

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, special extension, the DFVC program, etc.
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: ALABAMA COUNCIL ON HUMAN RELATIONS, INC. DEFINED BENEFIT PENSION PLAN
1b Three-digit plan number (PN): 003
1c Effective date of plan: 06/01/1995
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 63-0378133
2c Plan Sponsor's telephone number: 334-821-8336
2d Business code (see instructions): 813000

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

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	269
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)	92
	6a(2)	92
	6b	69
	6c	97
	6d	258
	6e	12
	6f	270
	6g(1)	
6g(2)		
6h		5
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 3D

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

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

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

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

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

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 SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

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

A Name of plan <u>ALABAMA COUNCIL ON HUMAN RELATIONS, INC. DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ALABAMA COUNCIL ON HUMAN RELATIONS, INC.</u>	D Employer Identification Number (EIN) <u>63-0378133</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>06</u>	Day <u>01</u>	Year <u>2024</u>
2 Assets:			
a Market value	2a	<u>17526286</u>	
b Actuarial value	2b	<u>17526286</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>76</u>	<u>8394740</u>	<u>8394740</u>
b For terminated vested participants	<u>101</u>	<u>4924131</u>	<u>4924131</u>
c For active participants	<u>92</u>	<u>3311804</u>	<u>3510247</u>
d Total	<u>269</u>	<u>16630675</u>	<u>16829118</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.39 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>321697</u>	
b Expected plan-related expenses	6b	<u>0</u>	
c Target normal cost	6c	<u>321697</u>	

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

SIGN HERE Signature of actuary <u>R. A. CHILDRESS, EA</u> Type or print name of actuary <u>MARTIN MARTIN RANDALL & ASSOC., INC</u> Firm name <u>4 RIVER BEND PLACE, SUITE 125</u> <u>FLOWOOD, MS 39232</u> Address of the firm	<u>03/03/2026</u> Date <u>23-08838</u> Most recent enrollment number <u>601-932-8500</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	2079969
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	360836
9	Amount remaining (line 7 minus line 8)	0	1719133
10	Interest on line 9 using prior year's actual return of <u>15.79</u> %	0	271451
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.31</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	1293416
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	697168

Part III Funding Percentages			
14	Funding target attainment percentage	14	100.00 %
15	Adjusted funding target attainment percentage	15	104.14 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
06/18/2024	9267	4633	09/03/2024	11687	5843		
07/03/2024	40349	20174	09/13/2024	11627	5813		
07/16/2024	8455	4228	10/07/2024	11084	5542		
08/01/2024	8073	4036	10/15/2024	11771	5886		
08/05/2024	7370	3685	11/01/2024	11766	5883		
08/16/2024	11173	5586	11/20/2024	12296	6148		
			Totals ▶	18(b)	378863	18(c)	189431

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	368483

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

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

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
11/29/2024	11678	5839	03/05/2025	45186	22593		
12/16/2024	14124	7062	03/19/2025	13583	6792		
12/26/2024	27966	13983	04/08/2025	13299	6650		
01/23/2025	15689	7845	04/24/2025	14027	7013		
02/05/2025	14688	7344	05/09/2025	14169	7085		
02/18/2025	15476	7738	05/15/2025	14165	7083		
			Totals ▶	18(b)		18(c)	

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

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

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
06/02/2025	9895	4947					
			Totals ▶	18(b)		18(c)	

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.93 %	2nd segment: 5.27 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 0

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	31a	321697
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	321697
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	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)..... **36** 321697

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 368483

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	46786
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

40 Unpaid minimum required contributions for all years..... **40** 0

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

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **06/01/2024** and ending **05/31/2025**

A Name of plan ALABAMA COUNCIL ON HUMAN RELATIONS, INC. DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 ALABAMA COUNCIL ON HUMAN RELATIONS, INC.	D Employer Identification Number (EIN) 63-0378133	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

TROY BANK AND TRUST COMPANY

63-0212370

(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?
21 28	NONE	153283	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MARTIN MARTIN RANDALL & ASSOC, INC.

64-0765749

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	6050	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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 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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025	
A Name of plan ALABAMA COUNCIL ON HUMAN RELATIONS, INC. DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 ALABAMA COUNCIL ON HUMAN RELATIONS, INC.	D Employer Identification Number (EIN) 63-0378133

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	8310	9895
(2) Participant contributions	1b(2)	4120	4947
(3) Other	1b(3)	45437	18977
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2719272	2288843
(2) U.S. Government securities	1c(2)	1375608	1826417
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	2349106	2411948
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	3454273	3860504
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	7570164	8001656
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	17526290	18423187
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	17526290	18423187

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)	378863	
(B) Participants.....	2a(1)(B)	189431	
(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)		568294
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	85603	
(B) U.S. Government securities.....	2b(1)(B)	94460	
(C) Corporate debt instruments.....	2b(1)(C)	67843	
(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)		247906
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	46935	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	156389	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		203324
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	940562	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	941310	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-748
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1023559
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2042335

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	963645	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		963645
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	153283	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	6050	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	22460	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		181793
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1145438

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		896897
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: **WILKINS MILLER, LLC**

(2) EIN: **27-0355040**

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.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	62276
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	<input type="checkbox"/>	<input type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	

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 596992.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

A Name of plan <u>ALABAMA COUNCIL ON HUMAN RELATIONS, INC. DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ALABAMA COUNCIL ON HUMAN RELATIONS, INC.</u>	D Employer Identification Number (EIN) <u>63-0378133</u>	

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
---	--	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 63-1173700

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3		13
---	--	----

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

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

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

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 30 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J501249A.



**ALABAMA COUNCIL ON HUMAN RELATIONS, INC.
DEFINED BENEFIT PENSION PLAN**

**FINANCIAL STATEMENTS
AND
SUPPLEMENTAL SCHEDULES
MAY 31, 2025 AND 2024**

**ALABAMA COUNCIL ON HUMAN RELATIONS, INC.
DEFINED BENEFIT PENSION PLAN**

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INDEPENDENT AUDITORS' REPORT

The Plan Administrator
Alabama Council on Human Relations, Inc.
Defined Benefit Pension Plan
Auburn, Alabama

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

We have performed audits of the accompanying financial statements of the Alabama Council on Human Relations, Inc. Defined Benefit Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of May 31, 2025 and 2024, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of May 31, 2024, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended May 31, 2025 and 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan'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.

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental Schedule of Assets (Held at End of Year) as of May 31, 2024 and Schedule of Delinquent Participant Contributions for the year ended May 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Williams Miller, LLC

Mobile, Alabama
March 16, 2026

**ALABAMA COUNCIL ON HUMAN RELATIONS, INC.
DEFINED BENEFIT PENSION PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	May 31	
	2025	2024
Assets		
Investments, at fair value	\$ 18,389,368	\$ 17,468,423
Receivables		
Accrued income	18,977	45,437
Employer contribution	9,895	8,310
Employee contribution	4,947	4,120
	33,819	57,867
Net assets available for benefits	\$ 18,423,187	\$ 17,526,290

See accompanying notes to financial statements

**ALABAMA COUNCIL ON HUMAN RELATIONS, INC.
DEFINED BENEFIT PENSION PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended May 31	
	2025	2024
Additions to net assets		
Investment earnings		
Net appreciation in fair value of investments	\$ 1,022,811	\$ 2,261,516
Interest and dividends	<u>451,230</u>	<u>421,694</u>
Net investment earnings	<u>1,474,041</u>	<u>2,683,210</u>
Contributions		
Employee	189,431	132,604
Employer	<u>378,863</u>	<u>265,277</u>
Total contributions	<u>568,294</u>	<u>397,881</u>
Total additions	<u>2,042,335</u>	<u>3,081,091</u>
Deductions from net assets		
Benefits paid to participants	963,645	914,173
Administrative expenses	<u>181,793</u>	<u>258,646</u>
Total deductions	<u>1,145,438</u>	<u>1,172,819</u>
Net increase in net assets available for benefits	896,897	1,908,272
Net assets available for benefits		
Beginning of year	<u>17,526,290</u>	<u>15,618,018</u>
End of year	<u>\$ 18,423,187</u>	<u>\$ 17,526,290</u>

See accompanying notes to financial statements

**ALABAMA COUNCIL ON HUMAN RELATIONS, INC.
DEFINED BENEFIT PENSION PLAN**

**STATEMENT OF ACCUMULATED PLAN BENEFITS
YEAR ENDED MAY 31, 2024**

Actuarial present value of accumulated Plan benefits	
Vested benefits	
Active participants	\$ 3,217,101
Deferred annuity participants	4,802,269
Participants receiving annuities	<u>8,115,468</u>
Total vested benefits	<u>16,134,838</u>
Nonvested benefits	<u>219,069</u>
Total actuarial present value of accumulated Plan benefits	<u>\$ 16,353,907</u>

See accompanying notes to financial statements

**ALABAMA COUNCIL ON HUMAN RELATIONS, INC.
DEFINED BENEFIT PENSION PLAN**

**STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
YEAR ENDED MAY 31, 2024**

Actuarial present value of accumulated Plan benefits at beginning of year	\$ <u>17,154,429</u>
Increase (decrease) during the year attributable to	
Increase due to the passage of time	653,703
Benefits accumulated	666,782
Benefits paid	(914,173)
Change in actuarial assumptions	<u>(1,206,834)</u>
Net decrease	<u>(800,522)</u>
Actuarial present value of accumulated Plan benefits at end of year	\$ <u>16,353,907</u>

See accompanying notes to financial statements

**ALABAMA COUNCIL ON HUMAN RELATIONS, INC.
DEFINED BENEFIT PENSION PLAN**

**NOTES TO FINANCIAL STATEMENTS
MAY 31, 2025 AND 2024**

NOTE 1 - PLAN DESCRIPTION

The following description of the Alabama Council on Human Relations, Inc. Defined Benefit Pension Plan (the Plan) provides only general information. Refer to the Plan document for a more complete description of the Plan's provisions.

General. The Plan is a defined benefit pension plan sponsored by the Alabama Council on Human Relations, Inc. (the Agency, Plan Sponsor, Employer, or Plan Administrator). The Plan is subject to the provisions of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA).

Plan assets are held and managed by Troy Bank and Trust, the Trustee of the Plan, which invests employee and employer contributions and Plan earnings, makes investment transactions as directed by the Plan Administrator, and provides certain recordkeeping services. Troy Bank and Trust acts as the third-party administrator and performs certain Plan administration.

Participation. Employees are eligible to participate in the Plan the first day of the next semi-annual period after completing one year of service with at least 1,000 hours of service with the Agency as long as they have attained age 21. An employee shall become a participant on June 1 or December 1 coinciding with the satisfaction of the eligibility requirements.

Funding. The Plan's funding policy is for the Agency to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The Plan provides for the following methods of funding:

Employer contributions

The Agency's funding policy is to make annual contributions to the Plan as determined by the Plan's independent actuary, such that, when combined with employees' contributions, all employees' benefits will be fully provided for by the time they retire. Dividends received on investments for the Plan and forfeitures of participants' non-vested benefits derived from employer contributions shall be applied to reduce future Sponsor contributions.

Employee contributions

Each participant is required to contribute 5% of their salary to the Plan.

The Agency's contributions satisfied the minimum funding requirements of ERISA.

Although it has not expressed any intention to do so, the Agency has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

ALABAMA COUNCIL ON HUMAN RELATIONS, INC.
DEFINED BENEFIT PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)
MAY 31, 2025 AND 2024

NOTE 1 - PLAN DESCRIPTION (CONTINUED)

Vesting. Participants become 100% vested in the Plan Sponsor contributions after five years of service or reaching normal retirement age. If participants become totally and permanently disabled or die while still employed by the Sponsor, their benefits also become fully vested. For any year that the Plan is determined to be top heavy, participants become 100% vested in Sponsor contributions after four years of service. The Plan was determined not to be top heavy for the year ended May 31, 2025.

Benefits. Upon termination of service, due to death, disability, retirement, or separation of service (if accrued benefits are greater than \$5,000), participants may receive their accrued benefits, depending on the circumstances for termination of service, in the form of annuity payments under various options.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

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

Estimates

The preparation of financial statements in accordance with U.S. generally accepted accounting principles (U.S. GAAP) requires the Plan Administrator to make estimates and assumptions that affect the reported amounts and disclosures including the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results may differ from those estimates.

Investment valuation and income recognition

The Plan's investments are reported at fair value as provided by Troy Bank and Trust. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for further discussion of fair value measurements. The Plan Administrator determines the Plan's valuation policies utilizing information provided by Troy Bank and Trust.

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 in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year. Realized gains and losses from security transactions are reported on the average cost method.

ALABAMA COUNCIL ON HUMAN RELATIONS, INC.
DEFINED BENEFIT PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)
MAY 31, 2025 AND 2024

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Administrative expenses

The Plan's expenses are paid either by the Plan or the Agency, as provided by the Plan document. Expenses that are paid directly by the Agency are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Risks and uncertainties

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rates, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect amounts reported in the Plan's financial statements.

As of May 31, 2025 and 2024, approximately 21% and 20%, respectively, of the Plan's net assets were invested in an exchange traded fund. The underlying value of the investments are dependent on the performance of the individual investment holding and the market's evaluation of such performance. It is at least reasonably possible that changes in the fair value of the registered investments and their investment holdings in the near term could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

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

Payment of benefits

Benefit payments to participants are recorded upon distribution. Benefit payments can be made in the form of annuity payments.

Subsequent events

Subsequent events have been evaluated through March 16, 2026, which is the date that the financial statements were available to be issued.

**ALABAMA COUNCIL ON HUMAN RELATIONS, INC.
DEFINED BENEFIT PENSION PLAN**

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)
MAY 31, 2025 AND 2024**

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. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 or Level 2 inputs are not available.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at May 31, 2025 and 2024.

Interest-bearing cash: money market funds are valued at amortized cost which approximates fair value (level 1). Certificates of Deposit are recorded at face value, which approximates fair value (level 2).

Mutual funds and exchange traded fund: valued at the closing price reported on the active market on which the individual securities are traded.

Government agency obligations and other obligations: valued using quoted prices for similar assets in an active market or trade prices of the actual bond. The bonds themselves are not traded on an active market.

The valuation method described above 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 tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of May 31, 2025 and 2024.

<u>May 31, 2025</u>	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>
Interest-bearing cash	\$ 2,288,843	\$ 1,172,492	\$ 1,116,351
Mutual funds	8,001,656	8,001,656	-
Government agency obligations	1,826,417	-	1,826,417
Other obligations	2,411,948	-	2,411,948
Exchange traded fund	<u>3,860,504</u>	<u>3,860,504</u>	-
Total investments, at fair value	<u>\$ 18,389,368</u>	<u>\$ 13,034,652</u>	<u>\$ 5,354,716</u>

**ALABAMA COUNCIL ON HUMAN RELATIONS, INC.
DEFINED BENEFIT PENSION PLAN**

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)
MAY 31, 2025 AND 2024**

NOTE 3 - FAIR VALUE MEASUREMENTS (CONTINUED)

<u>May 31, 2024</u>	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>
Interest-bearing cash	\$ 2,719,272	\$ 1,136,631	\$ 1,582,641
Mutual funds	7,570,164	7,570,164	-
Government agency obligations	1,375,608	-	1,375,608
Other obligations	2,349,106	-	2,349,106
Exchange traded fund	<u>3,454,273</u>	<u>3,454,273</u>	<u>-</u>
Total investments, at fair value	<u>\$ 17,468,423</u>	<u>\$ 12,161,068</u>	<u>\$ 5,307,355</u>

NOTE 4 - INCOME TAX STATUS

The Plan obtained its latest determination letter as of March 30, 2018, in which the Internal Revenue Service (IRS) stated that the Plan, as amended, and related trust was in compliance with the applicable requirements of the Internal Revenue Code. The Plan's management and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified, and the related trust was tax-exempt as of the financial statement date.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 5 - INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

All investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at May 31, 2025 and 2024, and net appreciation in fair value of investments and administrative expenses for the years then ended, was obtained or derived from information supplied to the Plan Administrator from Troy Bank and Trust and is certified as complete and accurate.

ALABAMA COUNCIL ON HUMAN RELATIONS, INC.
DEFINED BENEFIT PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)
MAY 31, 2025 AND 2024

NOTE 6 - PLAN TERMINATION

In the event the Plan terminates, participants will become fully vested in their accrued benefits as of the date of complete or partial Plan termination. Upon complete termination of the Plan, no further employees will become participants, and no further contributions will be made except as required by any governmental agency to which the Plan's termination is subject. Participants' recourse to full and complete satisfaction of their accrued benefits shall be limited to the assets of the Plan plus any amounts provided by the Pension Benefit Guaranty Corporation (PBGC).

Plan assets available to provide benefits upon termination will be allocated as prescribed by ERISA and its related regulations, generally, to provide the following benefits in the order indicated:

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

Whether all participants receive their benefits, should the Plan be terminated at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

NOTE 7 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries

ALABAMA COUNCIL ON HUMAN RELATIONS, INC.
DEFINED BENEFIT PENSION PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)
MAY 31, 2025 AND 2024

NOTE 7 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

Benefits under the Plan are based on employees' average annual compensation. Average annual compensation normally consists of the three highest consecutive years of annual compensation in the most recent 10 years. If the participant has less than three years of annual compensation, his or her average compensation for the available years will be used.

Accumulated Plan benefits for active employees are based on their earned compensation during the period for which the benefit information is presented (the valuation date). Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated Plan benefits.

The actuarial present value of accumulated plan benefits is determined by an actuary from Martin, Martin, Randall and Associates, Inc. and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The actuarial present value of accumulated plan benefits was calculated at the beginning of the Plan year. The significant actuarial assumptions used in the valuations as of June 1, 2024, presented as of May 31, 2024:

- (a) life expectancy of participants (the UP 84 Unisex Mortality Tables adjusted to 2024);
- (b) retirement age assumptions (the assumed average retirement age was 65);
- (c) investment return of 15.79%;
- (d) discount rate of 5.39%;
- (e) salary scales (no salary scales are assumed);
- (f) marriage factors for participants (100% of all participants assumed to be married);
- (g) disability (no disability is assumed); and
- (h) turnover (no turnover is assumed).

The actuarial cost method used in measuring the actuarial present value of accumulated Plan benefits and over-or under-funding required by the IRS is known as the accrued benefit unit credit actuarial cost method. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of June 1, 2024 and 2023. Had the valuations been performed as of May 31, there would be no material differences.

**ALABAMA COUNCIL ON HUMAN RELATIONS, INC.
DEFINED BENEFIT PENSION PLAN**

**NOTES TO FINANCIAL STATEMENTS (CONTINUED)
MAY 31, 2025 AND 2024**

NOTE 8 - PARTY-IN-INTEREST TRANSACTIONS

The Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions qualify as party-in-interest transactions.

NOTE 9 - DELINQUENT PARTICIPANT CONTRIBUTIONS

As reported on the supplemental Schedule of Delinquent Participant Contributions (Schedule H, line 4a), certain Plan contributions were not remitted within the time frame specified by the Department of Labor's Regulation 29 (CFR 2510.3-102), thus constituting nonexempt prohibited transactions between the Plan and the Agency for the years ended May 31, 2025 and 2024. The Agency remitted all amounts due and owing the Plan and paid all accrued interest and excise taxes subsequent to the respective Plan year ends.

**ALABAMA COUNCIL ON HUMAN RELATIONS, INC.
DEFINED BENEFIT PENSION PLAN**

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)
MAY 31, 2025**

**(FORM 5500, SCHEDULE H, LINE 4i)
(PLAN NUMBER 003)
(EMPLOYER IDENTIFICATION NUMBER 63-0378133)**

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Interest-bearing Cash				
Cash		\$ 3,645	\$ 3,645	
Ally Bank	4.80% Due 11/17/25	250,000	250,435	
Discover Bank	4.90% Due 11/30/27	150,000	152,646	
	Federated Prime Cash			
Federated Trust US Treasury	Obligations	1,172,492	1,172,492	
PNC Bank National Association	2.70%, Due 10/22/29	536,950	459,625	
* Troy Bank and Trust	CD 4.25% Due 02/18/26	<u>250,000</u>	<u>250,000</u>	
		<u>\$ 2,363,087</u>	<u>\$ 2,288,843</u>	
Mutual Funds				
Oppenheimer Funds	Rising Dividends Fund	\$ 50,000	\$ 82,463	
Oppenheimer Funds	Developing Markets Fund	65,976	96,273	
Dimensional Fund Advisors	US Vector Equity Portfolio	286,853	992,904	
	US Core Equity 2 Portfolio			
Dimensional Fund Advisors	Fund	146,020	707,237	
	US Large Cap Value Portfolio			
Dimensional Fund Advisors	Fund	339,007	737,335	
	Real Estate Securities Portfolio			
DFA Invt Dimensions Group	Fund	178,721	283,369	
DFA Invt Dimensions Group	Emerging Markets	79,286	92,552	
DFA Invt Dimensions Group	Intl. Small Portfolio Fund	128,705	174,068	
	Intl. Small Cap Value Portfolio			
DFA Invt Dimensions Group	Fund	134,468	203,105	
DFA Invt Dimensions Group	Emerging Markets	73,357	90,658	
	Emerging Markets Small Cap			
DFA Invt Dimensions Group	Portfolio Fund	96,431	131,483	
Dimensional Invt Group Inc	Intl. Value Portfolio	291,757	390,111	
Delaware Group	Global & Intl. Fund	16,194	23,615	
Fidelity Advisor Funds	Contra Fund	400,402	1,427,817	
Meridian Fund, Inc.	Growth Fund	50,000	35,955	
Meridian Fund, Inc.	Value Fund	185,600	189,001	

**ALABAMA COUNCIL ON HUMAN RELATIONS, INC.
DEFINED BENEFIT PENSION PLAN**

**SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
MAY 31, 2025**

**(FORM 5500, SCHEDULE H, LINE 4i)
(PLAN NUMBER 003)
(EMPLOYER IDENTIFICATION NUMBER 63-0378133)**

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Mutual Funds (continued)				
T. Rowe Price	Equity Income Fund	270,334	398,524	
T. Rowe Price	Intl Emerging Markets Bond Fund	82,500	56,652	
The Royce Funds	Pennsylvania Mutual Fund	203,000	166,203	
Sterling Capital	Small Cap Value Fund	187,000	161,163	
Touchstone Small Company	Touchstone Small Company	509,545	523,329	
Vanguard Whitehall Funds	Select Value Fund	174,696	196,417	
Vanguard	Mid-Cap Index Fund	<u>209,000</u>	<u>841,422</u>	
		<u>\$ 4,158,852</u>	<u>\$ 8,001,656</u>	
Exchange Traded Fund				
SPDR 6550	S&P 500 ETF Trust	<u>\$ 1,219,051</u>	<u>\$ 3,860,504</u>	
Government Agency Obligations				
FANNIE MAE	4.00% Due 9/1/39	\$ 79,114	\$ 72,833	
FANNIE MAE	4.00% Due 9/1/39	109,345	106,743	
GNMA 5.50% DUE 9-20-48	Govt. Ag Obligation, 5.50% Due 9-20-48	73,046	73,879	
SLM Student Loan TR 2007-1	Govt. Ag Obligation, 2.416% Due 1/27/42	255,846	254,614	
SBAP	Govt. Ag Obligation, 2.210%, Due 02/01/33	73,040	66,829	
SBA	Govt. Ag Obligation, 3.575%, Due 12/25/38	48,992	48,858	
SBA	Govt. Ag Obligation, 3.35%, Due 08/25/42	28,966	30,414	
SBA	Govt. Ag Obligation, 3.837%, Due 07/25/35	2,232	2,141	
SBA	Govt. Ag Obligation, 2.997%, Due 11/25/37	126,008	126,927	
SBA GLPC	Govt. Ag Obligation, 3.154%, Due 10/25/37	83,641	80,988	
SBA GLPC	Govt. Obligation, Coupon 5.549% Due 2/25/28	26,516	27,055	

**ALABAMA COUNCIL ON HUMAN RELATIONS, INC.
DEFINED BENEFIT PENSION PLAN**

**SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
MAY 31, 2025**

**(FORM 5500, SCHEDULE H, LINE 4i)
(PLAN NUMBER 003)
(EMPLOYER IDENTIFICATION NUMBER 63-0378133)**

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Government Agency Obligations (continued)				
US Treasury	4.875% CPN 3.5045 Due 10/31/28	245,041	240,072	
US Treasury	3.375% CPN 3.426% YTM 09/15/27	249,111	247,147	
US Treasury	3.50% CPN 3.508% YTM 09/30/30	249,912	245,470	
Sallie Mae	5.15% Due 9/15/25 Govt. Ag Obligation, SBIC	100,000	100,222	
SBIC	3.11% Due 3/10/29	<u>105,461</u>	<u>102,225</u>	
		<u>\$ 1,856,271</u>	<u>\$ 1,826,417</u>	
Other Obligations				
AL Federal Aid Hwy Fin	Municipal Bond Obligation, 1.45% Due 9/1/27	\$ 341,846	\$ 321,263	
Albertville AL Tax GD WTS	Municipal Bond Obligation, 2.52% Due 6/1/38	252,956	179,550	
Auburn Univ AL Gen	Municipal Bond Obligation, .919% Due 6/1/25	1,005,149	1,000,000	
Austin TX Elec Utility	Municipal Bond Obligation, 3.336% Due 11/15/39	552,080	410,760	
American Express	4.40% Due 10/5/25	250,000	250,000	
Wells	5.00% Due 9/5/25	<u>250,000</u>	<u>250,375</u>	
		<u>\$ 2,652,031</u>	<u>\$ 2,411,948</u>	
		<u>\$12,249,292</u>	<u>\$18,389,368</u>	

* Party-in-interest

**ALABAMA COUNCIL ON HUMAN RELATIONS, INC.
DEFINED BENEFIT PENSION PLAN**

**SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
YEAR ENDED MAY 31, 2025**

(FORM 5500, SCHEDULE H, LINE 4a)
(PLAN NUMBER 003)
(EMPLOYER IDENTIFICATION NUMBER 63-0378133)

Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending Correction in VFCP	
\$ 62,276	\$ -	\$ 62,276	\$ -	\$ -

Note: Certain Plan contributions were not remitted within the time frame specified by the Department of Labor's Regulation 29 (CFR 2510.3-102), thus constituting nonexempt prohibited transactions between the Plan and the Agency totaling \$7,013 and \$55,263 for the years ended May 31, 2025 and 2024, respectively. The Agency remitted all amounts due and owing to the Plan and paid all accrued interest and excise taxes subsequent to the respective Plan year ends.

ALABAMA COUNCIL ON HUMAN RELATIONS, INC.
DEFINED BENEFIT PENSION PLAN

Schedule of Active Participant Data

Plan Year: 6/1/2024 to 5/31/2025

Valuation Date: 6/1/2024

Svc/ Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	0	4	0	0	0	0	0	0	0	0	4
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
25-29	0	9	0	0	0	0	0	0	0	0	9
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
30-34	1	8	2	0	0	0	0	0	0	0	11
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
35-39	0	2	1	2	1	0	0	0	0	0	6
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
40-44	0	10	1	0	0	0	0	0	0	0	11
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
45-49	0	4	2	1	1	3	0	0	0	0	11
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
50-54	0	4	1	1	4	3	4	0	0	0	17
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
55-59	0	3	5	1	0	1	0	1	0	0	11
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
60-64	0	2	0	0	1	1	2	0	0	0	6
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
65-69	0	1	0	0	0	0	1	0	0	0	2
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
70+	0	3	1	0	0	0	0	0	0	0	4
Avg Mo Comp	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Total	1	50	13	5	7	8	7	1	0	0	92
Avg Mo Comp	n/a	2513	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	2751

* Employees who have not met the minimum eligibility requirements are excluded

Average Age: 45.5

Average Service: 8

ALABAMA COUNCIL ON HUMAN RELATIONS, INC.
DEFINED BENEFIT PENSION PLAN

Summary of Actuarial Assumptions and Method

Plan Year: 6/1/2024 to 5/31/2025

Valuation Date: 6/1/2024

	For Funding		For 417(e)	For Actuarial Equiv.
	<u>Min</u>	<u>Max</u>		
Interest Rates	Seg 1: 4.93%	4.93%	Seg 1: 5.24%	Pre-Retirement: 7.50%
	Seg 2: 5.27%	5.27%	Seg 2: 5.48%	Post-Retirement: 7.50%
	Seg 3: 5.59%	5.26%	Seg 3: 5.61%	
Applicable Date	06/2024	06/2024	04/2024	
Pre-Retirement				
Turnover	None		None	None
Mortality	Male-2024 Small Plan Static Table – Combined Male Female-2024 Small Plan Static Table – Combined Female		2024 Applicable Mortality Table from Notice 2023-73	UP-84 Unadjusted
Assumed Ret Age	Normal retirement age 65		Normal retirement age 65	Normal retirement age 65
Post-Retirement				
Mortality	Male-2024 Small Plan Static Table – Combined Male Female-2024 Small Plan Static Table – Combined Female		2024 Applicable Mortality Table from Notice 2023-73	UP-84 Unadjusted
Assumed Benefit Form For Funding			70% Lump Sum / 30% Normal Form	
Assumed Spouse's Age	Wives assumed to be 3 years younger than husbands Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known		Wives assumed to be 3 years younger than husbands Participant is assumed to be married to current spouse at retirement if spouse's date of birth is known	
Calculated Effective Interest Rate			5.39%	
Actuarial Cost Method			The Unit Credit funding method was used as prescribed by the Pension Protection Act. This method sets the funding target equal to the present value of accrued benefits, and sets the normal cost equal to the present value of the benefit accrued in the current year.	

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2024

**This Form is Open to Public
Inspection**

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

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

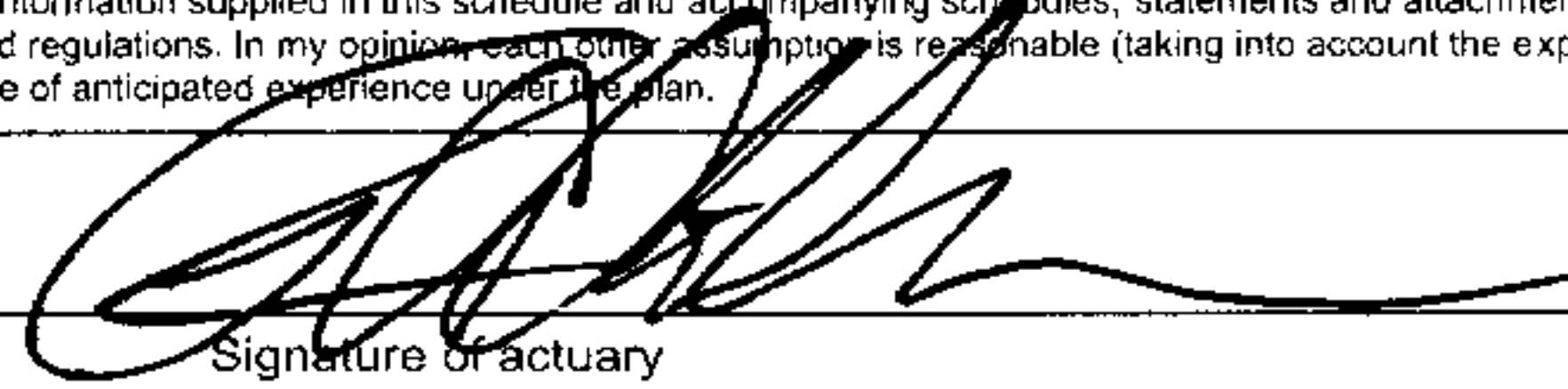
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan ALABAMA COUNCIL ON HUMAN RELATIONS, INC. DEFINED BENEFIT PENSION PLAN		B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ALABAMA COUNCIL ON HUMAN RELATIONS, INC.		D Employer Identification Number (EIN) 63-0378133	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>06</u>	Day <u>01</u>	Year <u>2024</u>
2 Assets:			
a Market value		2a	17526286
b Actuarial value		2b	17526286
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	76	8394740	8394740
b For terminated vested participants	101	4924131	4924131
c For active participants	92	3311804	3510247
d Total	269	16630675	16829118
4 If the plan is in at-risk status, check the box and complete lines (a) and (b): <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate		5	5.39 %
6 Target normal cost			
a Present value of current plan year accruals		6a	321697
b Expected plan-related expenses		6b	0
c Target normal cost		6c	321697

Statement by Enrolled Actuary

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

SIGN HERE		03/03/2026
	Signature of actuary	Date
	R. A. CHILDRESS, EA	23-08838
	Type or print name of actuary	Most recent enrollment number
MARTIN MARTIN RANDALL & ASSOC., INC	(601) 932-8500	
Firm name	Telephone number (including area code)	
4 RIVER BEND PLACE, SUITE 125		
Flowood, MS 39232		
Address of the firm		

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

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

Schedule SB (Form 5500) 2024
v. 240311

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	2079969
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	360836
9	Amount remaining (line 7 minus line 8)	0	1719133
10	Interest on line 9 using prior year's actual return of <u>15.79</u> %	0	271451
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.31</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	1293416
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	697168

Part III Funding Percentages			
14	Funding target attainment percentage	14	100.00 %
15	Adjusted funding target attainment percentage	15	104.14 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	80.00 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
06-18-2024	9267	4633	09-03-2024	11687	5843		
07-03-2024	40349	20174	09-13-2024	11627	5813		
07-16-2024	8455	4228	10-07-2024	11084	5542		
08-01-2024	8073	4036	10-15-2024	11771	5886		
08-05-2024	7370	3685	11-01-2024	11766	5883		
08-16-2024	11173	5586	11-20-2024	12296	6148		
			Totals ▶	18(b)	378863	18(c)	189431

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	368483

20	Quarterly contributions and liquidity shortfalls:		
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

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

Part IV Contributions and Liquidity Shortfalls							
18 Contributions made to the plan for the plan year by employer(s) and employees:							
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
11-29-2024	11678	5839	03-05-2025	45186	22593		
12-16-2024	14124	7062	03-19-2025	13583	6792		
12-26-2024	27966	13983	04-08-2025	13299	6650		
01-23-2025	15689	7845	04-24-2025	14027	7013		
02-05-2025	14688	7344	05-09-2025	14169	7085		
02-18-2025	15476	7738	05-15-2025	14165	7083		
			Totals ▶	18(b)	18(c)		

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a
	b Contributions made to avoid restrictions adjusted to valuation date	19b
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c

20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c If line 20a is "Yes," see instructions and complete the following table as applicable:	

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

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

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

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06-02-2025	9895	4947			
Totals ▶			18(b)		18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	19a
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c

20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:	1st segment: 4.93 %	2nd segment: 5.27 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0

22 Weighted average retirement age 22 65

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment 27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	31a	321697
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount 33

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	321697	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	321697	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	368483	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	46786	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

ALABAMA COUNCIL ON HUMAN RELATIONS, INC.
DEFINED BENEFIT PENSION PLAN

Weighted Average Retirement Age

Plan Year: 6/1/2024 to 5/31/2025

Valuation Date: 6/1/2024

Assumed Retirement Age - 100% of the participants are assumed to retire at the date the plan's normal retirement age is attained, which is defined as:

Attainment of age 65

Participants who have passed their Normal Retirement Date as defined above are assumed to retire on the valuation date.

Weighted average retirement age 65

ALABAMA COUNCIL ON HUMAN RELATIONS, INC.
DEFINED BENEFIT PENSION PLAN

Discounted Employer Contributions

Plan Year: 6/1/2024 to 5/31/2025

Valuation Date: 6/1/2024

Quarterly Installment Payment: \$72,381.83

<u>Date</u>	<u>Amount</u>	<u>Year</u>	<u>Rate</u>	<u>Period</u>	<u>Adj Ctb</u>
06-18-2024	9,266.76	2024	5.39%	06-18-2024 to 06-01-2024	9,244.56
07-03-2024	40,348.69	2024	5.39%	07-03-2024 to 06-01-2024	40,161.22
07-16-2024	8,455.44	2024	5.39%	07-16-2024 to 06-01-2024	8,400.73
08-01-2024	8,072.56	2024	5.39%	08-01-2024 to 06-01-2024	8,002.24
08-05-2024	7,370.00	2024	5.39%	08-05-2024 to 06-01-2024	7,301.68
08-16-2024	11,172.85	2024	5.39%	08-16-2024 to 06-01-2024	11,052.10
09-03-2024	11,686.67	2024	5.39%	09-03-2024 to 06-01-2024	11,531.04
09-13-2024	11,626.50	2024	5.39%	09-13-2024 to 06-01-2024	11,455.49
10-07-2024	11,083.72	2024	5.39%	10-07-2024 to 06-01-2024	10,882.23
10-15-2024	11,770.90	2024	5.39%	10-15-2024 to 06-01-2024	11,543.88
11-01-2024	11,766.22	2024	5.39%	11-01-2024 to 06-01-2024	11,511.64
11-20-2024	12,296.44	2024	5.39%	11-20-2024 to 06-01-2024	11,998.17
11-29-2024	11,678.49	2024	5.39%	11-29-2024 to 06-01-2024	11,380.75
12-16-2024	14,124.46	2024	5.39%	12-16-2024 to 06-01-2024	13,729.44
12-26-2024	27,965.69	2024	5.39%	12-26-2024 to 06-01-2024	27,145.24
01-23-2025	15,689.26	2024	5.39%	01-23-2025 to 06-01-2024	15,168.91
02-05-2025	14,687.66	2024	5.39%	02-05-2025 to 06-01-2024	14,174.50
02-18-2025	15,476.49	2024	5.39%	02-18-2025 to 06-01-2024	14,908.40
03-05-2025	45,185.84	2024	5.39%	03-05-2025 to 06-01-2024	43,416.79
03-19-2025	13,583.29	2024	5.39%	03-19-2025 to 06-01-2024	13,025.73
04-08-2025	13,298.95	2024	5.39%	04-08-2025 to 06-01-2024	12,717.12
04-24-2025	14,026.66	2024	5.39%	04-24-2025 to 06-01-2024	13,382.74

**ALABAMA COUNCIL ON HUMAN RELATIONS, INC.
DEFINED BENEFIT PENSION PLAN**

Discounted Employer Contributions

Plan Year: 6/1/2024 to 5/31/2025

Valuation Date: 6/1/2024

Quarterly Installment Payment: \$72,381.83

05-09-2025	14,169.20	2024	5.39%	05-09-2025 to 06-01-2024	13,488.25
05-15-2025	14,165.34	2024	5.39%	05-15-2025 to 06-01-2024	13,473.16
06-02-2025	9,894.62	2024	5.39%	06-02-2025 to 06-01-2024	9,387.25
Totals:	378,862.70				368,483.26

- 19** Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year
- | | | | |
|----------|---|------------|------------|
| a | Contributions allocated toward unpaid minimum required contribution from prior years | 19a | 0.00 |
| b | Contributions made to avoid benefit restrictions adjusted to valuation date | 19b | 0.00 |
| c | Contributions allocated toward minimum required contribution for current year, adjusted to valuation date | 19c | 368,483.26 |

**ALABAMA COUNCIL ON HUMAN RELATIONS, INC.
DEFINED BENEFIT PENSION PLAN**

Summary of Plan Provisions
Plan Year: 6/1/2024 to 5/31/2025
Valuation Date: 6/1/2024

Plan Effective Date June 1, 1995

Plan Year From June 1, 2024 to May 31, 2025

Eligibility All employees not excluded by class are eligible to enter on the June 1 or December 1 coincident with or following the completion of the following requirements:

1 year of service
Minimum age 21

Non-Resident Aliens, Union Employees, Leased Employees

Normal Retirement Age All participants are eligible to retire with their full retirement benefit on attainment of age 65

Normal Retirement Benefit Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:

2% of average compensation per credited year of service with a maximum of 50 years. Credited years are plan years from date of hire excluding years with less than 1,000 hours.

The maximum monthly benefit is the lesser of \$22,916.66 and 100% of the highest 3-year average salary, subject to service requirements.

The benefit is based on average salary during the highest 3 consecutive years of service from date of hire during the final 10 years.

Normal Form of Benefit A benefit payable for the life of the participant

Accrued Benefit The normal retirement benefit described above calculated based on salary and/or service on the calculation date, and payable on the normal retirement date.

Credited years are plan years from date of hire excluding the following:

Years with less than 1,000 hours

Termination Benefit Upon termination for any reason other than death, disability or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

<u>Credited Years</u>	<u>Vested Percent</u>
1	0
2	0
3	0
4	0

**ALABAMA COUNCIL ON HUMAN RELATIONS, INC.
DEFINED BENEFIT PENSION PLAN**

Summary of Plan Provisions
Plan Year: 6/1/2024 to 5/31/2025
Valuation Date: 6/1/2024

5

100

Credited years are plan years from date of hire excluding the following:

Years with less than 1,000 hours

Top-Heavy Status

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently not top-heavy.

Death Benefit

Actuarial Equivalent of the vested accrued benefit earned to date of death

Disability

Equal to present value of the accrued benefit

**ALABAMA COUNCIL ON HUMAN RELATIONS, INC.
DEFINED BENEFIT PENSION PLAN**

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)
MAY 31, 2025**

**(FORM 5500, SCHEDULE H, LINE 4i)
(PLAN NUMBER 003)
(EMPLOYER IDENTIFICATION NUMBER 63-0378133)**

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Interest-bearing Cash				
	Cash	\$ 3,645	\$ 3,645	
	Ally Bank	4.80% Due 11/17/25 250,000	250,435	
	Discover Bank	4.90% Due 11/30/27 150,000	152,646	
	Federated Prime Cash			
	Federated Trust US Treasury Obligations	1,172,492	1,172,492	
	PNC Bank National Association	2.70%, Due 10/22/29 536,950	459,625	
*	Troy Bank and Trust	CD 4.25% Due 02/18/26 250,000	250,000	
		<u>\$ 2,363,087</u>	<u>\$ 2,288,843</u>	
Mutual Funds				
	Oppenheimer Funds	Rising Dividends Fund \$ 50,000	\$ 82,463	
	Oppenheimer Funds	Developing Markets Fund 65,976	96,273	
	Dimensional Fund Advisors	US Vector Equity Portfolio 286,853	992,904	
	Dimensional Fund Advisors	US Core Equity 2 Portfolio Fund 146,020	707,237	
	Dimensional Fund Advisors	US Large Cap Value Portfolio Fund 339,007	737,335	
	Dimensional Fund Advisors	Real Estate Securities Portfolio Fund 178,721	283,369	
	DFA Invt Dimensions Group	Emerging Markets 79,286	92,552	
	DFA Invt Dimensions Group	Intl. Small Portfolio Fund 128,705	174,068	
	DFA Invt Dimensions Group	Intl. Small Cap Value Portfolio Fund 134,468	203,105	
	DFA Invt Dimensions Group	Emerging Markets 73,357	90,658	
	DFA Invt Dimensions Group	Emerging Markets Small Cap Portfolio Fund 96,431	131,483	
	Dimensional Invt Group Inc	Intl. Value Portfolio 291,757	390,111	
	Delaware Group	Global & Intl. Fund 16,194	23,615	
	Fidelity Advisor Funds	Contra Fund 400,402	1,427,817	
	Meridian Fund, Inc.	Growth Fund 50,000	35,955	
	Meridian Fund, Inc.	Value Fund 185,600	189,001	

**ALABAMA COUNCIL ON HUMAN RELATIONS, INC.
DEFINED BENEFIT PENSION PLAN**

**SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
MAY 31, 2025**

**(FORM 5500, SCHEDULE H, LINE 4i)
(PLAN NUMBER 003)
(EMPLOYER IDENTIFICATION NUMBER 63-0378133)**

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Mutual Funds (continued)				
T. Rowe Price	Equity Income Fund	270,334	398,524	
T. Rowe Price	Intl Emerging Markets Bond Fund	82,500	56,652	
The Royce Funds	Pennsylvania Mutual Fund	203,000	166,203	
Sterling Capital	Small Cap Value Fund	187,000	161,163	
Touchstone Small Company	Touchstone Small Company	509,545	523,329	
Vanguard Whitehall Funds	Select Value Fund	174,696	196,417	
Vanguard	Mid-Cap Index Fund	<u>209,000</u>	<u>841,422</u>	
		<u>\$ 4,158,852</u>	<u>\$ 8,001,656</u>	
Exchange Traded Fund				
SPDR 6550	S&P 500 ETF Trust	<u>\$ 1,219,051</u>	<u>\$ 3,860,504</u>	
Government Agency Obligations				
FANNIE MAE	4.00% Due 9/1/39	\$ 79,114	\$ 72,833	
FANNIE MAE	4.00% Due 9/1/39	109,345	106,743	
GNMA 5.50% DUE 9-20-48	Govt. Ag Obligation, 5.50% Due 9-20-48	73,046	73,879	
SLM Student Loan TR 2007-1	Govt. Ag Obligation, 2.416% Due 1/27/42	255,846	254,614	
SBAP	Govt. Ag Obligation, 2.210%, Due 02/01/33	73,040	66,829	
SBA	Govt. Ag Obligation, 3.575%, Due 12/25/38	48,992	48,858	
SBA	Govt. Ag Obligation, 3.35%, Due 08/25/42	28,966	30,414	
SBA	Govt. Ag Obligation, 3.837%, Due 07/25/35	2,232	2,141	
SBA	Govt. Ag Obligation, 2.997%, Due 11/25/37	126,008	126,927	
SBA GLPC	Govt. Ag Obligation, 3.154%, Due 10/25/37	83,641	80,988	
SBA GLPC	Govt. Obligation, Coupon 5.549% Due 2/25/28	26,516	27,055	

**ALABAMA COUNCIL ON HUMAN RELATIONS, INC.
DEFINED BENEFIT PENSION PLAN**

**SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
MAY 31, 2025**

**(FORM 5500, SCHEDULE H, LINE 4i)
(PLAN NUMBER 003)
(EMPLOYER IDENTIFICATION NUMBER 63-0378133)**

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Government Agency Obligations (continued)				
US Treasury	4.875% CPN 3.5045 Due 10/31/28	245,041	240,072	
US Treasury	3.375% CPN 3.426% YTM 09/15/27	249,111	247,147	
US Treasury	3.50% CPN 3.508% YTM 09/30/30	249,912	245,470	
Sallie Mae	5.15% Due 9/15/25 Govt. Ag Obligation, SBIC	100,000	100,222	
SBIC	3.11% Due 3/10/29	<u>105,461</u>	<u>102,225</u>	
		<u>\$ 1,856,271</u>	<u>\$ 1,826,417</u>	
Other Obligations				
AL Federal Aid Hwy Fin	Municipal Bond Obligation, 1.45% Due 9/1/27	\$ 341,846	\$ 321,263	
Albertville AL Tax GD WTS	Municipal Bond Obligation, 2.52% Due 6/1/38	252,956	179,550	
Auburn Univ AL Gen	Municipal Bond Obligation, .919% Due 6/1/25	1,005,149	1,000,000	
Austin TX Elec Utility	Municipal Bond Obligation, 3.336% Due 11/15/39	552,080	410,760	
American Express	4.40% Due 10/5/25	250,000	250,000	
Wells	5.00% Due 9/5/25	<u>250,000</u>	<u>250,375</u>	
		<u>\$ 2,652,031</u>	<u>\$ 2,411,948</u>	
		<u>\$12,249,292</u>	<u>\$18,389,368</u>	

* Party-in-interest