and dependents and (2) active participants and their beneficiaries and dependents after retirement from service with participating employers. These benefit obligations represent the actuarial present value of the cost of those estimated future benefits that are attributed by the terms of the Plan to participant service rendered to the date of the financial statements, reduced by the actuarial present value of contributions expected to be received in the future from current retirees of the Plan. Currently, retirees are required to contribute to the plan, at a rate of \$3,025 per quarter. The obligations represent the amounts that are expected to be funded by contributions from the participating employers and from existing assets of the Plan. Prior to an active participant's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributable to that participant's service with a participating employer or employers rendered to the valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by the Plan's actuary, United Actuarial Services, Inc., and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, or retirement) between the valuation date and the expected date of payment.

For measurement purposes, a 7.9 percent weighted average annual rate of increase in the average per capita cost of covered health care benefits was assumed for 2024; the rate was assumed to decrease gradually to 4.00 percent for 2040 and to remain at that level thereafter. To measure the benefit obligation at December 31, 2023, a 7.9 percent weighted average annual rate of increase in the average per capita cost of covered

CENTRAL ILLINOIS CARPENTERS HEALTH & WELFARE TRUST FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

health care benefits was assumed; the rate was assumed to decrease gradually to 4.0 percent for 2039. The following were other significant assumptions used in the valuations as of December 31, 2024 and 2023:

- 12/31/24: Pri-2012 Blue Collar Mortality Table projected forward using the MP-2021 projection scale
- 12/31/23: Pri-2012 Blue Collar Mortality Table projected forward using the MP-2021 projection scale
- Withdrawal Rate

<u>Age</u>	<u>Rate</u>
20	7.94%
30	7.22%
40	5.15%
50	2.56%

- Discount rate of 5.50% for 2024; 5.00% for 2023
- Retirement Incidence:

<u>Age</u>	<u>Current Rate</u>
55	25%
56	20%
57-59	15%
60	25%
61	20%
62	30%
63-66	10%
67	100%

- Spousal age difference: Wives are assumed to be 2 years younger than husbands for current and future retirees.
- Administrative Expenses: Based on actual administrative expenses for plan year ending December 31, 2024, expressed as a percentage load (rounded) on medical cost.
- The annual Medicare Part D subsidy per capita cost is \$0 and \$0 for years ended December 31, 2024 and 2023.

The postretirement benefit obligation is reported net of the value of retiree contributions:

	<u>2024</u>	<u>2023</u>
Effect of Retiree Contributions		
Plan Benefits before Reduction for Retiree Contributions	\$ 214,435,627	\$ 182,026,580
Less Projected Retiree Contributions	<u>(79,788,813)</u>	<u>(82,622,615)</u>
Net Obligation	<u>\$ 134,646,814</u>	<u>\$ 99,403,965</u>

CENTRAL ILLINOIS CARPENTERS HEALTH & WELFARE TRUST FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

The foregoing 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 the postretirement benefit obligation.

The weighted average health care cost trend rate assumption has a significant effect on the amounts reported as postretirement benefit obligations. If the assumed rates increased by 1 percentage point in each year, it would increase the obligations as of December 31, 2024 and 2023, by \$14,067,240 and \$10,543,522, respectively.

The Plan's deficiency of net assets over benefit obligations at December 31, 2024 and 2023, relates primarily to the postretirement benefit obligation, the funding of which is not covered by the contribution rate provided by the current bargaining agreement. However, the plan empowers the board of trustees to establish self-payments by eligible retired participants and modify the terms and conditions under which retiree eligibility may be maintained; therefore, the cost to the Plan can be reduced or eliminated prospectively by action of the board of trustees.

NOTE 3: FAIR VALUE MEASUREMENTS

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

Level 1 Fair Value Measurements

Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan can access.

Level 2 Fair Value Measurements

Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Fair Value Measurements

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

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

CENTRAL ILLINOIS CARPENTERS HEALTH & WELFARE TRUST FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 3: FAIR VALUE MEASUREMENTS (continued)

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Certificates of Deposit: Valued on original cost plus accrued interest. In the event they are redeemed prior to maturity they may be subject to a penalty.

Money Market Funds: Federated Government Obligations Fund is an open-ended fund incorporated in the USA. The Fund's objective seeks to provide current income consistent with stability of principal by investing primarily in a portfolio of short-term U.S. Treasury and government securities. The Fund invests primarily in a portfolio of short-term U.S. treasury and government securities maturing in 397 days or less. These investments include repurchase agreements collateralized fully by U.S. Treasury and government securities. Morgan Stanley U.S. Government Money Market Trust is a money market fund that seeks to provide security of principal, high current income, and liquidity. The money markets are not insured nor guaranteed by the FDIC or any other government agency. Although the funds seek to preserve the value of the investments at \$1 per share, there can be no assurance that it will occur, and it is possible to lose money should the funds' value per share fall.

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

Cash – Interest Bearing: Valued on original cost.

Registered Investment Companies: Valued at the daily closing price as reported by the fund. Registered investment companies held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The registered investment companies held by the Plan are deemed to be actively traded.

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

Common Stock and Exchange Traded Funds: Valued at the closing price reported on the active market on which the individual securities are traded.

Pooled Separate Accounts: Valued at the net asset value of shares held by the Plan at year end. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the

CENTRAL ILLINOIS CARPENTERS HEALTH & WELFARE TRUST FUND**NOTES TO FINANCIAL STATEMENTS****DECEMBER 31, 2024 AND 2023****NOTE 3: FAIR VALUE MEASUREMENTS (continued)**

reported NAV. Pooled separate accounts are made up of a wide variety of underlying investments such as equities, preferred stock, bonds, real estate and mutual funds. NAV is not a publicly quoted price in an active market.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024:

Fair Value Measurements at Reporting Date Using:

	Quoted Prices in Active Markets <u>Level 1</u>	Significant Other Observable Inputs <u>Level 2</u>	Significant Unobservable Inputs <u>Level 3</u>	<u>Total</u>
U.S. Government Securities	\$ -	\$ 14,695,933	\$ -	\$ 14,695,933
Corporate Bonds	-	8,998,258	-	8,998,258
Municipal Bonds	-	245,277	-	245,277
Reg. Investment Company	7,941,119	-	-	7,941,119
Exchange Traded Funds	23,853,038	-	-	23,853,038
Certificates of Deposit	-	-	-	-
Cash - Interest Bearing	5,632,682	-	-	5,632,682
Money Market Funds	5,566,805	-	-	5,566,805
Total Assets in the Fair Value Hierarchy	<u>\$ 42,993,644</u>	<u>\$ 23,939,468</u>	<u>\$ -</u>	<u>\$ 66,933,112</u>
Investments Measured at NAV	-	-	-	3,983,354
Total Investments at Fair Value	<u>\$ 42,993,644</u>	<u>\$ 23,939,468</u>	<u>\$ -</u>	<u>\$ 70,916,466</u>

CENTRAL ILLINOIS CARPENTERS HEALTH & WELFARE TRUST FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 3: FAIR VALUE MEASUREMENTS (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2023:

Fair Value Measurements at Reporting Date Using:

	Quoted Prices in Active Markets <u>Level 1</u>	Significant Other Observable Inputs <u>Level 2</u>	Significant Unobservable Inputs <u>Level 3</u>	<u>Total</u>
U.S. Government Securities	\$ -	\$ 12,202,956	\$ -	\$ 12,202,956
Corporate Bonds	-	9,200,619	-	9,200,619
Municipal Bonds	-	361,359	-	361,359
Reg. Investment Company	1,584,145	-	-	1,584,145
Exchange Traded Funds	26,132,282	-	-	26,132,282
Certificates of Deposit	-	68,304	-	68,304
Cash - Interest Bearing	8,629,363	-	-	8,629,363
Money Market Funds	6,733,071	-	-	6,733,071
Total Assets in the Fair Value Hierarchy	\$ 43,078,861	\$ 21,833,238	\$ -	\$ 64,912,099
Investments Measured at NAV	-	-	-	3,756,197
Total Investments at Fair Value	\$ 43,078,861	\$ 21,833,238	\$ -	\$ 68,668,296

Fair Value of Investments in Entities that Use NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2024 and 2023, respectively.

<u>December 31, 2024</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
ULLICO W-1	\$ 3,983,354	\$ -	Quarterly	See Below
<u>December 31, 2023</u>	<u>Fair Value</u>	<u>Unfunded Commitments</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
ULLICO W-1	\$ 3,756,197	\$ -	Quarterly	See Below

CENTRAL ILLINOIS CARPENTERS HEALTH & WELFARE TRUST FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 3: FAIR VALUE MEASUREMENTS (continued)

Pooled Separate Account

Separate Account W1 of the Union Labor Life Insurance Company

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

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

NOTE 4: TAX STATUS

The Trust established under the Plan to hold the Plan's assets is intended to qualify pursuant to Section 501(c)(9) of the Internal Revenue Code, and, accordingly, the Trust's net investment income is exempt from income taxes. The Trust has obtained a favorable tax determination letter from the Internal Revenue Service dated August 27, 1982, and the Plan's board of trustees believes that the Trust, as amended, continues to qualify and to operate in accordance with applicable provisions of the Internal Revenue Code.

The total amounts of interest and penalties recognized in the Statements of Changes in Net Assets Available for Benefits and the total amounts of interest and penalties recognized in the Statements of Net Assets Available for Benefits are \$0. Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain tax position that more likely than not would not be sustained upon examination by federal and state taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan has never had unrelated business income tax (UBIT). For years in which the Form 990-T has been filed, those years are open for examination for three

CENTRAL ILLINOIS CARPENTERS HEALTH & WELFARE TRUST FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 4: TAX STATUS (continued)

years from the date of the filing. All other tax years are open for examination by federal and state taxing authorities.

NOTE 5: PRIOR YEAR RECLASSIFICATIONS

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

NOTE 6: RELATED PARTY AND REPORTABLE TRANSACTIONS

The Plan pays fees for several arrangements with service providers and affiliated entities. These transactions are considered exempt party-in-interest transactions under ERISA. The Plan has contracted with the Central Illinois Carpenters' Retirement Savings Fund to collect and process all employer contributions, and for maintenance of employer and participant records. This fee was 2% of the contributions collected with a maximum of \$40,000 and \$40,000, for the years ended December 31, 2024 and 2023. The total fee collected reached the maximum for both years. The Retirement Savings Fund reimburses the Plan for employees that perform work on the Retirement Savings Fund. Total reimbursements for the years ended December 31, 2024 and 2023 were \$105,515 and \$114,750, respectively. The Retirement Savings Fund also reimbursed the Plan for postage expense totaling \$15,156 and \$18,889 as of December 31, 2024 and 2023. The Retirement Savings Fund owes the Plan \$21,282 and \$12,734 as of December 31, 2024 and 2023, respectively.

The Plan has also contracted with the Mid-Central Illinois Joint Labor Management Substance Abuse Fund to collect and process all employer contributions. This fee was 2% of the contributions collected. Also, the Plan charged \$1,000 per month for administrative services to the Mid-Central Illinois Joint Labor Management Substance Abuse Fund. The total fees collected from this fund were \$25,568 and \$26,269 as of December 31, 2024 and 2023.

In addition, the Plan also collects employer contributions for various other related organizations. A service fee of 2% was collected from each organization up to a maximum of \$35,000. This fee amounted to \$128,645 and \$129,783 for the years ended December 31, 2024 and 2023.

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

CENTRAL ILLINOIS CARPENTERS HEALTH & WELFARE TRUST FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 7: RECONCILIATION OF FINANCIAL STATEMENTS

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500:

	<u>2024</u>	<u>2023</u>
Net Assets Available for Benefits Per the Financial Statements	\$ 73,149,712	\$ 71,325,253
Benefit Obligations Currently Payable (Health Claims, Death, and Disability Benefits)	<u>(2,814,000)</u>	<u>(3,007,000)</u>
Net Assets Available for Benefits Per Form 5500	<u>\$ 70,335,712</u>	<u>\$ 68,318,253</u>

The following is a reconciliation of benefits paid to participants per the financial statements to Form 5500:

	Year Ended <u>December 31, 2024</u>
Claims Paid to Participants Per the Financial Statements	\$ 33,992,416
Add: Amounts Currently Payable at December 31, 2024	2,814,000
Less: Amounts Currently Payable at December 31, 2023	<u>(3,007,000)</u>
Claims Paid to Participants Per Form 5500	<u>\$ 33,799,416</u>

Claims that have been processed and approved for payment at year-end but not paid and claims incurred but not reported are not considered a liability under GAAP and, therefore, are not presented as liabilities or claims paid in the accompanying financial statements, but are recorded on Form 5500 as a liability.

Under GAAP, property and equipment are recorded at cost less accumulated depreciation, whereas the Form 5500 reporting requires all plan assets to be recorded at fair value, thus, creating a reconciliation of the difference between the fair value and the net property value recorded on the financial statements. The Plan believes book value approximates current value; therefore, there is no difference between book value and fair value on the financial statements and Form 5500.

NOTE 8: SUBSEQUENT EVENTS

Management has evaluated subsequent events through September 26, 2025, the date on which the financial statements were available to be issued.

CENTRAL ILLINOIS CARPENTERS HEALTH & WELFARE TRUST FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 9: OPERATING LEASES

The Plan entered into a lease agreement for a postage machine. The lease requires 36 monthly payments in the amount of \$553, beginning in August of 2023. The next five years' lease payments are as follows:

For the year ending:

2025	\$ 6,630
2026	\$ 6,078
2027	\$ -
2028	\$ -
2029	\$ -

Lease expense for the years ended December 31, 2024 and 2023, was \$6,764 and \$7,035.

NOTE 10: RISKS AND UNCERTAINTIES

Investment Risk

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Concentration of Revenue

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

Benefit Obligation Risk

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates and participant 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.

Concentration of Credit Risk

Credit risk related to the Plan's financial instruments is the vulnerability from concentrations when a plan is exposed to risk of loss greater than it would have had it mitigated its risk through diversification. The board of trustees has established various procedures to monitor credit risk, including oversight of the investment portfolio by a qualified investment consultant and continual review of the portfolio by the trustees on a quarterly basis.

The Plan's investment in the Vanguard Total Stock Market represents 18% and 17% of the Plan's net assets available for benefits as of December 31, 2024 and 2023, respectively. This subjects the Plan to concentrations of credit risk.

CENTRAL ILLINOIS CARPENTERS HEALTH & WELFARE TRUST FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 10: RISKS AND UNCERTAINTIES (continued)

Concentration of Credit Risk

The Plan holds cash in accounts at several institutions. The Federal Deposit Insurance Corporation (FDIC) insures account balances up to \$250,000. The Plan held cash in accounts as of December 31, 2024 and 2023, as follows:

	2024	
	<u>Book</u>	<u>Bank</u>
FDIC - Insured Deposits	\$ 261,336	\$ 261,336
Uninsured Deposits:		
Sweep Invested in Fidelity Inst. Money Market Treasury Portfolio	<u>5,371,346</u>	<u>8,102,761</u>
Total Uninsured Deposits	<u>5,371,346</u>	<u>8,102,761</u>
TOTAL CASH	<u>\$ 5,632,682</u>	<u>\$ 8,364,097</u>

	2023	
	<u>Book</u>	<u>Bank</u>
FDIC - Insured Deposits	\$ 240,761	\$ 240,761
Uninsured Deposits:		
Sweep Invested in Fidelity Inst. Money Market Treasury Portfolio	<u>8,388,602</u>	<u>10,931,565</u>
Total Uninsured Deposits	<u>8,388,602</u>	<u>10,931,565</u>
TOTAL CASH	<u>\$ 8,629,363</u>	<u>\$ 11,172,326</u>

The Plan has cash invested in the Morgan Stanley U.S. Government Money Market Fund and Federated Government Obligations Fund. An investment in these funds is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. Although the funds seek to preserve the value of the investments at \$1.00 per share, it is possible to lose money by investing in these funds.

The Plan has certificates of deposit at various financial institutions. These are insured by the Federal Deposit Insurance Corporation and have not exceeded the limit for the years ended December 31, 2024 and 2023.

NOTE 11: MEDICARE SUBSIDY

On December 8, 2003, the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (the Act) for employers sponsoring postretirement health care plans that provide prescription drug benefits was signed into law. The Act introduces a prescription drug benefit under Medicare as well as a federal subsidy to sponsors of retiree health care benefit plans providing a benefit that is at least actuarially equivalent to Medicare Part D.1. Under the Act, for multiemployer plans, any Medicare subsidy is received directly by the plan trust and not the individual employers participating in the Plan. The Plan's accumulated postretirement benefit obligation and the changes in the benefit obligation do not reflect any amount associated with the Medicare subsidy.

CENTRAL ILLINOIS CARPENTERS HEALTH & WELFARE TRUST FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 12: PARTICIPATION IN MULTIEMPLOYER PLANS

Defined Benefit Pension Plans

The Plan’s office employees are covered by the Pension Plan, a multiemployer defined benefit pension plan. The risks of participating in a multiemployer plan are different from single employer plans in the following aspects:

- Assets contributed to a multiemployer defined benefit pension plan by one employer may be used to provide benefits to employees of other participating employers.
- If a participating employer stops contributing to the Plan, the unfunded obligations of the Plan may be borne by the remaining participating employers.
- If the Plan chooses to stop participating in this plan, the Plan may be required to pay an amount based on the underfunded status of the Plan, referred to as withdrawal liability.

The Plan’s participation in this plan for the years ended December 31, 2023 and 2022, is outlined in the following table. The "EIN/Pension Plan Number" column provides the Employer Identification Number (EIN) and the three-digit plan number (PN). The zone status is based on information that is certified by the Plan’s actuary. Among other factors, plans in the red zone are below 65% funded; plans in the yellow zone are between 65% and 80% funded; and plans in the green zone are at least 80% funded. The "FIP/RP Status Pending/Implemented" column indicates plans for which a funding improvement plan (FIP) or rehabilitation plan (RP) is either pending or has been implemented. In addition to regular plan contributions, the Plan may be subject to a surcharge if the Plan is in the red zone. The “Surcharge Imposed” column indicates whether a surcharge has been imposed on contributions to the Plan. There have been no significant changes that affect the comparability of 2024 and 2023.

<u>Pension Fund</u>	<u>EIN/PN</u>	<u>Pension Protection Act Zone Status 2025</u>	<u>Pension Protection Act Zone Status 2024</u>	<u>FIP/RP Status Pending/Implemented</u>	<u>Contributions 2024</u>	<u>Contributions 2023</u>	<u>Surcharge Imposed</u>
Carpenters Pension Fund of Illinois	36-6147396/001	Green	Green	N/A	\$53,449	\$52,769	No

Contributions are made monthly under the terms of a participation agreement, which does not have an expiration date. The Plan’s contributions do not represent more than 5% of total contributions to the pension plan as indicated in the pension plan’s most recently available annual reports.

CENTRAL ILLINOIS CARPENTERS HEALTH & WELFARE TRUST FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 12: PARTICIPATION IN MULTIEMPLOYER PLANS (continued)

Defined Contribution Retirement Plans

The Plan's employees are covered by an annuity plan, a multiemployer defined contribution retirement plan. Contributions to annuity plans are based upon hours worked and are made monthly under the terms of a participation agreement. Contributions to the annuity plans for the years ended December 31, 2024 and 2023, totaled \$42,032 and \$27,602.

Welfare Plan That Provides Postretirement Benefits

The Plan's employees are also covered by this Plan, a multiemployer welfare plan, that provides health benefits to eligible employees and their dependents and retirees. Contributions to the welfare plan are made monthly under the terms of a participation agreement. Contributions to this welfare plan for the years ended December 31, 2024 and 2023, totaled \$158,428 and \$152,347.

NOTE 13: PLAN AMENDMENTS

The Summary Plan Description was restated as of August 1, 2019. Readers should refer to this Summary Plan Description and the various plan announcements that were mailed out to the participants.

Effective September 21, 2023, the Covered Dental Expenses section was updated to cover orthodontia treatment.

Effective December 19, 2023, the Covered Medical Expenses section of the SPD was amended to include gender affirmation treatment and services.

Effective January 1, 2024, the Prescription Drug Limitations section was updated, and the retiree self-pay option was amended to include lookback hours to be used to maintain coverage and meet eligibility requirements.

Effective May 1, 2024, the requirements for qualifying for the disability benefit were amended.

Effective May 30, 2024, the process for adding dependents was amended to provide additional time to add a dependent under certain circumstances, as well as define supporting documentation needed to add a dependent.

Effective June 1, 2024, the Plan was amended to exclude any expenses related to gene or cellular therapies. The Plan was also amended to clarify surviving spouses that could be eligible for self-payments if their spouse dies before making their initial retiree self-payment.

CENTRAL ILLINOIS CARPENTERS HEALTH & WELFARE TRUST FUND

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 14: OTHER INCOME

Other income reported on Statement B consists of the following:

	<u>2024</u>	<u>2023</u>
Liquidated Damages	\$ 928	\$ -
Expenses Reimbursed	8,331	-
Refunds	7,900	442
Reimbursement from Retirement Savings Fund	120,672	133,639
Retiree Self-Pay Credit Card Fees	675	900
Gain (Loss) On Disposal of Fixed Asset	-	(2,777)
Total Other Income	<u>\$ 138,506</u>	<u>\$ 132,204</u>

CENTRAL ILLINOIS CARPENTERS HEALTH & WELFARE TRUST FUND**NOTES TO FINANCIAL STATEMENTS****DECEMBER 31, 2024 AND 2023****NOTE 15: ADMINISTRATIVE EXPENSES**

A summary of expenses incurred by the Plan during the years ended December 31, 2024 and 2023, follows:

	<u>2024</u>	<u>2023</u>
Wages	\$ 386,984	\$ 361,029
Payroll Taxes	49,282	50,760
Benefits	253,909	232,545
Vision Administrative Expense	30,946	29,197
Computer Services	218,672	190,385
Property Taxes	20,377	20,053
Depreciation	50,452	102,638
Utilities and Telephone	23,490	19,536
Insurance	35,186	36,120
Actuary Fees	14,050	17,000
Audit Fees	25,200	25,200
Payroll Compliance Fees	128,432	101,797
Delinquency Administration Fees	60,156	60,156
Legal Fees	154,486	111,324
Consulting Fees	56,000	56,000
PCORI Fees	19,512	14,524
Office Expense	88,435	84,343
Postage Expense	76,972	69,853
Bank Charges	6,776	7,361
BCBS Administrative Fees	533,502	400,385
Membership Dues	5,697	5,512
Repairs and Maintenance	2,353	2,603
Travel, Convention, and Meeting Expense	6,694	4,712
Independent Fiduciary	18,531	26,360
Investment Consulting	32,000	32,000
MACRC Administrator Fees	85,547	86,875
Total Administrative Expenses	<u>\$ 2,383,641</u>	<u>\$ 2,148,268</u>

**CENTRAL ILLINOIS CARPENTERS HEALTH & WELFARE TRUST FUND
SUPPLEMENTAL INFORMATION**

CENTRAL ILLINOIS CARPENTERS HEALTH & WELFARE TRUST FUND

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

SCHEDULE 1

37-1117215 PLAN #501

DECEMBER 31, 2024

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Par or Maturity Value	(d) Cost	(e) Current Value
	US TREASURY NOTE	US GOV'T SECURITY	5/31/26	0.75%	813,000	\$780,998	\$774,525
	US TREASURY NOTE	US GOV'T SECURITY	9/30/26	3.50%	668,000	661,813	659,754
	US TREASURY NOTE	US GOV'T SECURITY	2/28/27	1.125%	294,000	293,506	275,338
	US TREASURY NOTE	US GOV'T SECURITY	8/31/27	3.125	563,000	543,303	546,924
	US TREASURY NOTE	US GOV'T SECURITY	2/29/28	4.0%	604,000	609,221	598,809
	US TREASURY NOTE	US GOV'T SECURITY	4/30/28	3.5%	338,000	332,311	329,576
	US TREASURY NOTE	US GOV'T SECURITY	5/31/28	1.25%	303,000	291,990	273,777
	US TREASURY NOTE	US GOV'T SECURITY	11/15/28	3.125%	860,000	844,933	823,148
	US TREASURY NOTE	US GOV'T SECURITY	8/15/29	1.625%	307,000	290,554	272,618
	US TREASURY NOTE	US GOV'T SECURITY	11/30/29	4.125%	555,000	555,564	548,951
	US TREASURY NOTE	US GOV'T SECURITY	11/15/30	0.875%	535,000	474,353	438,073
	US TREASURY NOTE	US GOV'T SECURITY	2/15/32	1.875%	579,000	493,455	487,310
	US TREASURY NOTE	US GOV'T SECURITY	2/15/33	3.5%	345,000	331,946	321,175
	US TREASURY NOTE	US GOV'T SECURITY	2/15/34	4.0%	390,000	382,931	373,669
	US TREASURY BILL	US GOV'T SECURITY	1/21/25	0.0%	395,000	389,506	394,112
	US TREASURY BILL	US GOV'T SECURITY	2/18/25	0.0%	405,000	399,510	402,789
	US TREASURY NOTE	US GOV'T SECURITY	4/30/26	0.75%	135,000	134,314	128,975
	US TREASURY NOTE	US GOV'T SECURITY	8/31/26	0.75%	207,000	206,822	195,530
	US TREASURY NOTE	US GOV'T SECURITY	9/30/26	0.875	207,000	205,884	195,385
	US TREASURY NOTE	US GOV'T SECURITY	11/15/26	2.0%	240,000	253,163	230,400
	US TREASURY NOTE	US GOV'T SECURITY	5/31/27	0.50%	125,000	123,252	114,375
	US TREASURY NOTE	US GOV'T SECURITY	9/15/27	3.375%	230,000	226,712	224,843
	US TREASURY NOTE	US GOV'T SECURITY	10/15/27	3.875%	200,000	198,633	197,945
	US TREASURY NOTE	US GOV'T SECURITY	10/31/27	4.125%	150,000	148,307	149,455
	US TREASURY NOTE	US GOV'T SECURITY	6/30/28	1.25%	75,000	76,145	67,614
	US TREASURY NOTE	US GOV'T SECURITY	10/31/28	4.875%	300,000	306,070	305,484
	US TREASURY NOTE	US GOV'T SECURITY	11/30/28	1.5%	150,000	151,248	134,760
	US TREASURY NOTE	US GOV'T SECURITY	2/28/29	4.25%	200,000	200,383	199,172
	US TREASURY NOTE	US GOV'T SECURITY	4/30/29	4.625%	900,000	904,359	909,141
	US TREASURY NOTE	US GOV'T SECURITY	5/31/29	4.5%	250,000	251,777	251,299
	US TREASURY NOTE	US GOV'T SECURITY	11/30/29	4.125%	270,000	270,527	267,057
	US TREASURY NOTE	US GOV'T SECURITY	5/15/30	0.625%	35,000	34,058	28,738
	US TREASURY NOTE	US GOV'T SECURITY	8/15/30	0.625%	30,000	29,705	24,383
	US TREASURY NOTE	US GOV'T SECURITY	5/15/31	1.625%	310,500	316,837	262,081
	US TREASURY NOTE	US GOV'T SECURITY	8/15/31	1.25%	135,000	132,442	110,246
	US TREASURY NOTE	US GOV'T SECURITY	2/15/32	1.875%	330,000	301,718	277,741
	US TREASURY NOTE	US GOV'T SECURITY	8/15/32	2.75%	100,000	95,363	88,758
	US TREASURY NOTE	US GOV'T SECURITY	11/15/32	4.125%	560,000	580,977	546,525
	US TREASURY NOTE	US GOV'T SECURITY	2/15/33	3.5%	210,000	209,838	195,497
	US TREASURY NOTE	US GOV'T SECURITY	11/15/33	4.5%	60,000	61,430	59,775
	US TREASURY NOTE	US GOV'T SECURITY	2/15/34	4.0%	260,000	252,371	249,112
	US TREASURY NOTE	US GOV'T SECURITY	5/15/34	4.375%	150,000	154,295	147,833
	US TREASURY NOTE	US GOV'T SECURITY	8/15/34	3.875%	325,000	330,597	307,558
	FNMA	US GOV'T SECURITY	4/24/26	2.125%	225,000	215,487	218,781
	FNMA REMIC TRUST 2023-M5 2A2	US GOV'T SECURITY	7/25/28	4.5%	165,000	141,740	143,886
	FHLMC 20 YR GOLD C91594	US GOV'T SECURITY	1/1/33	3.0%	225,000	28,712	25,834
	FNMA POOL FM4044	US GOV'T SECURITY	8/1/35	2.0%	85,000	37,931	32,159
	FNMA POOL BQ9287	US GOV'T SECURITY	12/1/35	2.0%	60,000	28,789	24,624
	FNMA POOL CA8788	US GOV'T SECURITY	1/1/36	2.0%	130,000	69,861	57,882

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

CENTRAL ILLINOIS CARPENTERS HEALTH & WELFARE TRUST FUND

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

SCHEDULE 1

37-1117215 PLAN #501

DECEMBER 31, 2024

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Par or Maturity Value	(d) Cost	(e) Current Value
	FHLMC 15 YR GOLD QN4824	US GOV'T SECURITY	1/1/36	2.0%	85,000	44,804	38,216
	FNMA POOL BT1296	US GOV'T SECURITY	7/1/36	2.0%	60,000	36,233	31,019
	FNMA POOL BT2752	US GOV'T SECURITY	8/1/36	2.0%	40,000	23,492	20,119
	GNR 2013-72 A	US GOV'T SECURITY	10/16/46	2.039%	150,000	17,088	15,011
	FHLMC 30 YR GOLD Q60419	US GOV'T SECURITY	12/1/48	4.0%	105,000	8,407	7,573
	FHLMC 15 YR GOLD QA0127	US GOV'T SECURITY	6/1/49	3.5%	90,000	20,934	18,302
	FHLMC 30 YR GOLD QA3329	US GOV'T SECURITY	10/1/49	3.0%	75,000	18,299	15,521
	FHLMC 30 YR GOLD QA4404	US GOV'T SECURITY	11/1/49	3.0%	110,000	39,257	33,221
	FNMA POOL MA5107	US GOV'T SECURITY	8/1/53	5.5%	717,671	601,193	623,555
	TOTAL	US GOV'T SECURITY				\$15,165,348	\$14,695,933
	AT&T	CORPORATE BOND	3/25/26	1.70%	229,000	\$210,232	\$220,888
	ABBVIE	CORPORATE BOND	11/21/26	2.95%	284,000	268,303	275,987
	MCDONALDS	CORPORATE BOND	7/1/27	3.5%	140,000	153,186	136,411
	AMAZON.COM	CORPORATE BOND	8/22/27	3.15%	141,000	135,913	136,133
	GOLDMAN SACHS GROUP	CORPORATE BOND	10/21/27	1.948%	291,000	284,848	276,086
	CHEVRON USA	CORPORATE BOND	1/15/28	3.85%	138,000	140,336	136,185
	LOWE'S COS	CORPORATE BOND	4/15/28	1.3%	154,000	143,375	137,772
	ORACLE	CORPORATE BOND	5/6/29	4.5%	221,000	215,890	218,880
	WELLS FARGO & CO	CORPORATE BOND	6/2/28	2.393%	290,000	273,207	273,131
	BANK OF AMERICA	CORPORATE BOND	12/20/28	3.419%	284,000	288,780	272,186
	ENTERPRISE PRODUCTS OPERATING	CORPORATE BOND	7/31/29	3.125%	233,000	229,487	216,886
	UNITEDHEALTH GROUP	CORPORATE BOND	5/15/30	2.0%	318,000	313,609	274,102
	JPMORGAN CHASE	CORPORATE BOND	10/1/30	2.739%	303,000	305,720	272,936
	VERIZON COMMUNICATIONS	CORPORATE BOND	1/20/31	1.75%	329,000	300,881	271,387
	CITIGROUP	CORPORATE BOND	6/3/31	2.572%	309,000	296,358	269,420
	COMCAST	CORPORATE BOND	5/15/33	4.8%	280,000	275,573	272,073
	CVS HEALTH	CORPORATE BOND	6/1/33	5.3%	274,000	269,823	262,921
	DEVON ENERGY	CORPORATE BOND	9/15/34	5.2%	282,000	280,925	268,217
	BANK OF AMERICA	CORPORATE BOND	1/22/25	4.0%	70,000	72,956	69,972
	3M	CORPORATE BOND	2/14/25	2.0%	35,000	34,790	34,882
	SABINE PASS LIQUEFACTION	CORPORATE BOND	3/1/25	5.625%	10,000	11,241	10,004
	CHUBB INA HOLDINGS	CORPORATE BOND	3/15/25	3.15%	72,000	70,580	71,771
	EOG RESOURCES	CORPORATE BOND	4/1/25	3.15%	40,000	41,214	39,830
	TARGET	CORPORATE BOND	4/15/25	2.25%	40,000	39,934	39,730
	TRUIST FINANCIAL	CORPORATE BOND	5/1/25	4.0%	70,000	74,423	69,805
	GOLDMAN SACHS GROUP	CORPORATE BOND	5/22/25	3.75%	68,000	67,820	67,764
	COMCAST	CORPORATE BOND	8/15/25	3.375%	35,000	38,722	34,701
	RTX	CORPORATE BOND	8/16/25	3.95%	80,000	88,968	79,615
	AIR PRODUCTS AND CHEMICALS	CORPORATE BOND	10/15/25	1.5%	40,000	40,069	39,084
	NATIONAL RURAL UTILITIES COOP FIN	CORPORATE BOND	11/1/25	3.25%	70,000	71,364	69,149
	TORONTO-DOMINION BANK	CORPORATE BOND	1/6/26	0.75%	45,000	44,934	43,289
	MARSH & MCLENNAN COS	CORPORATE BOND	3/14/26	3.75%	60,000	63,411	59,466
	PIONEER NATURAL RESOURCES	CORPORATE BOND	3/29/26	5.1%	20,000	19,990	20,137
	ORACLE	CORPORATE BOND	8/15/26	2.65%	65,000	63,924	63,074
	VERIZON COMMUNICATIONS	CORPORATE BOND	8/15/26	2.625%	70,000	69,425	67,939
	PUBLIC SERVICE ELECTRIC & GAS	CORPORATE BOND	9/15/26	2.25%	80,000	75,681	76,994
	GOLDMAN SACHS GROUP	CORPORATE BOND	1/26/27	3.85%	75,000	75,363	73,613
	DISCOVER FINANCIAL SERVICES	CORPORATE BOND	2/9/27	4.1%	105,000	106,469	103,128

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

CENTRAL ILLINOIS CARPENTERS HEALTH & WELFARE TRUST FUND

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

SCHEDULE 1

37-1117215 PLAN #501

DECEMBER 31, 2024

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Par or Maturity Value	(d) Cost	(e) Current Value
	WORKDAY	CORPORATE BOND	4/1/27	3.5%	86,000	85,949	83,822
	HOME DEPOT	CORPORATE BOND	4/15/27	2.875%	191,000	180,873	184,647
	VISA	CORPORATE BOND	4/15/27	1.9%	200,000	185,534	189,120
	AUTOZONE	CORPORATE BOND	6/1/27	3.75%	75,000	83,289	73,297
	COSTCO WHOLESALE	CORPORATE BOND	6/20/27	1.375%	70,000	70,066	65,078
	AT&T	CORPORATE BOND	2/1/28	1.65%	208,000	182,628	189,206
	COMCAST	CORPORATE BOND	2/15/28	3.15%	160,000	152,788	152,426
	T-MOBILE USA	CORPORATE BOND	3/15/28	4.95%	179,000	176,377	179,070
	CVS HEALTH	CORPORATE BOND	3/25/28	4.3%	16,000	17,241	15,514
	PUBLIC STORAGE	CORPORATE BOND	5/1/28	1.85%	55,000	55,095	50,163
	SALESFORCE.COM	CORPORATE BOND	7/15/28	1.5%	115,000	104,563	103,375
	PNC FINL SERVICES GRP	CORPORATE BOND	12/2/28	5.354%	120,000	120,000	121,698
	AMAZON.COM	CORPORATE BOND	4/13/29	3.45%	165,000	156,239	158,233
	ONEOK	CORPORATE BOND	9/1/29	3.4%	45,000	43,484	41,863
	VERIZON COMMUNICATIONS	CORPORATE BOND	12/3/29	4.016%	50,000	60,405	47,972
	KRAFT HEINZ FOODS	CORPORATE BOND	4/1/30	3.75%	175,000	163,894	165,394
	RAYMOND JAMES FINANCIAL	CORPORATE BOND	4/1/30	4.65%	120,000	131,430	118,691
	PROLOGIS	CORPORATE BOND	7/1/30	1.75%	20,000	19,814	16,872
	HANOVER INSURANCE GROUP	CORPORATE BOND	9/1/30	2.5%	90,000	91,126	77,509
	TRACTOR SUPPLY	CORPORATE BOND	11/1/30	1.75%	75,000	74,192	62,734
	BROADCOM	CORPORATE BOND	11/15/30	4.15%	100,000	100,887	95,653
	WALT DISNEY	CORPORATE BOND	1/13/31	2.65%	210,000	182,008	185,824
	BANK OF AMERICA	CORPORATE BOND	2/13/31	2.496%	90,000	90,000	79,125
	EQUINIX	CORPORATE BOND	4/15/32	3.9%	102,000	101,129	94,004
	RIO TINTO FINANCE USA	CORPORATE BOND	3/9/33	5.0%	80,000	78,950	79,923
	HCA	CORPORATE BOND	6/1/33	5.5%	165,000	163,881	163,201
	DOMINION ENERGY	CORPORATE BOND	8/1/33	5.25%	200,000	200,694	197,580
	ELI LILLY & CO	CORPORATE BOND	2/9/34	4.7%	185,000	183,615	179,537
	SOUTHERN CO	CORPORATE BOND	3/15/34	5.7%	120,000	124,078	122,726
	JP MORGAN CHASE	CORPORATE BOND	6/1/34	5.35%	195,000	196,725	195,086
	COMET 2022-A3	CORPORATE BOND	10/15/27	4.95%	115,000	114,982	115,424
	FHLMC REMIC SERIES K-075 A-2	CORPORATE BOND	2/25/28	3.65%	70,000	77,317	67,943
	TOTAL	CORPORATE BOND				\$9,326,977	\$8,998,258

	CALIFORNIA ST	MUNICIPAL BOND	4/1/25	3.375%	70,000	\$70,521	\$69829
	GEARY CNTY KANS UNI SCH DIST NO 475 TAXABLE SER-C	MUNICIPAL BOND	9/1/25	2.911%	70,000	70,000	69,408
	ROMEOWILLE ILL TAXABLE GENL OBLIG SER-B	MUNICIPAL BOND	12/30/29	3.000%	30,000	30,846	27,370
	REGIONAL TRANSN AUTH ILL GENL OBLIG REV REF-A	MUNICIPAL BOND	6/1/31	3.000%	50,000	53,454	44,993
	ROMEOWILLE ILL TXBLE GENL OBLIG SER-B	MUNICIPAL BOND	12/30/33	3.050%	40,000	40,000	33,677
	TOTAL	MUNICIPAL BOND				\$264,821	\$245,277

	VANGUARD FTSE EMERGING MKTS	REG'D INV COMPANY			41,000	1,600,152	1,805,640
	CALAMOS MARKET NEUTRAL INC	REG'D INV COMPANY			211,249.783	3,051,673	3,153,959
	BLACKROCK EVENT DRIVEN EQ INST	REG'D INV COMPANY			298,151.998	2,962,829	2,981,520
	TOTAL	REG'D INV COMPANY				\$7,614,654	\$7,941,119

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

CENTRAL ILLINOIS CARPENTERS HEALTH & WELFARE TRUST FUND

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

SCHEDULE 1

37-1117215 PLAN #501

DECEMBER 31, 2024

(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	Description	Maturity Date	Rate of Interest	Par or Maturity Value	(d) Cost	(e) Current Value
	ISHARES CORE S&P SMALL CAP	EXCHG TRADED FUND			11,157.201	\$745,630	\$1,285,533
	ISHARES CORE MSCI EAFE	EXCHG TRADED FUND			86,586	5,416,728	6,085,264
	VANGUARD MID-CAP	EXCHG TRADED FUND			12,301	2,323,351	3,249,063
	VANGUARD TTL STK MKT	EXCHG TRADED FUND			45,661.564	6,288,724	13,233,178
	TOTAL	EXCHG TRADED FUND				\$14,774,433	\$23,853,038
	MORGAN STANLEY CASH	INT BEARING CASH				\$11,336	\$11,336
	INB CHECKING ACCTS	INT BEARING CASH				5,621,346	5,621,346
	TOTAL	INT BEARING CASH				\$5,632,682	\$5,632,682
	INVESCO PREM US GOVT MNY INST	MONEY MARKET FD			3,028,632.84	\$3,028,633	\$3,028,633
	MORGAN STANLEY PRIVATE BANK NA	MONEY MARKET FD				522,652	522,652
	FEDERATED GOV'T OBLIGATIONS FD	MONEY MARKET FD				2,015,520	2,015,520
	TOTAL	MONEY MARKET FD				\$5,566,805	\$5,566,805
	ULLICO W-1 ACCOUNT	POOLED SEP ACCT			2,193,537.41	\$2,464,877	\$3,983,354
	TOTAL INVESTMENTS					\$60,810,597	\$70,916,466

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

CENTRAL ILLINOIS CARPENTERS HEALTH & WELFARE TRUST FUND

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

37-1117215 PLAN #501

FOR THE YEAR ENDED DECEMBER 31, 2024

SCHEDULE 2

(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
MORGAN STANLEY PRIVATE BANK NA	MONEY MARKET	\$ 19,745,599	\$ -	N/A	\$ -	\$ 19,745,599	\$ -	N/A
MORGAN STANLEY PRIVATE BANK NA	MONEY MARKET	\$ -	\$ 19,489,986	N/A	\$ -	\$ 19,489,986	\$ -	\$ 19,489,986

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

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1510-0110
1510-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024



- 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.)
- B** This return/report is: a single-employer plan a DFE (specify) _____
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here
- D** Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description) _____
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information - enter all requested information

1a Name of plan CENTRAL ILLINOIS CARPENTERS HEALTH AND WELFARE FUN	1b Three-digit plan number (PN) ▶	501
	1c Effective date of plan	06/01/1982
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF CENTRAL ILLINOIS CARPENTERS HE 200 S MADIGAN DRIVE LINCOLN IL 62656	2b Employer Identification Number (EIN)	37-1117215
	2c Plan Sponsor's telephone number	217-732-1919
	2d Business code (see instructions)	238900

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

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

SIGN HERE		9/29/23	BRAD KULIFAY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		9/23/23	MATTHEW R. BENDER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

CENTRAL ILLINOIS CARPENTERS HEALTH & WELFARE TRUST FUND

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

37-1117215 PLAN #501

FOR THE YEAR ENDED DECEMBER 31, 2024

SCHEDULE 2

(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
MORGAN STANLEY PRIVATE BANK NA	MONEY MARKET	\$ 19,745,599	\$ -	N/A	\$ -	\$ 19,745,599	\$ -	N/A
MORGAN STANLEY PRIVATE BANK NA	MONEY MARKET	\$ -	\$ 19,489,986	N/A	\$ -	\$ 19,489,986	\$ -	\$ 19,489,986

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