

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan MID-AMERICA CARPENTERS REGIONAL COUNCIL PENSION FUND
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 05/31/1957
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF MID-AMERICA CARPENTERS REGIONAL COUNCIL PENSION F 12 E. ERIE STREET CHICAGO, IL 60611
2b	Employer Identification Number (EIN) 36-6130207
2c	Plan Sponsor's telephone number 312-787-9455
2d	Business code (see instructions) 237990

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	03/09/2026	GARY PERINAR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/09/2026	GERALD W. THIEL JR.
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ 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 35166
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) 10902 6a(2) 11246 6b 13779 6c 9363 6d 34388 6e 3235 6f 37623 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 1105

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

1B

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

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

a Pension Schedules

- (1)** ☒ **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 1
- (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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
A Name of plan MID-AMERICA CARPENTERS REGIONAL COUNCIL PENSION FUND	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF MID-AMERICA CARPENTERS REGIONAL COUNCIL PENSION F	D Employer Identification Number (EIN) 36-6130207

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

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1423090	69744	GA-02105	37623	07/01/2024	06/30/2025

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

(a) Total amount of commissions paid 36139	(b) Total amount of fees paid 336180
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid THE UNION LABOR LIFE INSURANCE COMP 8403 COLESVILLE ROAD SILVER SPRING, MD 20910
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	336180	ASSET MANAGEMENT FEE	7

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid ULLICO INVESTMENT COMPANY LLC 8403 COLESVILLE ROAD SILVER SPRING, MD 20910
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
36139			3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	65625419

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year**7b****c** Additions: (1) Contributions deposited during the year**7c(1)**

(2) Dividends and credits.....

7c(2)

(3) Interest credited during the year.....

7c(3)

(4) Transferred from separate account

7c(4)

(5) Other (specify below).....

7c(5)

▶

(6) Total additions

7c(6)

0

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

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

(2) Administration charge made by carrier.....

7e(2)

(3) Transferred to separate account

7e(3)

(4) Other (specify below).....

7e(4)

▶

(5) Total deductions

7e(5)

0

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025

- 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 MID-AMERICA CARPENTERS REGIONAL COUNCIL PENSION FUND	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES OF MID-AMERICA CARPENTERS REGIONAL COUNCIL PENSION F	D Employer Identification Number (EIN) 36-6130207

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

1a Enter the valuation date: Month 07 Day 01 Year 2024	
b Assets	
(1) Current value of assets.....	1b(1) 5192417140
(2) Actuarial value of assets for funding standard account	1b(2) 5392315331
c (1) Accrued liability for plan using immediate gain methods	1c(1) 5382782312
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 5382782312
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability.....	1d(2)(a) 8407532475
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b) 148886263
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c) 366836131
(3) Expected plan disbursements for the plan year.....	1d(3) 374836131

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	12/22/2025
Signature of actuary JOHN REDMOND, ASA, FCA, MAAA	Date 23-08413
Type or print name of actuary SEGAL	Most recent enrollment number 312-984-8500
Firm name 101 NORTH WACKER DRIVE, SUITE 1800 CHICAGO, IL 60606-1722	Telephone number (including area code)
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 ☐

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	5192417140
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	15763	3943376428
(2) For terminated vested participants	8501	1381114872
(3) For active participants:		
(a) Non-vested benefits		152773878
(b) Vested benefits		2930267297
(c) Total active	10147	3083041175
(4) Total	34411	8407532475
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	61.76 %

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

(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM/DD/YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/01/2025	265290905				
			Totals ►	3(b)	265290905
				3(c)	
				3(d)	0

(d) Total withdrawal liability amounts included in line 3(b) total

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)).....	4a	100.2 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the plan is in critical status or critical and declining status, and is:	4f	
• Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge;		
• Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here. ☐		
• Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."		

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

a ☐ Attained age normal	b ☐ Entry age normal	c ☒ Accrued benefit (unit credit)	d ☐ Aggregate
e ☐ Frozen initial liability	f ☐ Individual level premium	g ☐ Individual aggregate	h ☐ Shortfall
i ☐ Other (specify):			

j If box h is checked, enter period of use of shortfall method	5j	
k Has a change been made in funding method for this plan year?		☐ Yes ☒ No
l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval?		☐ Yes ☐ No
m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	5m	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability		6a		3.69 %
		Pre-retirement		Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	A		A
(2) Females	6c(2)	A		A
d Valuation liability interest rate	6d	7.00 %		7.00 %
e Salary scale	6e	%	☒ N/A	
f Withdrawal liability interest rate:				
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A		
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00 %		
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	3.8 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	10.6 %		
i Expense load included in normal cost reported in line 9b	6i	☐ N/A		
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%		
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	6i(2)	7713581		
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	193857786	19892096
4	-45306562	-4648988

8 Miscellaneous information:

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

9 Funding standard account statement for this plan year:**Charges to funding standard account:**

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date	9b	84447769

c Amortization charges as of valuation date:

(1) All bases except funding waivers and certain bases for which the amortization period has been extended

(2) Funding waivers

(3) Certain bases for which the amortization period has been extended.....

	Outstanding balance	
9c(1)	2271419170	303207621
9c(2)		
9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....**9d** 26056175**e** Total charges. Add lines 9a through 9d.....**9e** 413711565**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 1440918057**g** Employer contributions. Total from column (b) of line 3.....**9g** 265290905**h** Amortization credits as of valuation date.....**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h**9i** 116004427**j** Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL).....

(2) "RPA '94" override (90% current liability FFL)

(3) FFL credit

	Outstanding balance	
9h	774154026	110314719
9j(1)	1791085655	
9j(2)	2267405551	

k (1) Waived funding deficiency

(2) Other credits

9j(3)**9k(1)****9k(2)****l** Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)**9l** 1932528108**m** Credit balance: If line 9l is greater than line 9e, enter the difference**9m** 1518816543**n** Funding deficiency: If line 9e is greater than line 9l, enter the difference**9n****o** Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the current plan year.....

(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:

(a) Reconciliation outstanding balance as of valuation date

(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))

(3) Total as of valuation date

9o(1)**9o(2)(a)****9o(2)(b)****9o(3)****10** Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....**10****11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions☒ Yes ☐ No

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan MID-AMERICA CARPENTERS REGIONAL COUNCIL PENSION FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF MID-AMERICA CARPENTERS REGIONAL COUNCIL PENSION F	D Employer Identification Number (EIN) 36-6130207	

Part I	Service Provider Information (see instructions)
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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

AFL-CIO HOUSING INVESTMENT TRUST

52-6220193

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

BUILDERS PROLOAN FUND LLC

26-3436991

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

WESTPORT CAPITAL PARTNERS LLC

20-3834766

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

IFM GLOBAL INFRASTRUCTURE

98-0569684

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

PIMCO

33-0629048

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

ROCKWOOD CAPITAL

50 CALIFORNIA ST. FLOOR 30
SAN FRANCISCO, CA 94111

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

GREEN CITIES INVESTMENT MANAGEMENT

920 SW 6TH AVE, SUITE 1350
PORTLAND, OR 97204

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

HARRISON STREET REAL ESTATE CAPITAL

20-3677351

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

STARWOOD CAPITAL GROUP

591 WEST PUTNAM AVENUE
GREENWICH, CT 06830

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

GTIS PARTNERS

787 SEVENTH AVENUE, 50TH FLOOR
NEW YORK, NY 10019

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

US REAL ESTATE INVESTMENT FUND LLC

11-3786306

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

MARSHALL WACE IRELAND LIMITED

BEAUX LANE HOUSE, MERCER ST LOWER
DUBLIN, DUBLIN IE

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

YORK CAPITAL MANAGEMENT ADVISORS LP

26-3971819

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

TACONIC CAPITAL ADVISORS LP

450 PARK AVENUE, 9TH FLOOR
NEW YORK, NY 10022

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

LIBREMAX CAPITAL, LLC

600 LEXINGTON AVENUE - 19TH FLOOR
NEW YORK, NY 10022

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

DUNE REAL ESTATE PARTNERS LP

623 FIFTH AVENUE, 30TH FLOOR
NEW YORK, NY 10022

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

ARES US REAL ESTATE MGMT LLC

245 PARK AVENUE - 42ND FLOOR
NEW YORK, NY 10167

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

ANGELO, GORDON & CO., L.P.

13-3478879

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

MESIROW FINANCIAL SERVICES, INC.

353 NORTH CLARK STREET
CHICAGO, IL 60654

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

GREAT GRAY TRUST COMPANY, LLC

92-1941236

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

Z CAPITAL PARTNERS GP III, L.P.

430 PARK AVENUE, 16TH FLOOR
NEW YORK, NY 10022

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

POMONA MANAGEMENT LLC

780 THIRD AVE - 46TH FLOOR
NEW YORK, NY 10017

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

HIGHLAND CAPITAL PARTNERS

ONE BROADWAY, 16TH FLOOR
CAMBRIDGE, MA 02142

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

GROSVENOR CAPITAL MANAGEMENT, L.P.

900 N MICHIGAN AVE, STE 1100
CHICAGO, IL 60611

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

ARCLIGHT CAPITAL PARTNERS

200 CLARENDON STREET
BOSTON, MA 02117

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

HIG ADVANTAGE BUYOUT

65-0863927

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

LIGHTSPEED OPPORTUNITY FUND, L.P.

98-1499206

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

POLARIS PARTNERS

84-2077424

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

BLACKSTONE INFRASTRUCTURE PARTNERS

83-3025827

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

BLUE VISTA REAL ESTATE PARTNERS

353 NORTH CLARK STREET SUITE 730
CHICAGO, IL 60654

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

SELECT OFFSHORE ADVISORS LLC

380 LAFAYETTE STREET
NEW YORK, IL 10003

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

NEUBERGER BERMAN TRUST COMPANY

20-4797982

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

MONARCH CAPITAL

535 MADISON AVENUE
NEW YORK, NY 10022

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

BERNHARD CAPITAL PARTNERS

400 CONVENTION STREET, SUITE 1010
BATON ROUGE, LA 70802

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

ALTUM CREDIT FUND

681 FIFTH AVENUE, 15TH FLOOR
NEW YORK, NY 10022

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

GRAHAM GLOBAL INVESTMENT FUND II

1 FREEDOM VALLEY DRIVE
OAKS, PA 19456

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

SACHEM HEAD OFFSHORE

250 WEST 55TH STREET, 34TH FLOOR
NEW YORK, NY 10019

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

WARBURG PINCUS GLOBAL GROWTH

450 LEXINGTON AVENUE
NEW YORK, NY 10017-3911

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

CHATHAM ASSET MANAGEMENT, LLC

80-0060829

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

PRIME GROUP HOLDINGS

87-2690780

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

GEM REALTY CAPITAL, INC

87-2602969

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

MARINER ATLANTIC MULTI-STRATEGY FUN

500 MAMARONECK AVENUE, SUITE 101
HARRISON, NY 10528

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

CADIAN OFFSHORE FUND

535 MADISON AVENUE, 36TH FLOOR
NEW YORK, NY 01122

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

EXETER PROPERTY GROUP, LLC

20-5420212

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

AMERICAN REALTY ADVISORS

33-0123114

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

FP CREDIT PARTNERS II, L.P.

1345 AVENUE OF AMERICAS, 46TH FLOOR
NEW YORK, NY 10105

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

MIRA INFRASTRUCTURE GLOBAL SOL

83-2325898

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

GOLDENTREE MULTI-SECTOR FUND

300 PARK AVENUE, 21ST FLOOR
NEW YORK, NY 10022

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

STONEPEAK INFRASTRUCTURE PARTNERS

55 HUDSON YARDS, 48TH FLOOR
NEW YORK, NY 10001

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

CERBERUS REAL ESTATE CAPITAL MGMT

875 THIRD AVENUE
NEW YORK, NY 10022

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

KINDERHOOK INDUSTRIES

505 FIFTH AVENUE, 25TH FLOOR
NEW YORK, NY 10017

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

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

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

LEGACY PROFESSIONALS LLP

32-0043599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 15	NONE	1394288	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

T ROWE PRICE ASSOCIATES INC.

52-0556948

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68 50	NONE	817544	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

WELLINGTON TRUST COMPANY

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	814003	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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)

MARATHON LONDON

61-6506892

(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 50	NONE	790633	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMALGAMATED BANK OF CHICAGO

36-0721895

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 51 52 62	NONE	779241	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

ALLIANCE BERNSTEIN

13-4064930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	765355	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

LOOMIS SAYLES & COMPANY LP

04-3200030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	745290	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THOMPSON, SIEGEL, WALMSLEY

54-0854396

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68 72	NONE	741739	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

SEGAL MARCO ADVISORS

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	600875	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

MCGANN KETTERMAN & RIOUX, LTD.

36-3968279

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	578664	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOOMIS SAYLES WORLD ASSET TRUST

35-7032934

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	488066	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ACADIAN ASSET MANAGEMENT

04-2929221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	467127	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

ALAN BILLER AND ASSOCIATES, INC.

94-2854958

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	456090	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GUASTAFERRI K

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	416623	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COLUMBIA THREADNEEDLE

41-1533211

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	350681	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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)

BRIDGEWAY BENEFIT TECHNOLOGIES

52-1796473

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	343818	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INVESCO TRUST COMPANY

46-3793325

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	320182	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

RADTKE B

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	312347	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

MCJESSY CHING & THOMPSON

59-3776245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	300755	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEW TOWER (MEPT)

30-0872552

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	291151	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DROGOS T

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	289687	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

REINHART BOERNER VAN DEUREN

39-1126909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	277835	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOBOWSKI S

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	249793	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL

13-1975125

(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	230800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

CONKLIN J

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	218493	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE LASALLE NETWORK

36-4319267

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	205037	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WHEELER D

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	196649	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

WEIDMAN K

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	196202	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WEGNER R

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	191124	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEWELL K

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	182800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

DIAZ N

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	181987	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GARRETT J

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	178096	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HENDERSON G

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	176201	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

VILLARREAL M

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	176087	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SHOEMAKER M

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	174966	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PURCELL H

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	171068	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

MANDELCO D

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	171045	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CALIBRE CPA GROUP, PLLC

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	166552	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GALINDO S

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	165022	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

GOMEZ M

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	163168	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CORNEJO S

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	160966	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

POWELL L

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	157000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

LYSY A

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	154565	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CRAVION L

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	154418	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LESTERS B

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	153175	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

GARCIA S

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	145710	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ORTEGA A

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	145357	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CRESPO M

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	145340	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

GAINES A

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	144338	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ZAMUDIO M

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	144208	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RIVERA S

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	141238	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

MARTINEZ M

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	139732	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GARCIA D

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	137902	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEARN J

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	135535	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

MCGHEE D

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	135305	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PARSON T

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	132858	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHNSON S

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	132827	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

AMARO J

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	132649	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MASSUCI A

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	130434	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REAVES S

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	128273	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

HARRINGTON M

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	127734	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BINGHAM B

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	126332	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OLLIE M

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	126236	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

FITZPATRICK K

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	126009	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MILLER R

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	125903	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STIGLER S

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	125635	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

MUNOZ E

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	125132	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MOLLOY M

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	124588	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HENDRICKSON T

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	121684	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

MARTINEZ L

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	121583	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WOLOSZCZUK A

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	120828	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLAKELY Q

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	120715	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

KELLEY R

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	120398	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GASCA S

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	119996	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MUNOZ S

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	119981	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

MARSHALL K

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	119750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WALKER F

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	117478	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BALLENTINE J

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	115226	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

LOPEZ T

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	114999	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OLINGER S

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	104357	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MOSQUEDA E

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	102764	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

NORTHERN TRUST CORPORATION

36-2723087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 72	NONE	102614	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

HOWARD A

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	95405	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AVILA M

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	95267	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

PERFECT J

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	92687	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DIAZ K

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	90447	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INSIGHT DIRECT USA, INC.

36-3948996

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	89834	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

JONES L

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	89346	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EASON M

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	88709	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DIEBOLD F

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	87738	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

BATES A

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	82895	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REMKE PRINTING

36-3840374

(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?
36	NONE	77158	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WIESBROCK K

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	73096	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

ESPINOZA M

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	72689	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HALSELL V

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	71388	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CDW DIRECT LLC

625 W ADAMS ST
CHICAGO, IL 60661

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	71142	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

ROBINSON A

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	70641	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RUIZ H

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	68272	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DATAMATION IMAGING SERVICES CORP

36-4303011

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	67724	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

GARY PERINAR JR.

36-0721895

(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?
20 99	TRUSTEE	0	Yes ☒ No ☐	Yes ☐ No ☒	31600	Yes ☐ No ☒

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

REYNOSO J

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	62652	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MEISSNER L

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	47817	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

SHI INTERNATIONAL CORP

150 N MICHIGAN AVE 500
CHICAGO, IL 60601

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	46494	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

ARNOLD AND KADJAN LLP

36-2498571

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	44842	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MENDOZA S

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	44085	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

MCLAIN D

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	37105	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAPIEZO O

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	36754	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SUFFECOOL A

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	36447	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

TORRES A

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	29517	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

B&B NETWORKS, INC.

65-1177174

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	29464	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ABERO K

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	27708	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

SCALAMBRINO & ARNOFF

39-2817467

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	27246	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GALVEZ M

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	26194	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBERT HALF INC.

94-1648752

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	24401	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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)

RKON INC

36-4226163

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	23363	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WEST PUBLISHING CORP

41-1426973

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	19335	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KIM & CHANG

39 SAJIK-RO 8-GIL, JONGNO DISTRICT
SEOUL KR

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	16200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

FORVIS MAZARS LLP

44-0160260

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	15533	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KBS STL LLC

92-1886400

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	10614	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MIKE FOREST

36-6130207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20	TRUSTEE	5720	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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
GARY PERINAR JR.	20 99	31600

(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.
AMALGAMATED BANK OF CHICAGO 36-0721895	BANK BOARD DIRECTOR FEES

(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.

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
SHI INTERNATIONAL CORP 150 N MICHIGAN AVE 500 CHICAGO, IL 60601	49	DID NOT RESPOND TO THE PLAN'S REQUESTS FOR CONFIRMATION OF INDIRECT COMPENSATION.
(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
ROBERT HALF INC. 94-1648752	49	DID NOT RESPOND TO THE PLAN'S REQUESTS FOR CONFIRMATION OF INDIRECT COMPENSATION.
(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:	TANYA DYBAL	b EIN:	13-1975125
c Position:	ACTUARY		
d Address:	101 NORTH WACKER DRIVE, SUITE 500 CHICAGO, IL 60606-1724	e Telephone:	312-984-8500

Explanation: REASSINGMENT OF ACTUARIAL VALUATION RESPONSIBILITIES

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025		
A Name of plan MID-AMERICA CARPENTERS REGIONAL COUNCIL PENSION FUND	B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF MID-AMERICA CARPENTERS REGIONAL COUNCIL PENSION F	D Employer Identification Number (EIN) 36-6130207	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: NEWTOWER MULTI-EMPLOYER TRUST			
b Name of sponsor of entity listed in (a): NEW TOWER TRUST COMPANY			
c EIN-PN 52-6218800-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 92649658	
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLL INTER GOVT/CREDIT BD INDEX			
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.			
c EIN-PN 45-6138589-064	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 185485680	
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLL ACWI EX-US FUND - NL			
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.			
c EIN-PN 45-6138589-103	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: MARATHON-LONDON INTERNATIONAL FUND			
b Name of sponsor of entity listed in (a): MARATHON ASSET MANAGEMENT LTD			
c EIN-PN 61-6506892-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT W1			
b Name of sponsor of entity listed in (a): THE UNION LABOR LIFE INSURANCE COMPANY			
c EIN-PN 13-1423090-209	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 65625419	
a Name of MTIA, CCT, PSA, or 103-12 IE: CIF OPPORTUNISTIC INVESTMENT ALLOC			
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA			
c EIN-PN 04-2767481-076	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE: CIF INTERNATIONAL OPPORTUNITIES POR			
b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA			
c EIN-PN 27-3649481-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	

a Name of MTIA, CCT, PSA, or 103-12 IE: **AFL-CIO BUILDING INVESTMENT TRUST**

b Name of sponsor of entity listed in (a): **GREAT GRAY TRUST COMPANY, LLC**

c EIN-PN 52-6328901-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 63471925
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a Name of MTIA, CCT, PSA, or 103-12 IE: **EB TEMPORARY INVESTMENT**

b Name of sponsor of entity listed in (a): **THE BANK OF NEW YORK MELLON**

c EIN-PN 25-6078093-023	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60305156
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a Name of MTIA, CCT, PSA, or 103-12 IE: **INVESCO MACRO ALLOCATION STRATEGY**

b Name of sponsor of entity listed in (a): **INVESCO TRUST COMPANY**

c EIN-PN 81-2234495-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE: **UBC RUSSELL 3000 INDEX TRUST**

b Name of sponsor of entity listed in (a): **INVESCO TRUST COMPANY**

c EIN-PN 20-2583973-306	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3225663651
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a Name of MTIA, CCT, PSA, or 103-12 IE: **NHIT WORLD CREDIT ASSET TRUST**

b Name of sponsor of entity listed in (a): **LOOMIS SAYLES TRUST COMPANY, LLC**

c EIN-PN 20-8080381-013	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 182087503
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a Name of MTIA, CCT, PSA, or 103-12 IE: **NEUBERGER BERMAN EMERGING MARKETS**

b Name of sponsor of entity listed in (a): **NEUBERGER BERMAN TRUST COMPANY NA**

c EIN-PN 20-4797982-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 65040000
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
	For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025	
	A Name of plan MID-AMERICA CARPENTERS REGIONAL COUNCIL PENSION FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF MID-AMERICA CARPENTERS REGIONAL COUNCIL PENSION F	D Employer Identification Number (EIN) 36-6130207	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	24113448	29931658
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	29141111	29553732
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	31531202	49939948
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	275528775	358300498
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	56797015	65885929
(B) All other	1c(3)(B)	87067904	118530324
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	1216	1216
(B) Common	1c(4)(B)	897049563	0
(5) Partnership/joint venture interests	1c(5)	1235535115	1308025035
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	2041176489	3874703573
(10) Value of interest in pooled separate accounts	1c(10)	62145380	65625419
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	131792286	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	108714420	204395859
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	301309578	304273656

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	961751	810221
f Total assets (add all amounts in lines 1a through 1e)	1f	5282865253	6409977068
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	3398686	3055213
i Acquisition indebtedness	1i		
j Other liabilities	1j	87049427	103316039
k Total liabilities (add all amounts in lines 1g through 1j)	1k	90448113	106371252
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	5192417140	6303605816

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)	264858335	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		264858335
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	24421	
(B) U.S. Government securities	2b(1)(B)	11387856	
(C) Corporate debt instruments	2b(1)(C)	7678460	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	1276657	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		20367394
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	14448226	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	5178397	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		19626623
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	2382447393	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2339187283	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		43260110
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	80969405	
(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)		449940770
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		3816219
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		7909959
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3285937
c Other income	2c		11783812
d Total income. Add all income amounts in column (b) and enter total	2d		905818564

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	363629857	
(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)		363629857
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)	11063457	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	1292241	
(4) IQPA audit fees	2i(4)	268599	
(5) Investment advisory and investment management fees	2i(5)	8622374	
(6) Bank or trust company trustee/custodial fees	2i(6)	291521	
(7) Actuarial fees	2i(7)	240796	
(8) Legal fees	2i(8)	1278795	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	7723	
(11) Other expenses	2i(11)	5228512	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		28294018
j Total expenses. Add all expense amounts in column (b) and enter total	2j		391923875

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		513894689
l Transfers of assets:			
(1) To this plan	2l(1)		597293987
(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: **LEGACY PROFESSIONALS LLP**

(2) EIN: **32-0043599**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		1500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 570579.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		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.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 07/01/2024 and ending 06/30/2025					
A Name of plan MID-AMERICA CARPENTERS REGIONAL COUNCIL PENSION FUND				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF MID-AMERICA CARPENTERS REGIONAL COUNCIL PENSION F				D Employer Identification Number (EIN) 36-6130207	
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	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	0
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					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

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 **BROCK INDUSTRIAL SERVICES LLC**

b EIN **76-0610824**

c Dollar amount contributed by employer **3715469**

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) **16.91**

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

a Name of contributing employer **DENK & ROCHE BUILDERS INC**

b EIN **36-3290802**

c Dollar amount contributed by employer **3717651**

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 **05** Day **31** Year **2029**

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) **16.91**

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

a Name of contributing employer **DIVERZIFY PRO LLC**

b EIN **84-4783467**

c Dollar amount contributed by employer **4007057**

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) **16.91**

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

a Name of contributing employer **WALSH CONSTRUCTION CO II LLC**

b EIN **27-0887958**

c Dollar amount contributed by employer **4749996**

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 **05** Day **31** Year **2029**

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) **16.91**

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

a Name of contributing employer **INSTALLATION SPECIALISTS INC**

b EIN **36-2778454**

c Dollar amount contributed by employer **3910509**

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) **16.91**

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

a Name of contributing employer **PCI - TEMPUS**

b EIN **34-1467168**

c Dollar amount contributed by employer **6675797**

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) **16.91**

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

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 AIRTITE CONTRACTORS INC/E&K OF CHGO

b EIN 20-0341479

c Dollar amount contributed by employer 3471906

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 05 Day 31 Year 2029

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) 16.91

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

a Name of contributing employer THORNE ASSOCIATES INC

b EIN 36-3294352

c Dollar amount contributed by employer 5650488

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) 16.91

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

a Name of contributing employer POWER FORCES LLC

b EIN 37-1795902

c Dollar amount contributed by employer 3636827

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 05 Day 31 Year 2029

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) 16.91

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

a Name of contributing employer ANNING-JOHNSON COMPANY

b EIN 36-2936794

c Dollar amount contributed by employer 4557466

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 05 Day 31 Year 2029

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) 16.91

(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: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

1808

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

1775

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

1364

- 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

1.09

b The corresponding number for the second preceding plan year.....

15b

1.09

- 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: 52.0 % Private Equity: 6.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 25.0 %

High-Yield Debt: 0.0 % Real Assets: 12.0 % Cash or Cash Equivalents: 0.0 % Other: 5.0 %

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☒ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation: _____

Part VII IRS Compliance Questions

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

- 21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

**Mid-America Carpenters Regional
Council Pension Fund**

Consolidated Financial Statements

June 30, 2025

**Mid-America Carpenters Regional
Council Pension Fund**

Consolidated Financial Statements with Supplementary Information

June 30, 2025 and 2024

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Report of Independent Auditors

To the Participants and Trustees of
Mid-America Carpenters Regional
Council Pension Fund

Opinion

We have audited the consolidated financial statements of Mid-America Carpenters Regional Council Pension Fund and its affiliate (collectively, the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the consolidated statements of net assets available for benefits as of June 30, 2025 and 2024, and the related consolidated statements of changes in net assets available for benefits for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the consolidated net assets available for benefits of Mid-America Carpenters Regional Council Pension Fund and its affiliate as of June 30, 2025 and 2024, and the changes in their consolidated net assets available for benefits for the years then ended, and the accumulated plan benefits as of June 30, 2024, and the changes in accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (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 audit opinion.

Emphasis of Matter - Merger and Transfer of Net Assets

As described in Note 14, Will County Local 174 Carpenters Pension Fund merged into the Plan effective December 31, 2024, at which time net assets of \$597,293,987 were transferred to the Plan and accumulated plan benefit obligations of approximately \$701,539,000 were assumed by the Plan. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

In preparing the consolidated 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 within one year after the date that the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated 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 consolidated 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; and
- 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.

Auditors' Responsibilities for the Audit of the Financial Statements (continued)

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.

Legacy Professionals LLP

Westchester, Illinois

November 19, 2025

**Mid-America Carpenters Regional
Council Pension Fund**

Consolidated Statements of Net Assets Available for Benefits

June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets		
Investments - at fair value		
U.S. Government and Government Agency obligations	\$ 334,292,489	\$ 268,238,842
U.S. Government and Government Agency obligations on loan	24,008,009	7,289,933
Corporate bonds and notes	158,018,253	137,871,455
Corporate bonds and notes on loan	26,398,000	5,993,464
Corporate stocks	1,216	874,980,257
Corporate stocks on loan	-	22,070,522
Foreign and municipal obligations	15,200,655	16,349,674
Collective investment funds	3,874,703,573	2,172,968,775
Mutual funds	204,395,859	108,714,420
Limited partnerships and limited liability companies	1,308,025,035	1,235,535,115
Hedge funds	237,482,499	248,712,411
Pooled separate account	65,625,419	62,145,380
	<u>6,248,151,007</u>	<u>5,160,870,248</u>
Collateral held for securities on loan	51,590,502	36,247,493
Total investments	<u>6,299,741,509</u>	<u>5,197,117,741</u>
Receivables		
Employer contributions - net of estimated credit losses of \$650,696 (2025) and \$361,062 (2024)	29,553,732	29,141,111
Accrued interest and dividends	5,191,206	4,615,121
Due from related organizations - net	107,805	1,125,318
Due from broker	44,477,107	25,484,716
Total receivables	<u>79,329,850</u>	<u>60,366,266</u>
Property and equipment - net	<u>810,221</u>	<u>961,751</u>
Prepaid expenses	<u>163,830</u>	<u>306,047</u>
Cash	<u>29,931,658</u>	<u>24,113,448</u>
Total assets	<u>6,409,977,068</u>	<u>5,282,865,253</u>
Liabilities and Net Assets		
Liabilities		
Due to broker	49,075,326	47,778,125
Accounts payable and accrued expenses	3,055,213	3,398,686
Reciprocal contributions payable	864,659	1,429,643
Escrow collections	1,785,552	1,594,166
Liability to return collateral held for securities on loan	51,590,502	36,247,493
Total liabilities	<u>106,371,252</u>	<u>90,448,113</u>
Net assets available for benefits	<u>\$ 6,303,605,816</u>	<u>\$ 5,192,417,140</u>

See accompanying notes to consolidated financial statements.

**Mid-America Carpenters Regional
Council Pension Fund**

Consolidated Statements of Changes in Net Assets Available for Benefits

Years Ended June 30, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Additions		
Investment income		
Net appreciation in fair value of investments	\$ 584,522,215	\$ 467,820,984
Interest	25,027,580	21,509,747
Dividends	19,626,623	22,599,717
Securities litigation proceeds	534,285	421,152
Commission recapture income	4,446	13,866
	<u>629,715,149</u>	<u>512,365,466</u>
Less investment fees and expenses	(8,913,895)	(10,028,272)
Less UBI taxes	(39,181)	(167,088)
Investment income - net	620,762,073	502,170,106
Employer contributions	264,858,335	259,758,744
Liquidated damages	432,570	349,765
Withdrawal liability assessments	-	180,879
Miscellaneous	963	155,700
Total additions	<u>886,053,941</u>	<u>762,615,194</u>
Deductions		
Pension benefits	363,629,857	326,814,217
Administrative expenses - net	8,529,395	7,168,324
Total deductions	<u>372,159,252</u>	<u>333,982,541</u>
Net increase before transfer of net assets	513,894,689	428,632,653
Transfer of net assets due to merger	<u>597,293,987</u>	<u>-</u>
Net increase	1,111,188,676	428,632,653
Net assets available for benefits		
Beginning of year	<u>5,192,417,140</u>	<u>4,763,784,487</u>
End of year	<u>\$ 6,303,605,816</u>	<u>\$ 5,192,417,140</u>

See accompanying notes to consolidated financial statements.

Mid-America Carpenters Regional Council Pension Fund

Notes to Consolidated Financial Statements

June 30, 2025 and 2024

Note 1. Summary of Significant Accounting Policies

Method of Accounting - The accompanying consolidated financial statements of Mid-America Carpenters Regional Council Pension Fund (the Plan) have been prepared using the accrual basis of accounting.

Principles of Consolidation - The accompanying consolidated financial statements include the accounts of the Plan and Mid-America Carpenters Regional Council Benefit Funds Office, LLC (the LLC), herein collectively referred to as the Plan. All significant accounts and transactions between the related entities have been eliminated in consolidation.

Investments - Investments are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price). Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Purchases and sales of the investments are reflected on a trade-date basis.

Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

Contributions Receivable - Employer contributions due and not paid prior to year end are recorded as contributions receivable and include amounts for liquidated damages and underpayments. An allowance of \$650,696 at June 30, 2025 and \$361,062 at June 30, 2024 has been recorded for uncollectible accounts (estimated credit losses). Employer contributions due but not paid as determined by compliance audits are recorded as income as the deficiencies are collected or when a note is executed.

Property and Equipment - Property and equipment are carried at cost. Major additions are capitalized while replacements, maintenance, and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation and amortization are computed by the straight-line method over the following estimated useful lives of the related assets:

Office furniture and fixtures	5 years
Data processing equipment	5 years
Automobile	5 years
Leasehold improvements	5 - 10 years

Note 1. Summary of Significant Accounting Policies (continued)

Escrow Collections - Escrow collections represent amounts collected through the Plan's lockbox account on behalf of affiliated organizations. These amounts are transferred to the other organizations on a regular basis.

Revenue Recognition - Revenue derived from employer contributions is recognized in the period in which covered work is performed, based on the number of hours worked in covered employment and the contribution rates set forth in the applicable collective bargaining agreement. Employers are required to remit contributions monthly. The Plan carries out its purpose described in Note 2 in the carpenter industry within a jurisdiction primarily located in the Greater Chicagoland area.

Reciprocal Contributions - The Plan is signatory to reciprocity agreements with other multiemployer pension plans for its participants who perform work outside the geographic jurisdiction of the local union. Participants who are normally employed within the territory of one local union (home local) may be temporarily employed within the territory of another local union. When a participant works in the territory of a reciprocating local union, the other plan is required to make contributions to the participant's home local benefit plans on the participant's behalf. The Plan's contribution revenue includes monies received pursuant to reciprocity agreements. The Plan uses the same recognition and measurement criteria for such revenue as for all other employer contribution revenue. Amounts paid to other plans under the terms of reciprocity agreements are not reflected in the statements of changes in net assets available for benefits, as the amounts received are not revenue earned by the Plan, and the corresponding payments are not an expense of the Plan. The Plan recognizes a liability upon receiving reciprocal contributions on behalf of non-participants working within the jurisdiction of the local union, and recognizes a decrease in that liability upon remitting those contributions to the appropriate plan. Employer contributions included reciprocal contributions of \$11,893,871 and \$12,276,319 for the years ended June 30, 2025 and 2024, respectively, from various other pension plans under the terms of reciprocity agreements. The Plan remitted a total of \$10,990,593 and \$15,680,394 in reciprocal contributions to various other pension plans under the terms of reciprocity agreements for the years ended June 30, 2025 and 2024, respectively.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service which 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.

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

Expenses - Certain investment related expenses are included in net appreciation in fair value of investments.

Note 1. Summary of Significant Accounting Policies (continued)

Leases - Arrangements for shared office space with related parties are described in Note 11. Due to the immaterial nature of the amounts owed pursuant to the leasing agreements, the Plan has not adopted the provisions of accounting guidance for leases required by generally accepted accounting principles.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the consolidated financial statements. Actual results could differ from those estimates.

Subsequent Events - Subsequent events have been evaluated through November 19, 2025, which is the date the consolidated financial statements were available to be issued.

Note 2. Description of the Organizations

Plan

The Plan was established during 1957 to provide retirement and disability benefits for eligible participants. The Plan is primarily funded by employer contributions as specified in the collective bargaining agreements. The Plan is a multiemployer defined benefit pension plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Under current provisions of the Plan, most participants are eligible for a regular pension if the participant has attained age 65 and has at least five years of vesting service. Vesting of benefits is attained for participants who have five years of vesting service. A year of vesting service is earned for completing 1,000 hours of work in a calendar year.

Most participants incur a break in service at the end of a calendar year during which fewer than 250 hours are worked in covered employment.

Subsequent to year end, the Plan was restated and amended effective July 1, 2025 to reflect a change to the Plan's benefit formula. The Plan discontinued the use of a standard rate for determining the pension credit. The benefit accrual for hours of pension credit earned by participants on and after July 1, 2025 is determined as follows for each year during which a participant works at least 250 hours of covered work: the total amount of credited pension contributions required to be paid on behalf of a participant for each hour of covered work, multiplied by 1.25%.

LLC

Effective January 1, 2024, the Trustees of the Plan formed Mid-America Carpenters Regional Council Benefit Funds Office, LLC (the LLC). The LLC was created to initially pay the shared cost of office operations of the Plan and a related defined contribution plan and defined benefit health and welfare plan. These expenses are allocated on a pro rata basis.

Note 3. Priorities upon Termination

It is the intent of the Trustees to continue the Plan in full force and effect; however, the right to discontinue the Plan is reserved to the Trustees. Termination shall not permit any part of the Plan assets to be used for or diverted to purposes other than the exclusive benefit of the pensioners, beneficiaries and participants. In the event of termination, the net assets of the Plan will be allocated to pay benefits in priorities as prescribed by ERISA and its related regulations. Whether or not a particular participant will receive full benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at that time and the priority of those benefits.

In addition, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. The PBGC does not guarantee all types of benefits, and the amount of any individual participant's benefit protection is subject to certain limitations, particularly with respect to benefit increases as a result of plan amendments in effect for less than five years. Some benefits may be fully or partially provided while other benefits may not be provided at all.

Note 4. Tax Status

The Plan obtained its latest determination letter, dated May 29, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from federal income taxes under the provisions of Section 501(a). The Plan has been amended since receiving the determination letter. The Plan's administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code, and therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date. The Plan is subject to tax, however, on the flow-through of partnership income through its investments structured as limited partnerships. For the years ended June 30, 2025 and 2024, the Plan incurred \$39,181 and \$167,088 respectively, in unrelated business income taxes.

The LLC is a single member limited liability company and therefore is considered a disregarded entity by the Internal Revenue Service for tax purposes.

Accounting principles generally accepted in the United States of America require the Plan 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 tax authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 5. Funding Policy

The participating employers contribute such amounts as are specified in collective bargaining agreements. The hourly contribution rate for the majority of employers was \$16.01 through May 31, 2024, \$16.41 through May 31, 2025 and \$16.91 thereafter.

The Plan's actuary has advised that the minimum funding requirements of ERISA are being met as of July 1, 2024.

Note 6. Actuarial Information

An actuarial valuation of the Plan was made by Segal as of June 30, 2024. Information shown in the report included the following:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving payments	\$ 2,842,015,475
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Other vested benefits	<u>2,469,678,635</u>
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Total vested benefits	5,311,694,110
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Nonvested benefits	<u>71,088,202</u>
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Total actuarial present value of accumulated plan benefits	<u><u>\$ 5,382,782,312</u></u>
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As reported by the actuary, the changes in the present value of accumulated plan benefits during the year ended June 30, 2024 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 5,289,242,001
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Increase (decrease) during the year attributable to:

Benefits accumulated, net experience

gain or loss, changes in data	\$ 107,805,856
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Interest	357,855,234
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Changes in actuarial assumptions	(45,306,562)
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Benefits paid	<u>(326,814,217)</u>
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Net increase	<u>93,540,311</u>
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Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 5,382,782,312</u></u>
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Note 6. Actuarial Information (continued)

The actuarial valuation was prepared using the unit credit actuarial cost method.

Some of the more significant actuarial assumptions used in the valuation were as follows:

- Mortality rates:
 - Healthy non-pensioner:
 - 105% of the Pri-2012 Blue Collar Employee Mortality Tables (sex-distinct) projected generationally using 2024 Adjusted Scale MP-2021
 - Healthy pensioner or beneficiary:
 - 105% of the Pri-2012 Blue Collar Healthy Retiree Mortality Tables (sex-distinct) projected generationally using 2024 Adjusted Scale MP-2021
 - Disabled:
 - 105% of the Pri-2012 Disabled Retiree Mortality Tables (sex-distinct) projected generationally using 2024 Adjusted Scale MP-2021
 - Spouse:
 - 105% of the Pri-2012 Blue Collar Contingent Survivor Mortality Tables (sex-distinct) projected generationally using 2024 Adjusted Scale MP-2021
- Retirement age:
 - Ranges from 55 to 65 with varying percentages at each age
- Net investment return:
 - 7.00% - net of .15% for administrative expenses

Changes in actuarial assumptions for the year ended June 30, 2025, including changes in the mortality scale and the mortality table used in determining lump sum amounts, decreased accumulated plan benefits by \$45,306,562.

The actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. Pension benefits in excess of the present assets of the Plan are dependent upon contributions received under collective bargaining agreements with employers and income from investments.

Note 6. Actuarial Information (continued)

Since information on the accumulated plan benefits at June 30, 2025 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of June 30, 2025 and the changes in its financial status for the year then ended, but a presentation of the net assets available for benefits and the changes therein as of and for the year ended June 30, 2025. The complete financial status is presented as of June 30, 2024.

As of July 1, 2025, the Plan was certified by its actuary to be in neither critical nor endangered status ("green zone"), within the meaning of the Pension Protection Act of 2006 (PPA).

Note 7. Fair Value Measurements

The *Fair Value Measurements and Disclosures* Topic of the FASB Accounting Standards Codification established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Basis of Fair Value Measurement

Level 1	Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities
Level 2	Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly
Level 3	Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable

The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. 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 investment assets at fair value as of June 30, 2025 and 2024. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the consolidated statements of net assets available for benefits.

Note 7. Fair Value Measurements (continued)

Fair Value Measurements at 6/30/25 Using				
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	<u>Total</u>			
U.S. Government and Government				
Agency obligations	\$ 358,300,498	\$ 212,846,942	\$ 145,453,556	\$ -
Corporate bonds and notes	184,416,253	-	184,416,253	-
Corporate stocks	1,216	1,216	-	-
Foreign and municipal obligations	15,200,655	-	15,200,655	-
Mutual funds	129,841,235	129,841,235	-	-
Collateral held for securities on loan	51,590,502	51,590,502	-	-
	<u>739,350,359</u>	<u>\$ 394,279,895</u>	<u>\$ 345,070,464</u>	<u>\$ -</u>
Investments measured at net asset value:				
Collective investment funds	3,874,703,573			
Mutual fund	74,554,624			
Limited partnerships	1,236,891,408			
Limited liability companies	71,133,627			
Hedge funds	237,482,499			
Pooled separate account	65,625,419			
Total	<u>\$ 6,299,741,509</u>			

Fair Value Measurements at 6/30/24 Using				
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	<u>Total</u>			
U.S. Government and Government				
Agency obligations	\$ 275,528,775	\$ 141,275,988	\$ 134,252,787	\$ -
Corporate bonds and notes	143,864,919	-	143,864,919	-
Corporate stocks	897,050,779	897,050,779	-	-
Foreign and municipal obligations	16,349,674	-	16,349,674	-
Mutual fund	38,129,965	38,129,965	-	-
Collateral held for securities on loan	36,247,493	36,247,493	-	-
	<u>1,407,171,605</u>	<u>\$ 1,112,704,225</u>	<u>\$ 294,467,380</u>	<u>\$ -</u>
Investments measured at net asset value:				
Collective investment funds	2,172,968,775			
Mutual fund	70,584,455			
Limited partnerships	1,089,593,722			
Limited liability companies	145,941,393			
Hedge funds	248,712,411			
Pooled separate account	62,145,380			
Total	<u>\$ 5,197,117,741</u>			

Note 7. Fair Value Measurements (continued)

Level 1 Measurements

U.S. Treasury securities and corporate stocks are traded in active markets on national and international securities exchanges and are valued at closing prices on the last business day of each period presented.

The fair value of the Level 1 mutual funds are determined by reference to the funds' underlying assets, which are principally marketable fixed income securities. Shares held in mutual funds are traded on national securities exchanges and are valued at the net asset value as of the last business day of each period presented.

Cash collateral for securities on loan include money market funds and other highly liquid debt securities with an aggregate duration of less than one year. The carrying amounts of these assets approximate fair value because of the relatively short period of time between origination and expected realization, and their limited exposure to credit risk. Non-cash collateral for securities on loan include U.S. Government and corporate obligations with an aggregate duration of more than one year.

Level 2 Measurements

U.S. Government Agency obligations, corporate bonds and notes and foreign and municipal obligations are generally valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. To the extent that quoted prices are not available, fair value is determined based on a valuation model that include inputs such as interest rate yield curves and credit spreads. Securities traded in markets that are not considered active are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency. Securities that trade infrequently and therefore have little or no price transparency are valued using the investment manager's best estimates.

Measurements Using Net Asset Value as a Practical Expedient

Certain investments are valued at the net asset value per share, used as a practical expedient to estimate fair value. The net asset value is based on the fair values of the underlying investments held by the fund less its liabilities. The practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value.

Note 7. Fair Value Measurements (continued)

Measurements Using Net Asset Value as a Practical Expedient (continued)

The collective investment funds and the pooled separate account are direct filing entities (DFEs) and file a Form 5500 annual report. The Plan is not required to disclose the investment strategies of DFE investments. Redemptions from all but two of the collective investment funds are available on a daily basis without notice. One collective investment fund with a fair value of \$92,649,658 and \$67,940,159 at June 30, 2025 and 2024, respectively, allows redemptions after providing written notice one year prior to the valuation date, upon which any partial or complete withdrawal is to be effected. In May 2023, all redemptions from one common collective trust with a fair value of \$63,471,925 and \$40,040,844 at June 30, 2025 and 2024, respectively, were restricted pending the implementation of a three-phase strategy to stabilize, reposition and grow its portfolio in light of economic, interest rate and liquidity challenges. The trust manager stated that it cannot predict the duration of this restriction on redemptions. An adjustment to the trust's net asset value was not considered necessary as of either June 30, 2025 or 2024.

Redemption requests from the pooled separate account of less than 80% are transferred on the business day following the third valuation date after the receipt of the redemption request. Valuation date is defined as the close of business on the last business day of the month. In the case of full redemptions, the investment manager will transfer an amount equal to 80% of the value of the redeemed units calculated as of the second valuation date following receipt of the redemption request, and such payment will be made on the first business day following the third valuation date. The final payment equal to the value of the remainder of the redeemed units will be transferred within three weeks after the third valuation date.

The fair value of the mutual fund has been estimated using the net asset value per share of the investment by reference to the underlying assets, which consist primarily of fixed income debt securities. Redemptions are available on a monthly basis without notice.

The underlying assets of the hedge funds are master feeder structures primarily invested in domestic and international equities and fixed income securities. Redemptions can occur on a monthly or quarterly basis and typically require between 30 and 90 days' prior written notice.

Note 7. Fair Value Measurements (continued)

Measurements Using Net Asset Value as a Practical Expedient (continued)

The following table summarizes limited liability company investments measured at fair value based on net asset value per share as of June 30, 2025 and 2024:

Fair Value		Underlying Assets	Unfunded Commitments	Redemption	Scheduled Termination Date
2025	2024				
\$ -	\$ 77,393,006	International equity securities	None	Monthly with 10 day notice	Open-ended
69,380,681	65,253,852	Corporate obligations	None	Monthly with 10 day notice	Open-ended
		Mortgage/asset backed obligations			
		Residential mortgage-backed securities			
		U.S. Treasury securities			
1,752,946	3,294,535	Commercial, industrial and multi-family real estate properties	None	Quarterly with 10 day notice	Open-ended
		Other			
<u>\$ 71,133,627</u>	<u>\$ 145,941,393</u>				

Note 7. Fair Value Measurements (continued)

Measurements Using Net Asset Value as a Practical Expedient (continued)

The following table summarizes limited partnership investments measured at fair value based on net asset value per share as of June 30, 2025 and 2024:

Fair Value		Underlying Assets	Unfunded Commitments	Redemption	Scheduled Termination Date
2025	2024				
\$ 48,207,980	\$ 48,656,821	Private equity funds	\$ 4,800,000	No redemptions allowed	May-30 with possibility of 3 additional 1 year periods
66,263,948	67,452,141	Private equity limited partnerships	412,500	No redemptions allowed	Feb-28 with possibility of 3 additional 1 year periods
14,009,525	9,734,086	Privately held companies in technology and life sciences-related fields	10,000,000	No redemptions allowed	Dec-32
29,737,832	27,542,555	Infrastructure assets located predominately in the United States, Canada and Mexico	1,472,242	No redemptions allowed	Nov-33, with possibility of 3 additional 1 year periods
56,975,342	57,219,367	Diversified manufacturing, leisure and entertainment, media, and strategic debt private equity securities	6,186,485	No redemptions allowed	Jun-29 with possibility of 1 additional 1 year period
166,112	1,078,246	Office, retail and hotel real estate properties	-	No redemptions allowed	Terminated - in liquidation
4,336,985	7,553,416	Office, residential, retail and hotel real estate properties	367,787	No redemptions allowed	Jul-25 with possibility of 2 additional 1 year periods
11,389,523	14,394,698	Office, residential, retail and hotel real estate properties	2,199,420	No redemptions allowed	Jun-29, with possibility of 1 additional 1 year period
4,497,763	5,243,025	Residential and commercial real estate properties	149,266	No redemptions allowed	26-Feb
2,342,338	3,158,482	Real estate properties	60,316	No redemptions allowed	Jul-27 with possibility of 2 additional 1 year periods
114,585	119,426	Real estate joint ventures and co-ownership	3,189,707	Only with consent of general partner	Terminated - in liquidation
2,946,133	4,306,981	Real estate joint ventures and co-ownership	513,530	Only with consent of general partner	Sep-25
6,515,784	8,410,079	Real estate joint ventures and co-ownership	1,246,804	Only with consent of general partner	Jul-26
1,125,193	1,340,221	Hotel, office, retail and zoned residential land real estate properties	910,000	No redemptions allowed	Terminated - in liquidation
918,086	1,245,451	Hotel, office, retail and zoned residential land real estate properties	900,000	No redemptions allowed	Dec-25 with possibility of 2 additional 1 year periods
15,164,375	15,166,921	Developable land, residential, office, retail, industrial hotels and timeshare real estate	2,100,000	No redemptions allowed	Dec-27 with possibility of 2 additional 1 year periods
15,301,348	11,304,508	Developable land, residential, office, retail, industrial hotels and timeshare real estate	6,000,000	No redemptions allowed	Mar-32 with possibility of 2 additional 1 year periods
217,282	282,762	Single family rental, land development, urban/infill, and homebuilding	-	Only with consent of general partner	Feb-28
145,618,082	144,012,461	Real estate assets diversified by geography and property type	-	Quarterly with 90 day prior written notice	Open-ended
5,014,692	5,804,584	Real estate related assets including portfolios, joint ventures and debt securities and loans	-	No redemptions allowed	Terminated - in liquidation
15,459,381	16,333,075	Real estate related assets including portfolios, joint ventures and debt securities and loans	-	No redemptions allowed	Mar-27 with possibility of 2 additional 1 year periods
691,955	1,399,964	Multi-family, industrial, retail, and office real estate properties	490,715	No redemptions allowed	Terminated - in liquidation
26,250,929	16,125,580	Multi-family, industrial, retail, and office real estate properties	6,306,534	No redemptions allowed	Jun-30
3,908,354	4,928,180	Real estate limited partnerships/companies	2,330,000	No redemptions allowed	Terminated - in liquidation
9,463,641	5,386,323	Real estate limited partnerships/companies	10,600,000	No redemptions allowed	Sept-31 with possibility of 2 additional 1 year periods
700,157	3,965,418	Office, industrial and healthcare real estate properties	-	No redemptions allowed	Sep-26
7,365,861	11,203,439	Limited partnerships, limited liability companies and limited companies throughout the United States, Europe and Asia	26,499,675	No redemptions allowed	Jul-26 with possibility of 2 additional 1 year periods
494,703,186	493,368,210	Sub-totals to page 18	86,734,981		

Note 7. Fair Value Measurements (continued)

Measurements Using Net Asset Value as a Practical Expedient (continued)

Fair Value		Underlying Assets	Unfunded Commitments	Redemption	Scheduled Termination Date
2025	2024				
\$ 494,703,186	\$ 493,368,210	Sub-totals from page 17	\$ 86,734,981		
34,729,145	36,896,339	Infrastructure assets including power and renewables, utilities, transportation, communications infrastructure, and water infrastructure	3,020,224	No redemptions allowed	Feb-30 with possibility of 3 additional 1 year periods
20,586,548	17,196,190	Infrastructure assets including power and renewables, utilities, transportation,	6,764,551	No redemptions allowed	Oct-32 with possibility of 3 additional 1 year periods
31,669,074	28,469,918	Private equity interests in North America, Cayman Islands and Europe and debt interests in North America and Europe	-	Prior written notice	Open-ended
37,595,692	34,410,516	Private equity securities located primarily in the United States	900,000	No redemptions allowed	Nov-28 with possibility of 3 additional 1 year periods
21,570,290	20,760,653	Private equity securities including manufacturing, professional services and wholesale trade	2,914,222	No redemptions allowed	Oct-27
28,865,307	23,649,906	Infrastructure assets including regulated utility services, disaster response and recovery services, and engineering construction services	2,508,303	No redemptions allowed	Sep-27 with possibility of 3 additional 1 year periods
22,443,701	7,496,036	Infrastructure assets including regulated utility services and energy efficiency	3,790,852	No redemptions allowed	Mar-32 with possibility of 3 additional 1 year periods
24,512,179	24,502,990	Portfolio companies	1,160,000	No redemptions allowed	Feb-31 with possibility of 2 additional 1 year periods
22,689,360	20,803,374	Infrastructure assets including power, utility and energy industries	6,924,668	No redemptions allowed	Jan-30
15,402,890	17,814,454	Income producing real estate assets throughout the United States	-	No redemptions allowed	Mar-27 with possibility of 2 additional 1 year periods
700,000	-	Real estate ventures through limited partnerships or limited liability companies	19,300,000	No redemptions allowed	Aug-33 with possibility of 2 additional 1 year periods
24,297,666	25,486,261	Equity securities of privately held companies including healthcare and technology	1,000,000	Only with consent of general partner Can request a conversion of all or a portion of interest in exchange for Blackstone Infrastructure Partners L.P.	Dec-29 with possibility of 3 additional 1 year periods
92,466,080	54,174,747	Infrastructure assets primarily in North America	-		Open-ended
26,204,217	22,369,601	Preferred stock securities in the United States, United Kingdom, China and India	250,000	No redemptions allowed	Dec-29 with possibility of 4 additional 1 year periods
30,204,007	29,606,430	Infrastructure assets in the United States	5,081,214	No redemptions allowed	Mar 30 with possibility of 2 additional 1 year periods
5,906,489	5,944,608	Private equity funds	-	No redemptions allowed	Nov-27 with possibility of 1 additional year
2,243,094	1,698,218	Private equity funds	371,128	No redemptions allowed	Sep-31 with possibility of 1 additional year
199,876,447	137,191,564	International equity and fixed income securities	-	Quarterly with 90 day prior written notice	Open-ended
1,187,251	1,366,440	Credit investment - technology sector	969,698	No redemptions allowed	Nov-28 with possibility of 1 additional year
22,656,432	25,709,076	Bank loans, private equity, public/private corporate bonds, and trade claims	7,702,973	No redemptions allowed	Jun 27 with possibility of 2 additional 1 year periods
20,325,814	19,238,200	Real estate, corporate, government and mortgage-backed debt securities	4,906,218	No redemptions allowed	Jan 31 with possibility of 3 additional 1 year periods
25,472,501	23,792,342	Private debt and strategic capital	-	Only at consent of general partner	Oct 26 with possibility of 2 additional 1 year periods
9,812,401	6,713,582	Limited liability companies that invest in real estate investment trusts	4,716,834	No redemptions allowed	Sep-29 with possibility of 1 additional 2 year period
12,162,698	7,432,845	Residential real estate properties	7,450,000	No redemptions allowed	Nov-30 with possibility of 2 additional 1 year periods
6,256,128	3,501,222	Real estate properties	9,000,000	No redemptions allowed	Jun-31 with possibility of 2 additional 1 year periods
2,352,811	-	Control investments in middle-market companies	23,831,748	No redemptions allowed	Jul-34 with possibility of 3 additional 1 year periods
<u>\$ 1,236,891,408</u>	<u>\$ 1,089,593,722</u>		<u>199,297,614</u>		
		Additional unfunded commitments	<u>47,267,948</u>		
			<u>\$ 246,565,562</u>		

Note 8. Property and Equipment

Property and equipment at June 30, 2025 and 2024 consisted of the following:

	<u>2025</u>	<u>2024</u>
Office furniture and fixtures	\$ 1,128,776	\$ 1,128,776
Data processing equipment	2,593,958	2,514,401
Automobiles	110,904	60,440
Leasehold improvements	<u>288,014</u>	<u>288,014</u>
	4,121,652	3,991,631
Less accumulated depreciation and amortization	<u>(3,311,431)</u>	<u>(3,029,880)</u>
Net property and equipment	<u>\$ 810,221</u>	<u>\$ 961,751</u>

Depreciation and amortization expense of \$281,551 in 2025 and \$287,412 in 2024 was recorded through an allocation of shared expenses.

Note 9. Participation in Multiemployer PlansDefined Benefit Pension Plan

The Plan shares employees with two related organizations. All of the Plan's shared employees are covered by a multiemployer defined benefit pension plan. The risk of participating in multiemployer defined benefit pension plans is different from single employer plans. Assets contributed to a multiemployer defined benefit pension plan by one employer may be used to provide benefits to employees of other participating employers. If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.

Contributions to the multiemployer defined benefit pension plan are initially paid by this Plan and charged to related entities through an allocation of shared expenses. The Plan's share of contributions for the years ended June 30, 2025 and 2024 is outlined in the following table. Plans that are considered to be significant are required to be identified. The "EIN/PN" column provides the employer identification number (EIN) and the three-digit plan number (PN). The most recent Pension Protection Act (PPA) zone status provides an indication of the financial health of the plan. Among other factors, plans in the red zone are below 65 percent funded, plans in the yellow zone are between 65 percent and 80 percent funded, and plans in the green zone are at least 80 percent funded. The last column specifies the year end date of the plan to which the annual report (Form 5500) relates.

Note 9. Participation in Multiemployer Plans (continued)

Defined Benefit Pension Plan (continued)

Pension Plan	EIN/PN	Pension Protection Act Zone Status		Contributions		Available Annual Report (Form 5500)
		<u>2025</u>	<u>2024</u>	<u>2025</u>	<u>2024</u>	
Mid-America Carpenters Regional Council Pension Fund	36-6130207 / 001	Green as of 7/1/25	Green as of 7/1/24	\$ 981,692	\$ 963,743	6/30/2024

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

Defined Contribution Retirement Plan

In addition to the plan listed above, shared employees are covered by a multiemployer defined contribution retirement plan. Contributions to the plan are made monthly under the terms of a participation agreement. The Plan's share of contributions to this plan for the years ended June 30, 2025 and 2024 was \$400,973 and \$393,642 respectively.

Welfare Plan that Provides Postretirement Benefits

The Plan's shared employees are also covered by a multiemployer health and welfare plan that provides medical benefits to retirees and to eligible employees working under collective bargaining agreements, and their dependents. The Plan's share of contributions to this plan for the years ended June 30, 2025 and 2024 was \$679,751 and \$662,182 respectively.

Note 10. Related Organizations

The Plan is related to several tax-exempt organizations which include a welfare plan, a supplemental retirement plan, an apprentice fund, a regional council and a labor-management cooperation committee.

The LLC initially pays all shared costs of office operations. These expenses are allocated among the Plan, the welfare plan, and the supplemental retirement plan on a direct and pro rata basis, as applicable. Each plan records its share of office expenses. Other related organizations are billed for services as performed. Reimbursements received during the years ended June 30, 2025 and 2024 were as follows.

Note 10. Related Organizations (continued)

	<u>2025</u>	<u>2024</u>
Health plan	\$ 8,861,224	\$ 8,162,647
Supplemental retirement plan	1,347,904	1,217,159
Regional council and other related/affiliated organizations	<u>602,420</u>	<u>418,561</u>
Total	<u>\$ 10,811,548</u>	<u>\$ 9,798,367</u>

Such reimbursements are netted against administrative expenses in these consolidated financial statements. Amounts reported as due to/from related organizations generally arise from timing differences related to the transactions noted above.

Note 11. Office Leases

The Plan shares office space with certain related organizations under a lease agreement with Mid-America Carpenters Regional Council that expired on September 30, 2024 and was extended through November 30, 2025 with the same terms. Monthly rent through June 30, 2025 was \$50,914.

The Plan also shares office space with Mid-America Carpenters Regional Council Health Fund in Lisle, Illinois under a lease agreement with Mid-America Carpenters Regional Council, expiring on November 30, 2025. Monthly rent through June 30, 2025 was \$6,466.

Rent payments included in the allocation of shared expenses totaled \$694,776 and \$311,852 for the years ended June 30, 2025 and 2024, respectively.

Future minimum required lease payments for all of the related organizations under the lease agreements are \$287,791 for the year ending June 30, 2026.

Note 12. Securities Lending

The Trustees have established and executed a securities lending program agreement with the custodial bank holding the Plan investments. Under the program, any of the Plan's investment managers may identify in writing to the custodian, securities that are available for lending. The custodian then may loan eligible Plan investments to third-party borrowers, primarily broker-dealers. In return, the custodial bank receives from the borrower, collateral in the form of cash, letters of credit issued by a bank mutually agreed to by the parties, or acceptable securities. Both the collateral and the securities loaned are marked-to-market on a daily basis so that all loaned securities are more than fully collateralized at all times.

Note 12. Securities Lending (continued)

The Plan cannot sell or pledge the collateral held unless the buyer defaults. Collateral securities and letters of credit are initially pledged at 102% of the market value of the securities lent and additional collateral is required by the next business day if the collateral value falls to less than 100% of the market value of the securities lent. In the event that the loaned securities are not returned by the borrower, the bank will, at its own expense either, replace the loaned securities or, if unable to purchase those securities on the open market, credit the Plan account with cash equal to the fair value of the loaned securities and credit the account with any accrued income on outstanding loans. The Plan may terminate the securities lending program at any time.

The Plan and the bank each receive a percentage of the revenue derived from securities lending activities. Interest income in the statements of changes in net assets available for benefits for the years ended June 30, 2025 and 2024 includes \$105,366 and \$174,714 respectively, in securities lending income. The bank's portion of lending income of \$42,132 and \$69,879 for the years ended June 30, 2025 and 2024, respectively, is included in investment expenses in the statements of changes in net assets available for benefits.

Although the Plan's securities lending activities are collateralized as described above, and although the terms of the securities lending agreement with the custodial bank require the bank to comply with government rules and regulations related to the lending of securities held by ERISA plans, the securities lending program involves both market and credit risk. In this context, market risk refers to the possibility that the borrower of securities will be unable to collateralize the loan upon a sudden material change in the fair value of the loaned securities or collateral, or that the bank's investment of cash collateral received from the borrowers of the Plan's securities may be subject to unfavorable market fluctuations. Credit risk refers to the possibility that counterparties involved in the securities lending program may fail to perform in accordance with the terms of their contracts.

At June 30, 2025, the fair value of securities loaned was \$50,406,009 while the cash collateral held was \$27,415,925 and noncash collateral was \$24,174,577. At June 30, 2024, the fair value of securities loaned was \$35,353,919 while the cash collateral held was \$17,310,734 and noncash collateral held was \$18,936,759. The value of the collateral held and a corresponding liability to return the collateral have been reported on the accompanying consolidated statements of net assets available for benefits at June 30, 2025 and 2024.

Note 13. Risks and Uncertainties

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

Note 13. Risks and Uncertainties (continued)

The Plan has a significant portion of its assets invested in a certain collective investment fund that represents approximately 51% and 22%, of the Plan's net assets available for benefits as of June 30, 2025 and 2024, respectively. It is reasonably possible that changes in the fair value of this fund could materially affect the amounts reported in the consolidated statements of net assets available for benefits. If a significant decline in the fair value of this investment occurred during the next year, a change in the assumed rates of return used to calculate the present value of accumulated plan benefits may be needed.

The limited partnerships, limited liability companies and hedge funds invest in private investment funds which utilize a variety of trading strategies. These financial instruments contain various degrees of off-balance sheet risk, including both market risk and credit risk. Market risk is the risk of potential adverse changes to the value of the financial instruments and their derivatives because of changes in market conditions such as, but not limited to, interest and currency rate movements and volatility in commodity or security prices. Credit risk is the risk of the potential inability of counterparties to perform under the terms of contracts, which may be in excess of the amounts recorded in the respective investment fund's balance sheet.

Real estate investment funds owned by the Plan use interest rate swaps and caps in order to reduce the effect of interest rate fluctuations of certain real estate investments' interest expense on variable rate debt. The estimated fair values of these funds, as determined by the investment manager, may vary significantly from the prices at which the real estate investments within the fund would sell, and the amounts could be material.

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

Note 14. Merger and Transfer of Net Assets

Effective December 31, 2024, the Board of Trustees approved the merger of Will County Local 174 Carpenters Pension Fund into the Plan. The following presents a summary of the net assets transferred to the Plan during the year ended June 30, 2025, pursuant to the merger:

Assets	
Investments - at fair value	<u>\$ 591,558,628</u>
Receivables	
Employer contributions	2,010,135
Reciprocity contributions	402,162
Investment income	<u>119,182</u>
Total receivables	<u>2,531,479</u>
Property and equipment - net	<u>6,077</u>
Cash	<u>4,066,296</u>
Total assets	<u>598,162,480</u>
Liabilities and Net Assets	
Liabilities	
Reciprocal contributions payable	338,874
Due to related organizations - net	509,916
Accounts payable and accrued expenses	<u>19,703</u>
Total liabilities	<u>868,493</u>
Total net assets transferred	<u><u>\$ 597,293,987</u></u>

Benefit obligations of approximately \$701,539,000 were assumed by the Plan, pursuant to the merger.

Note 15. Subsequent Event

Subsequent to year end, the Trustees approved the merger of Indiana/Kentucky/Ohio Regional Council of Carpenters Pension Fund into the Plan subject to a signed merger agreement. As of June 30, 2024, the aforementioned plan had net assets available for benefits of \$1,619,254,738 and estimated accumulated plan benefits of \$1,708,788,677.

Report of Independent Auditors on Supplemental Schedules

To the Participants and Trustees of
Mid-America Carpenters Regional
Council Pension Fund

We have audited the financial statements of Mid-America Carpenters Regional Council Pension Fund and its affiliate (collectively, the Plan) as of and for the years ended June 30, 2025 and 2024, and our report thereon dated November 19, 2025, which expressed an unmodified opinion on those financial statements, appears on pages 1 through 3. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedule 1 and 2 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Legacy Professionals LLP

Westchester, Illinois

November 19, 2025

Summary of Plan Provisions

(Schedule MB, Line 6)

This exhibit summarizes the major provisions of the Plan included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan year

July 1 through June 30

Pension credit year

January 1 through December 31

Plan status

Ongoing plan

Regular pension

- **Age Requirement:** 65
- **Service Requirement:** Five years of Vesting Service
- **Amount (for Construction Participants):** \$125 per Pension Credit for all eligible service
- **Amount (for Millmen Participants):** \$125 multiplied by the ratio of the Millmen contribution rate to the Construction contribution rate, rounded up to the next highest \$1 amount. Since July 1, 2023, this amount is \$72.

Unreduced early retirement

- **Age Requirement:** 60
- **Service Requirement:** Five years of Vesting Service
- **Amount:** Regular pension accrued (excluding benefits earned under the Millmen Fund prior to July 1, 2023)

Early retirement

- **Age Requirement:** 55
- **Service Requirement:** Five years of Vesting Service
- **Amount:** Regular pension accrued, reduced by 5% for each year of age less than 60
- **Amount Earned under the Millmen Fund Prior to July 1, 2023:** Regular pension accrued, reduced by 6.67% for each year of age between 65 and 60 and by 5% for each year of age between 60 and 55

Disability

- **Age Requirement:** None
- **Service Requirement:** 10 Pension Credits
- **Amount:** Regular pension accrued

Vesting

- **Age Requirement:** None
- **Service Requirement:** Five years of Vesting Service.
- **Amount:** Regular or early pension accrued
- **Normal Retirement Age:** 65

Limited pension

If a participant would be eligible for any type of pension under this Plan if his/her Aggregate Pension Credits were treated as Pension Credits under this Plan, has at least two years of Pension Credit earned under this Plan after June 1, 1956, and would be eligible for a pension determined under the pertinent provisions of the Millmen Fund prior to July 1, 2023, he/she can include Pension Credits accumulated prior to July 1, 2023 under the Millmen Fund (recognized under this Plan as Allied Pension Credits).

Partial pension

If a participant has at least one year of Pension Credit under this Plan since January 1, 1955 for which contributions have been made, service in related plans as adopted by the Trustees will be counted for eligibility for a pension. The benefit under this Plan is determined using only Pension Credits under this Plan.

Pre-retirement death benefit (only one of the following three benefits is payable):

Spouse's benefit

- **Age Requirement:** None
- **Service Requirement:** Five years of Vesting Service
- **Charge for Coverage:** None
- **When Paid:** Immediately
- **Amount:** 100% of the amount the deceased participant would have received had the participant retired at the date of the death rather than died, elected the 100% Qualified Joint and Survivor and commenced payment on the date described above. Reductions are made to the accrued benefit for early commencement (if applicable) and form of payment. If a participant is less than age 55 at death, benefit is calculated as if he/she were age 55. A total of 60 payments are guaranteed.

60-payment guarantee

- **Age Requirement:** 55
- **Service Requirement:** Five years of Vesting Service
- **Amount:** Monthly benefit to which participant would have been entitled had he/she retired the day before he/she died with a regular pension.

Death benefit

- **Age Requirement:** None
- **Service Requirement:** 15 Pension Credits or 10 Pension Credits with at least $\frac{1}{2}$ Pension Credit earned in year of death
- **Amount:** \$875 per Pension Credit, payable in 60 equal monthly payments

Post-retirement death benefit

Husband and Wife: If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage. If not rejected, and the spouse predeceases the participant, the participant's benefit amount will subsequently be increased to the unreduced amount payable had the joint and survivor coverage been rejected. If rejected, or if not married, benefits are payable for the life of the employee with 60 payments guaranteed to all but the disability pensioners without reduction. Benefits may also be payable in any other available optional form elected by the participant in an actuarially equivalent amount. A disability pensioner who is not receiving a 50% joint and survivor annuity is eligible for the Death Benefit Pension, offset by the payments already made under the disability pension. A lump sum of \$3,000 is payable to the surviving spouse or beneficiary upon the death of any pensioner.

Optional forms of benefits

Normal form (Single Life Annuity with 60 months guaranteed)

50% Qualified Joint and Survivor with a "pop-up" feature and 60 months guaranteed

75% Qualified Joint and Survivor with a "pop-up" feature and 60 months guaranteed

100% Qualified Joint and Survivor with a "pop-up" feature and 60 months guaranteed

10% Partial Lump Sum

The Social Security Level Income Option with 60 months guaranteed, assuming Social Security benefits would start either at age 62, 65, 66 and 67

50% Qualified Joint and Survivor with the Social Security Level Income Option, a "pop-up" feature, and 60 months guaranteed, assuming Social Security benefits would start either at age 62, 65, 66, and 67

75% Qualified Joint and Survivor with the Social Security Level Income Option, a "pop-up" feature, and 60 months guaranteed, assuming Social Security benefits would start either at age 62, 65, 66, and 67

100% Qualified Joint and Survivor with the Social Security Level Income Option, a "pop-up" feature, and 60 months guaranteed, assuming Social Security benefits would start either at age 62, 65, 66, and 67

Participation

January 1 after completion of 1,000 hours of service in a twelve consecutive month period.

Benefit credit

One-quarter Pension Credit for each 250 hours worked, to a maximum of one full Pension Credit; 1.25 Pension Credit per year for hours between 1,500 and 1,750 and 1.5 Pension Credit per year for hours of 1,750 or more

Vesting credit

One year for 1,000 or more hours in covered employment during a calendar year

Contribution rates

- **Participants Working under a Construction Bargaining Unit:** \$16.41 per hour effective June 1, 2024
- **Participants Working under a Millmen Bargaining Unit:** \$9.33 per hour effective June 1, 2024

Changes in plan provisions

There were no changes in plan provisions reflected in this actuarial valuation.

ASSETS HELD

SUPPLEMENTAL SCHEDULE 1

Schedule H, Line 4i

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Schedule of Assets (Held at Year End)

Mid-America Carpenters Regional Council Pension Fund
EIN 36-6130207

Year Ended June 30, 2025

	Cost @ 6/30/2025	Fair Value @ 6/30/2025
U.S. Government Securities Page 11 of 32	355,752,575	358,300,498
Corporate debt securities (other than employer securities): Preferred Page 17 of 32	64,306,210	65,885,929
Corporate debt securities (other than employer securities): All Other Page 29 of 32	115,917,762	118,530,324
Corporate stocks (other than employer securities): Preferred Page 29 of 32	1,216	1,216
Partnership/joint venture interests:		
AG Realty Fund IX, L.P.	4,028,180	3,908,354
AG Realty Fund XI, L.P.	8,836,323	9,463,641
American Core Realty Fund	1,760,897	1,752,946
Arclight Energy	14,372,260	22,689,360
Ares US Real Estate Fund VIII, L.P.	700,548	691,955
Ares US Real Estate Fund X, L.P.	23,881,415	26,250,929
Artis TechBio II, L.P.	14,734,086	14,009,525
BCP Fund II, LP	22,903,125	28,865,307
BCP Infrastructure Fund, LP	21,046,312	22,443,701
Blackstone Infrastructure Partners	80,506,719	92,466,080
Blue Vista	16,730,443	16,102,890
Builders Proloan Fund LLC	65,253,852	69,380,681
Cerberus Capital	19,238,200	20,325,814
Chatham Asset Private Debt and Strategic Capital	23,792,342	25,472,501
Dune Real Estate Fund III LP	5,566,749	5,014,692
Dune Real Estate Fund IV LP	17,929,668	15,459,381
EQT Exeter Industrial Value Fund VI, L.P.	5,751,222	6,256,128
Francisco Partners	1,073,150	1,187,251
GCM Grosvenor Multi-Asset Class Fund	7,341,691	8,149,583
GCM Grosvenor Labor Fund	28,268,704	30,204,007
GEM Realty	11,632,845	12,162,698
Gerding Edlen Green Cities III, L.P.	5,497,815	4,497,763
Gerding Edlen Green Cities IV, L.P.	3,244,589	2,342,338
Golden Tree	187,191,564	199,876,447
GTIS US Residential Strategies Fund LP	237,719	217,282
H.I.G. Advantage Buyout Fund, L.P.	21,893,369	21,570,290
Harrison Street Real Estate Partners IV, L.P.	97,759	114,585
Harrison Street Real Estate Partners V, L.P.	2,670,831	2,946,133
Harrison Street Real Estate Partners VI, L.P.	6,333,754	6,515,784
Highland Capital Partners 10 L.P.	35,460,516	37,595,692
IFM Global Infrastructure (US), L.P.	28,324,265	31,669,074
Kinderhook Industries	1,168,252	2,352,811
Lightspeed Opportunity Fund	22,102,934	26,204,217
Macquarie Global Solution II	26,464,320	29,737,832
Mesirow Financial Private Equity Fund VII-A, L.P.	47,282,579	48,207,980
Mesirow Financial Private Equity Fund VII-B, L.P.	61,433,450	66,263,948
Monarch Capital	21,777,271	22,656,432
Polaris Partners	25,486,261	24,297,666
Pomona Capital IX	7,995,503	7,365,861
Prime Group Holdings	9,016,069	9,812,401
Rockwood Capital Real Estate Partners IX, L.P.	733,765	166,112
Rockwood Capital Real Estate Partners X, L.P.	7,553,416	4,336,985
Rockwood Capital Real Estate Partners XI, L.P.	16,133,057	11,389,523
Starwood Distressed Opportunity Fund IX	878,776	1,125,193
Starwood Distressed Opportunity Fund X	1,194,102	918,086
Starwood Opportunity Fund XI	15,541,285	15,164,375
Starwood Distressed Opportunity Fund XII	14,576,462	15,301,348
Stonepeak Infrastructure Fund III LP	37,680,273	34,729,145
Stonepeak Infrastructure Fund IV LP	18,744,774	20,586,548
U.S. Real Estate Investment Fund, LLC	147,638,684	145,618,082
Warburg Pincus Global Growth	20,184,768	24,512,179
WCP Special Core Plus Fund, L.P.	3,965,418	700,157
Z Capital Partners III-A, L.P.	51,659,229	56,975,342
	1,245,511,560	1,308,025,035
Value of interest in common/collective trusts:		
AFL-CIO Building Investment Trust	61,181,296	63,471,925
EB Temp Inv FD Var	60,305,156	60,305,156
Invesco UBC Russell 3000	2,850,157,167	3,225,663,651
Loomis Sayles World Credit Asset Trust	169,550,748	182,087,503
NewTower Trust Company Multi-Employer Property Trust	90,623,135	92,649,658
NT Collective Intermediate Government/Credit Bond Index Fund	175,240,216	185,485,680
Neuberger Berman Emerging Markets	60,420,000	65,040,000
	3,467,477,718	3,874,703,573
Value of interest in pooled separate accounts: Separate Account W1 of the Union Labor Life Insurance Company	61,818,632	65,625,419
Value of interest in registered investment companies:		
PIMCO All Authority	127,824,442	129,841,235
AFL-CIO Housing Investment Trust	73,285,480	74,554,624
	201,109,922	204,395,859
Other investments:		
Page 2 of 32	225,300,914	237,482,499
Page 30 of 32	15,028,578	15,200,655
Page 32 of 32 (Collateral)	51,590,502	51,590,502
	291,919,994	304,273,656
Total Investments	5,803,815,589	6,299,741,509

ASSETS HELD

SUPPLEMENTAL SCHEDULE 1

Schedule H, Line 4i
Schedule of Assets (Held at Year End)

Page 2 of 32

Mid-America Carpenters Regional Council Pension Fund
EIN 36-6130207
Year Ended June 30, 2025

	Cost @ 6/30/2025	Fair Value @ 6/30/2025
Other Investments - Hedge Funds		
Altum Credit Fund	13,949,594	15,088,915
Cadian Offshore Fund	22,852,004	25,046,440
GCM Grosvenor Special Opportunity Fund	14,129,349	15,415,175
Graham Global Investment Fund II	37,498,840	31,903,648
LibreMax Offshore Fund, Ltd.	15,322,211	16,832,762
Marshall Wace Funds PLC	31,636,293	33,913,229
Sachem Head Offshore Fund	22,350,266	29,937,617
SEG Partners Offshore, Ltd.	42,332,580	43,371,852
Taconic Opportunity Offshore Fund Ltd.	25,063,959	25,817,023
York Multi-Strategy Institutional Fund, Limited	165,818	155,838
	<u>225,300,914</u>	<u>237,482,499</u>
	To page 1	To page 1



Schedule of Investments at End of Plan Year at Revalued Cost

CARP PEN COMBINED - DCPG71657100

07/01/2024 - 06/30/2025

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
INTEREST-BEARING CASH					
DCPF07633702	NC9123455 CAD (CANADIAN DOLLARS)	532.220	388.95	390.05	1.10
DCPF07653702	XX9123458 EUR (EURO)	0.010	0.01	0.01	0.00
DCPF07655102	NC9123455 CAD (CANADIAN DOLLARS)	1,172,341.990	856,699.55	859,173.32	2,473.77
TOTAL INTEREST-BEARING CASH			857,088.51	859,563.38	2,474.87
U. S. GOVERNMENT SECURITIES					
DCPF07633002	01F020612 COMMIT TO PUR FNMA SF MTG 2.000% 01/01/2056 DD 01/01/26	10,000,000.000	8,066,400.00	7,784,600.00	(281,800.00)
DCPF07633002	01F020679 COMMIT TO PUR FNMA SF MTG 2.000% 07/01/2055 DD 07/01/25	2,000,000.000	1,546,250.00	1,582,580.00	36,330.00
DCPF07633002	01F030678 COMMIT TO PUR FNMA SF MTG 3.000% 07/01/2055 DD 07/01/25	1,000,000.000	850,507.81	864,720.00	14,212.19
DCPF07633002	01F030694 COMMIT TO PUR FNMA SF MTG 3.000% 09/01/2055 DD 09/01/25	1,000,000.000	893,197.32	864,400.00	(28,797.32)
DCPF07633002	01F032674 COMMIT TO PUR FNMA SF MTG 3.500% 07/01/2055 DD 07/01/25	1,000,000.000	886,210.94	900,590.00	14,379.06
DCPF07633002	01F040644 COMMIT TO PUR FNMA SF MTG 4.000% 04/01/2056 DD 04/01/26	3,000,000.000	2,746,777.81	2,789,370.00	42,592.19
DCPF07633002	01F040669 COMMIT TO PUR FNMA SF MTG 4.000% 06/01/2055 DD 06/01/25	2,000,000.000	1,833,125.00	1,859,380.00	26,255.00
DCPF07633002	01F0406B8 COMMIT TO PUR FNMA SF MTG 4.000% 11/01/2055 DD 11/01/25	1,000,000.000	929,736.33	935,080.00	5,343.67
DCPF07633002	01F042616 COMMIT TO PUR FNMA SF MTG 4.500% 01/01/2056 DD 01/01/26	2,000,000.000	1,861,906.25	1,882,400.00	20,493.75
DCPF07633002	01F042624 COMMIT TO PUR FNMA SF MTG 4.500% 02/01/2056 DD 02/01/26	1,000,000.000	946,560.94	963,170.00	16,609.06
DCPF07633002	01F042632 COMMIT TO PUR FNMA SF MTG 4.500% 03/01/2056 DD 03/01/26	3,000,000.000	2,848,505.86	2,867,370.00	18,864.14
DCPF07633002	01F042640 COMMIT TO PUR FNMA SF MTG 4.500% 04/01/2056 DD 04/01/26	1,000,000.000	937,797.91	954,560.00	16,762.09
DCPF07633002	01F042657 COMMIT TO PUR FNMA SF MTG 4.500% 05/01/2055 DD 05/01/25	1,000,000.000	948,821.61	942,690.00	(6,131.61)
DCPF07633002	01F052672 COMMIT TO PUR FNMA SF MTG 5.500% 07/01/2055 DD 07/01/25	2,000,000.000	1,978,046.88	1,999,640.00	21,593.12
DCPF07633002	01F060618 COMMIT TO PUR FNMA SF MTG 6.000% 01/01/2056 DD 01/01/26	1,000,000.000	1,014,470.00	1,006,900.00	(7,570.00)
DCPF07633002	01F060675 COMMIT TO PUR FNMA SF MTG 6.000% 07/01/2055 DD 07/01/25	6,000,000.000	6,045,703.13	6,099,060.00	53,356.87
DCPF07633002	01F062671 COMMIT TO PUR FNMA SF MTG 6.500% 07/01/2055 DD 07/01/25	5,000,000.000	5,130,078.13	5,160,850.00	30,771.87
DCPF07633002	01F070682 COMMIT TO PUR FNMA SF MTG 7.000% 08/01/2055 DD 08/01/25	1,000,000.000	1,035,449.22	1,048,570.00	13,120.78
DCPF07633002	21H020675 COMMIT TO PUR GNMA II JUMBOS 2.000% 07/01/2051 DD 07/01/21	4,000,000.000	3,216,875.00	3,260,160.00	43,285.00
DCPF07633002	21H0206C4 COMMIT TO PUR GNMA II JUMBOS 2.000% 12/20/2055 DD 12/01/25	1,000,000.000	814,504.40	799,050.00	(15,454.40)
DCPF07633002	21H022671 COMMIT TO PUR GNMA II JUMBOS 2.500% 07/20/2055 DD 07/01/25	3,000,000.000	2,518,828.12	2,551,680.00	32,851.88
DCPF07633002	21H030674 COMMIT TO PUR GNMA II JUMBOS 3.000% 07/20/2055 DD 07/01/25	2,000,000.000	1,745,156.25	1,767,560.00	22,403.75



Schedule of Investments at End of Plan Year at Revalued Cost

CARP PEN COMBINED - DCPG71657100

07/01/2024 - 06/30/2025

	Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
DCPF07633002	21H0306B5	COMMIT TO PUR GNMA II JUMBOS 3.000% 11/20/2055 DD 11/01/25	1,000,000.000	866,100.00	885,820.00	19,720.00
DCPF07633002	21H032688	COMMIT TO PUR GNMA II JUMBOS 3.500% 08/20/2055 DD 08/01/25	3,000,000.000	2,681,484.38	2,718,750.00	37,265.62
DCPF07633002	21H040616	COMMIT TO PUR GNMA II JUMBOS 4.000% 01/20/2056 DD 01/01/26	1,000,000.000	950,200.00	920,110.00	(30,090.00)
DCPF07633002	21H040624	COMMIT TO PUR GNMA II JUMBOS 4.000% 02/20/2056 DD 02/01/26	1,000,000.000	931,370.00	941,360.00	9,990.00
DCPF07633002	21H040632	COMMIT TO PUR GNMA II JUMBOS 4.000% 03/20/2056 DD 03/01/26	1,000,000.000	936,130.00	934,710.00	(1,420.00)
DCPF07633002	21H040640	COMMIT TO PUR GNMA II JUMBOS 4.000% 04/20/2056 DD 04/01/26	1,000,000.000	905,950.00	929,070.00	23,120.00
DCPF07633002	21H042620	COMMIT TO PUR GNMA II JUMBOS 4.500% 02/20/2056 DD 02/01/26	2,000,000.000	1,891,328.12	1,929,700.00	38,371.88
DCPF07633002	21H042638	COMMIT TO PUR GNMA II JUMBOS 4.500% 03/20/2056 DD 03/01/26	1,000,000.000	957,636.72	958,250.00	613.28
DCPF07633002	21H042646	COMMIT TO PUR GNMA II JUMBOS 4.500% 04/20/2056 DD 04/01/26	7,000,000.000	6,579,441.87	6,684,860.00	105,418.13
DCPF07633002	21H0426A2	COMMIT TO PUR GNMA II JUMBOS 4.500% 10/20/2055 DD 10/01/25	4,000,000.000	3,881,015.62	3,823,560.00	(57,455.62)
DCPF07633002	21H0426B0	COMMIT TO PUR GNMA II JUMBOS 4.500% 11/20/2055 DD 11/01/25	4,000,000.000	3,808,125.00	3,858,640.00	50,515.00
DCPF07633002	21H0426C8	COMMIT TO PUR GNMA II JUMBOS 4.500% 12/20/2055 DD 12/01/25	4,000,000.000	3,816,875.00	3,781,760.00	(35,115.00)
DCPF07633002	21H052678	COMMIT TO PUR GNMA II JUMBOS 5.500% 07/20/2055 DD 07/01/25	2,000,000.000	1,987,226.56	2,002,020.00	14,793.44
DCPF07633002	21H060671	COMMIT TO PUR GNMA II JUMBOS 6.000% 07/20/2055 DD 07/01/25	2,000,000.000	2,017,578.12	2,027,480.00	9,901.88
DCPF07633002	3128E4K92	FHLMC POOL #D9-7520 5.500% 01/01/2028 DD 12/01/07	1,288.311	1,283.57	1,295.29	11.72
DCPF07633002	3128M8NL4	FHLMC POOL #G0-6395 5.000% 04/01/2040 DD 04/01/11	6,917.942	6,862.87	7,025.52	162.65
DCPF07633002	3128M9UC4	FHLMC POOL #G0-7479 4.000% 02/01/2041 DD 08/01/13	7,928.013	7,503.77	7,661.55	157.78
DCPF07633002	3128P7A86	FHLMC POOL #C9-0931 5.000% 11/01/2025 DD 11/01/05	201.507	199.75	201.06	1.31
DCPF07633002	312933AN4	FHLMC POOL #A8-6313 5.000% 05/01/2039 DD 05/01/09	18,270.545	18,121.11	18,535.83	414.72
DCPF07633002	3130ATVX2	FEDERAL HOME LN BK CONS BD 4.750% 12/10/2032 DD 11/10/22	430,000.000	434,166.70	445,961.60	11,794.90
DCPF07633002	3132DMC60	FHLMC POOL #SD-0093 5.000% 10/01/2049 DD 09/01/19	407,710.132	401,847.29	407,102.64	5,255.35
DCPF07633002	3132DMKG9	FHLMC POOL #SD-0295 3.000% 02/01/2049 DD 03/01/20	741,978.495	652,058.13	660,969.28	8,911.15
DCPF07633002	3132DMKH7	FHLMC POOL #SD-0296 4.000% 03/01/2050 DD 03/01/20	1,066,607.445	991,667.44	1,008,029.36	16,361.92
DCPF07633002	3132DNRD7	FHLMC POOL #SD-1384 2.500% 11/01/2050 DD 07/01/22	99,914.390	83,388.55	84,257.81	869.26
DCPF07633002	3132DVLL7	FHLMC POOL #SD-7531 3.000% 12/01/2050 DD 11/01/20	537,943.723	467,327.86	474,455.60	7,127.74
DCPF07633002	3132DVLY9	FHLMC POOL #SD-7543 2.500% 08/01/2051 DD 07/01/21	1,772,554.059	1,477,636.53	1,494,156.72	16,520.19
DCPF07633002	3132DVMC6	FHLMC POOL #SD-7555 3.000% 08/01/2052 DD 08/01/22	796,993.097	691,199.84	701,178.59	9,978.75
DCPF07633002	3132DVML6	FHLMC POOL #SD-7563 4.500% 05/01/2053 DD 05/01/23	1,681,410.514	1,607,445.26	1,629,354.04	21,908.78
DCPF07633002	3132DWA60	FHLMC POOL #SD-8129 2.500% 01/01/2051 DD 01/01/21	1,675,600.533	1,384,515.21	1,401,455.53	16,940.32
DCPF07633002	3132DWBP7	FHLMC POOL #SD-8146 2.000% 05/01/2051 DD 04/01/21	3,420,568.371	2,702,146.39	2,720,925.32	18,778.93
DCPF07633002	3132L5TH6	FHLMC POOL #V8-0552 4.000% 02/01/2041 DD 09/01/13	4,017.306	3,802.59	3,900.16	97.57
DCPF07633002	3132XGRZ1	FHLMC POOL #WN-2303 4.450% 12/01/2032 DD 02/01/23	175,000.000	169,193.50	172,662.00	3,468.50
DCPF07633002	31334XD48	FHLMC POOL #QA-1023 3.500% 07/01/2049 DD 07/01/19	40,924.790	36,865.44	37,703.19	837.75
DCPF07633002	3133ENJ92	FEDERAL FARM CR BK CONS BD 3.500% 09/01/2032 DD	300,000.000	276,537.00	285,963.00	9,426.00



Schedule of Investments at End of Plan Year at Revalued Cost

CARP PEN COMBINED - DCPG71657100

07/01/2024 - 06/30/2025

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
	09/01/22				
DCPF07633002	3133ENSY7 FEDERAL FARM CR BK CONS BD 2.850% 03/28/2034 DD 03/28/22	530,000.000	456,027.90	469,966.90	13,939.00
DCPF07633002	3133ENUJ7 FEDERAL FARM CR BK CONS BD 2.900% 04/12/2032 DD 04/12/22	1,400,000.000	1,250,564.00	1,298,584.00	48,020.00
DCPF07633002	3133ENXC9 FEDERAL FARM CR BK CONS BD 3.300% 05/19/2032 DD 05/19/22	400,000.000	366,888.00	375,272.00	8,384.00
DCPF07633002	3133KGR83 FHLMC POOL #RA-1411 3.000% 09/01/2049 DD 09/01/19	486,085.231	423,458.00	431,925.61	8,467.61
DCPF07633002	3133KHRK4 FHLMC POOL #RA-2290 4.500% 02/01/2050 DD 02/01/20	732,240.899	699,604.89	709,468.21	9,863.32
DCPF07633002	3133KL2H9 FHLMC POOL #RA-5276 2.500% 05/01/2051 DD 05/01/21	781,076.722	645,559.91	653,651.87	8,091.96
DCPF07633002	3133KMQE8 FHLMC POOL #RA-5853 2.500% 09/01/2051 DD 08/01/21	725,252.240	602,662.86	609,291.66	6,628.80
DCPF07633002	3133KQDS2 FHLMC POOL #RA-8213 6.000% 11/01/2052 DD 11/01/22	286,854.290	291,796.78	295,253.38	3,456.60
DCPF07633002	3133KQK62 FHLMC POOL #RA-8417 6.000% 01/01/2053 DD 01/01/23	781,488.850	795,016.42	804,316.14	9,299.72
DCPF07633002	3136A9EA2 FNMA GTD REMIC P/T 12-111 B 7.000% 10/25/2042 DD 09/01/12	7,788.314	8,243.14	8,414.65	171.51
DCPF07633002	3136ABDT7 FNMA GTD REMIC P/T 12-153 B 7.000% 07/25/2042 DD 12/01/12	26,060.430	27,893.21	28,488.48	595.27
DCPF07633002	3136BUZ45 FNMA GTD REMIC P/T 25-11 FB VAR RT 03/25/2055 DD 02/25/25	558,827.613	558,565.68	555,770.83	(2,794.85)
DCPF07633002	31371KGQ8 FNMA POOL #0254107 7.000% 11/01/2031 DD 10/01/01	481.320	479.68	481.09	1.41
DCPF07633002	31374CNP7 FNMA POOL #0310098 4.500% 06/01/2036 DD 10/01/11	333,753.502	323,507.28	332,859.04	9,351.76
DCPF07633002	3137H9Y94 FHLMC MULTICLASS MTG KF153 AS VAR RT 02/25/2033 DD 04/14/23	229,723.569	230,198.49	229,866.00	(332.49)
DCPF07633002	3137HB3D4 FHLMC MULTICLASS MTG K510 A2 VAR RT 10/25/2028 DD 11/01/23	125,000.000	125,835.00	128,341.25	2,506.25
DCPF07633002	3137HJSY4 FHLMC MULTICLASS MTG 5502 FG VAR RT 02/25/2055 DD 01/25/25	376,030.710	374,738.11	372,386.97	(2,351.14)
DCPF07633002	3138ABYE3 FNMA POOL #0AH9708 4.500% 04/01/2041 DD 03/01/11	3,692.299	3,592.40	3,671.77	79.37
DCPF07633002	3138ANZG1 FNMA POOL #0AI8842 4.500% 08/01/2041 DD 08/01/11	14,676.984	14,279.83	14,590.83	311.00
DCPF07633002	3138EP2E3 FNMA POOL #0AL7072 4.500% 05/01/2045 DD 07/01/15	46,408.603	44,977.82	45,415.46	437.64
DCPF07633002	3138EPK94 FNMA POOL #0AL6619 4.500% 04/01/2045 DD 04/01/15	382,084.706	370,759.69	374,691.37	3,931.68
DCPF07633002	3138ET6A9 FNMA POOL #0AL8964 4.500% 06/01/2045 DD 08/01/16	177,563.145	171,882.88	173,800.58	1,917.70
DCPF07633002	3138MKQH2 FNMA POOL #0AQ4055 3.000% 04/01/2043 DD 04/01/13	11,380.572	10,088.87	10,316.60	227.73
DCPF07633002	3138MN5G1 FNMA POOL #0AQ7146 3.000% 01/01/2043 DD 01/01/13	8,922.022	7,917.94	8,110.12	192.18
DCPF07633002	3138MPDQ5 FNMA POOL #0AQ7310 3.000% 01/01/2043 DD 01/01/13	6,754.698	5,968.89	6,097.87	128.98
DCPF07633002	3138MQTN3 FNMA POOL #0AQ8656 3.000% 12/01/2042 DD 12/01/12	6,244.297	5,541.50	5,672.13	130.63
DCPF07633002	3138MRK75 FNMA POOL #0AQ9317 3.000% 01/01/2043 DD 01/01/13	17,999.235	15,973.62	16,344.57	370.95
DCPF07633002	3138W7WP5 FNMA POOL #0AR9653 3.000% 04/01/2043 DD 03/01/13	7,394.214	6,534.13	6,678.23	144.10
DCPF07633002	3138WLA60 FNMA POOL #0AS9928 4.500% 07/01/2047 DD 06/01/17	177,002.991	170,533.53	172,356.66	1,823.13
DCPF07633002	3138WLCY7 FNMA POOL #0AS9986 4.500% 07/01/2047 DD 06/01/17	149,931.823	144,513.28	145,996.11	1,482.83
DCPF07633002	3138WWMKE0 FNMA POOL #0AT0292 3.000% 03/01/2043 DD 03/01/13	11,417.373	10,175.02	10,413.90	238.88
DCPF07633002	3138WMMWQ0 FNMA POOL #0AT0654 3.000% 04/01/2043 DD 03/01/13	25,604.887	22,626.79	23,130.94	504.15
DCPF07633002	3138WVN5M7 FNMA POOL #0AT1751 3.000% 04/01/2043 DD 04/01/13	20,969.209	18,530.08	18,943.16	413.08
DCPF07633002	3138WPGT5 FNMA POOL #0AT2009 3.000% 04/01/2043 DD 04/01/13	15,781.711	13,946.14	14,263.51	317.37
DCPF07633002	3138WQQ39 FNMA POOL #0AT3173 3.000% 05/01/2043 DD 04/01/13	6,746.447	5,970.20	6,107.29	137.09
DCPF07633002	3138WRNS5 FNMA POOL #0AT4000 3.000% 05/01/2043 DD 04/01/13	16,390.546	14,483.83	14,796.57	312.74
DCPF07633002	3138XSRH2 FNMA POOL #0AW3187 5.000% 06/01/2044 DD 07/01/14	2,744.235	2,698.20	2,708.86	10.66



Schedule of Investments at End of Plan Year at Revalued Cost

CARP PEN COMBINED - DCPG71657100

07/01/2024 - 06/30/2025

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
DCPF07633002	31397S7M0 FNMA GTD REMIC P/T 11-52 GB 5.000% 06/25/2041 DD 05/01/11	106,439.169	106,538.15	108,544.54	2,006.39
DCPF07633002	31400FER4 FNMA POOL #0686044 VAR RT 07/01/2033 DD 07/01/03	9,317.220	9,489.21	9,558.82	69.61
DCPF07633002	3140FS7K3 FNMA POOL #0BE7197 4.500% 03/01/2047 DD 03/01/17	125,924.507	121,795.44	122,292.84	497.40
DCPF07633002	3140GULV7 FNMA POOL #0BH5739 4.500% 11/01/2047 DD 11/01/17	84,785.115	81,756.59	82,585.79	829.20
DCPF07633002	3140GYKA6 FNMA POOL #0BH9288 4.000% 02/01/2048 DD 02/01/18	119,936.463	112,524.38	113,546.25	1,021.87
DCPF07633002	3140HBH76 FNMA POOL #0BJ9253 4.000% 06/01/2048 DD 06/01/18	233,669.260	219,228.49	221,205.34	1,976.85
DCPF07633002	3140J7R98 FNMA POOL #0BM3211 4.000% 12/01/2047 DD 12/01/17	158,136.663	148,360.66	149,725.37	1,364.71
DCPF07633002	3140JAE18 FNMA POOL #0BM5538 5.000% 11/01/2048 DD 02/01/19	348,775.748	344,468.39	348,758.31	4,289.92
DCPF07633002	3140Q8DN2 FNMA POOL #0CA1008 4.000% 01/01/2048 DD 12/01/17	149,899.590	140,632.79	141,903.95	1,271.16
DCPF07633002	3140Q8G58 FNMA POOL #0CA1119 4.000% 02/01/2048 DD 01/01/18	226,525.004	211,909.62	214,455.75	2,546.13
DCPF07633002	3140Q8KG9 FNMA POOL #0CA1194 4.000% 02/01/2048 DD 01/01/18	115,040.725	108,677.83	108,892.95	215.12
DCPF07633002	3140Q8QW8 FNMA POOL #0CA1368 4.000% 03/01/2048 DD 02/01/18	265,387.733	247,787.23	251,205.41	3,418.18
DCPF07633002	3140Q9CT8 FNMA POOL #0CA1881 4.000% 06/01/2048 DD 05/01/18	227,503.354	213,443.64	215,309.17	1,865.53
DCPF07633002	3140QDV27 FNMA POOL #0CA6032 2.500% 06/01/2050 DD 05/01/20	658,620.219	549,717.36	555,519.81	5,802.45
DCPF07633002	3140QEDV1 FNMA POOL #0CA6415 3.000% 07/01/2050 DD 06/01/20	1,135,189.136	1,037,456.43	1,006,265.71	(31,190.72)
DCPF07633002	3140XCUR7 FNMA POOL #0FM8691 2.500% 09/01/2051 DD 08/01/21	1,510,747.700	1,252,802.64	1,270,493.49	17,690.85
DCPF07633002	3140XGKQ1 FNMA POOL #0FS1202 3.000% 09/01/2050 DD 03/01/22	1,647,487.778	1,506,550.33	1,460,151.94	(46,398.39)
DCPF07633002	3140XJCJ0 FNMA POOL #0FS2772 2.500% 02/01/2051 DD 08/01/22	41,984.280	35,042.97	35,404.50	361.53
DCPF07633002	3140XJZE6 FNMA POOL #0FS3440 6.000% 12/01/2052 DD 12/01/22	748,477.330	761,373.58	769,546.97	8,173.39
DCPF07633002	31410GC50 FNMA POOL #0888492 VAR RT 05/01/2033 DD 06/01/07	5,626.003	5,751.52	5,791.52	40.00
DCPF07633002	31410GDN0 FNMA POOL #0888509 VAR RT 06/01/2033 DD 06/01/07	974.106	990.16	997.12	6.96
DCPF07633002	31417GMA1 FNMA POOL #0AB9352 3.000% 05/01/2043 DD 04/01/13	5,549.734	4,904.14	5,007.75	103.61
DCPF07633002	31417MFB4 FNMA POOL #0AC2861 4.500% 08/01/2039 DD 08/01/09	2,852.901	2,775.75	2,845.83	70.08
DCPF07633002	31418DTQ5 FNMA POOL #0MA4158 2.000% 10/01/2050 DD 09/01/20	2,592,846.781	2,052,860.50	2,068,599.09	15,738.59
DCPF07633002	31418DUG5 FNMA POOL #0MA4182 2.000% 11/01/2050 DD 10/01/20	1,728,001.356	1,368,317.84	1,379,152.44	10,834.60
DCPF07633002	36179QYT2 GNMA II POOL #0MA2522 4.000% 01/20/2045 DD 01/01/15	28,754.536	27,319.10	27,317.10	(2.00)
DCPF07633002	36179RJF7 GNMA II POOL #0MA2962 4.000% 07/20/2045 DD 07/01/15	217,571.583	205,132.95	206,625.56	1,492.61
DCPF07633002	36179T7L3 GNMA II POOL #0MA5399 4.500% 08/20/2048 DD 08/01/18	178,142.120	171,614.97	173,513.99	1,899.02
DCPF07633002	36179T7M1 GNMA II POOL #0MA5400 5.000% 08/20/2048 DD 08/01/18	25,114.110	24,812.98	25,066.64	253.66
DCPF07633002	36179TXW0 GNMA II POOL #0MA5193 4.500% 05/20/2048 DD 05/01/18	98,611.538	95,161.09	96,252.75	1,091.66
DCPF07633002	36179U4B5 GNMA II POOL #0MA6218 3.000% 10/20/2049 DD 10/01/19	1,113,583.673	977,837.74	988,517.09	10,679.35
DCPF07633002	36179U4E9 GNMA II POOL #0MA6221 4.500% 10/20/2049 DD 10/01/19	172,847.886	166,713.51	167,859.50	1,145.99
DCPF07633002	36179UCC4 GNMA II POOL #0MA5467 4.500% 09/20/2048 DD 09/01/18	384,236.590	370,596.08	374,096.59	3,500.51
DCPF07633002	36179UEB4 GNMA II POOL #0MA5530 5.000% 10/20/2048 DD 10/01/18	148,286.964	146,715.08	148,318.10	1,603.02
DCPF07633002	36179UGE6 GNMA II POOL #0MA5597 5.000% 11/20/2048 DD 11/01/18	89,099.675	88,241.65	88,922.37	680.72
DCPF07633002	36179UH62 GNMA II POOL #0MA5653 5.000% 12/20/2048 DD 12/01/18	186,542.375	184,363.52	186,525.59	2,162.07
DCPF07633002	36179UKY7 GNMA II POOL #0MA5711 4.500% 01/20/2049 DD 01/01/19	582,115.666	561,334.01	568,616.40	7,282.39
DCPF07633002	36179UKZ4 GNMA II POOL #0MA5712 5.000% 01/20/2049 DD 01/01/19	315,542.065	311,465.12	315,933.34	4,468.22
DCPF07633002	36179UPA4 GNMA II POOL #0MA5817 4.000% 03/20/2049 DD 03/01/19	123,065.496	115,172.08	115,999.07	826.99
DCPF07633002	36179UPB2 GNMA II POOL #0MA5818 4.500% 03/20/2049 DD 03/01/19	35,137.664	33,883.23	34,310.17	426.94
DCPF07633002	36179UPC0 GNMA II POOL #0MA5819 5.000% 03/20/2049 DD 03/01/19	160,778.275	158,602.92	160,432.60	1,829.68
DCPF07633002	36179UUK6 GNMA II POOL #0MA5986 4.000% 06/20/2049 DD 06/01/19	239,607.583	224,239.11	225,552.20	1,313.09
DCPF07633002	36179XFH4 GNMA II POOL #0MA8268 4.500% 09/20/2052 DD 09/01/22	807,678.166	769,967.64	779,692.12	9,724.48



Schedule of Investments at End of Plan Year at Revalued Cost

CARP PEN COMBINED - DCPG71657100

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Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
DCPF07633002	36179XHY5 GNMA II POOL #0MA8347 4.500% 10/20/2052 DD 10/01/22	2,452,956.330	2,342,597.77	2,368,451.98	25,854.21
DCPF07633002	36179XS98 GNMA II POOL #0MA8644 3.500% 02/20/2053 DD 02/01/23	815,575.980	737,476.40	745,093.90	7,617.50
DCPF07633002	3622ABD33 GNMA II POOL #0785622 2.500% 09/20/2051 DD 09/01/21	130,885.949	109,183.74	109,703.37	519.63
DCPF07633002	3622ABJ94 GNMA II POOL #0785788 2.500% 12/20/2051 DD 12/01/21	282,754.040	235,703.77	239,105.30	3,401.53
DCPF07633002	3622ABJH6 GNMA II POOL #0785764 2.500% 11/20/2051 DD 11/01/21	486,840.445	407,319.91	411,691.75	4,371.84
DCPF07633002	36296RE37 GNMA POOL #0698654 6.000% 11/15/2038 DD 11/01/08	3,897.870	3,957.11	4,005.61	48.50
DCPF07633002	38382XAA3 GNMA GTD REMIC P/T 21-135 A 2.000% 08/20/2051 DD 08/01/21	1,121,877.489	899,195.98	904,300.57	5,104.59
DCPF07633002	912810SE9 U S TREASURY BOND 3.375% 11/15/2048 DD 11/15/18	18,503,300.000	14,929,577.96	14,657,389.10	(272,188.86)
DCPF07633002	912810TG3 U S TREASURY BOND 2.875% 05/15/2052 DD 05/15/22	848,000.000	623,908.64	597,806.08	(26,102.56)
DCPF07633002	912810TJ7 U S TREASURY BOND 3.000% 08/15/2052 DD 08/15/22	3,930,000.000	2,912,945.40	2,841,743.70	(71,201.70)
DCPF07633002	912810TL2 U S TREASURY BOND 4.000% 11/15/2052 DD 11/15/22	6,070,000.000	5,246,818.43	5,316,955.80	70,137.37
DCPF07633002	912810TP3 US TREAS-CPI INFLAT 1.500% 02/15/2053 DD 02/15/23	1,470,786.040	1,275,821.09	1,169,745.55	(106,075.54)
DCPF07633002	912810TT5 U S TREASURY BOND 4.125% 08/15/2053 DD 08/15/23	860,000.000	751,096.40	769,433.40	18,337.00
DCPF07633002	91282CFZ9 U S TREASURY NOTE 3.875% 11/30/2027 DD 11/30/22	9,380,000.000	9,402,819.71	9,414,799.80	11,980.09
DCPF07633002	91282CHE4 U S TREASURY NOTE 3.625% 05/31/2028 DD 05/31/23	2,160,000.000	2,135,116.61	2,155,096.80	19,980.19
DCPF07633002	91282CJF9 U S TREASURY NOTE 4.875% 10/31/2028 DD 10/31/23	3,090,000.000	3,157,268.09	3,200,807.40	43,539.31
DCPF07633002	91282CKQ3 U S TREASURY NOTE 4.375% 05/15/2034 DD 05/15/24	6,920,000.000	6,905,226.59	7,028,920.80	123,694.21
DCPF07633002	91282CKZ3 U S TREASURY NOTE 4.375% 07/15/2027 DD 07/15/24	7,950,000.000	7,950,647.74	8,048,103.00	97,455.26
DCPF07633002	91282CLF6 U S TREASURY NOTE 3.875% 08/15/2034 DD 08/15/24	2,350,000.000	2,274,839.47	2,295,010.00	20,170.53
DCPF07633002	91282CLG4 U S TREASURY NOTE 3.750% 08/15/2027 DD 08/15/24	4,120,000.000	4,102,149.74	4,121,442.00	19,292.26
DCPF07633002	91282CLX7 U S TREASURY NOTE 4.125% 11/15/2027 DD 11/15/24	6,160,000.000	6,186,248.76	6,216,302.40	30,053.64
DCPF07633002	9128334S6 U S TREASURY BD CPN STRIP 0.000% 08/15/2031 DD 02/15/06	430,000.000	317,043.30	336,088.00	19,044.70
DCPF07633002	9128334W7 U S TREASURY BD CPN STRIP 0.000% 08/15/2033 DD 02/15/06	510,000.000	362,079.60	362,309.10	229.50
DCPF07633002	9128334Y3 U S TREASURY BD CPN STRIP 0.000% 08/15/2034 DD 02/15/06	3,947,600.000	2,681,525.73	2,660,563.97	(20,961.76)
DCPF07633002	9128335A4 U S TREASURY BD CPN STRIP 0.000% 08/15/2035 DD 02/15/06	330,000.000	199,310.10	211,186.80	11,876.70
DCPF07633002	9128337N4 U S TREASURY BD CPN STRIP 0.000% 11/15/2030 DD 08/15/07	520,000.000	413,904.40	420,804.80	6,900.40
DCPF07633002	9128337Q7 U S TREASURY BD CPN STRIP 0.000% 11/15/2031 DD 08/15/07	940,000.000	702,964.60	725,952.60	22,988.00
DCPF07633002	9128337R5 U S TREASURY BD CPN STRIP 0.000% 05/15/2032 DD 08/15/07	1,106,100.000	826,345.19	835,393.09	9,047.90
DCPF07633002	9128337T1 U S TREASURY BD CPN STRIP 0.000% 05/15/2033 DD 08/15/07	1,470,000.000	1,057,165.20	1,057,959.00	793.80
DCPF07633002	912833XY1 U S TREASURY BD CPN STRIP 0.000% 08/15/2030 DD 02/15/01	520,000.000	418,745.60	425,599.20	6,853.60
DCPF07633002	912834HV3 U S TREASURY BD CPN STRIP 0.000% 05/15/2040 DD 05/17/10	1,180,000.000	560,818.60	575,674.80	14,856.20
DCPF07633002	912834JB5 U S TREASURY BD CPN STRIP 0.000% 08/15/2040 DD 08/16/10	1,180,000.000	553,420.00	568,181.80	14,761.80
DCPF07653702	3132ACYK0 FHLMC POOL #ZT-0714 5.000% 10/01/2048 DD 10/01/18	274,819.366	271,197.25	273,843.76	2,646.51
DCPF07653702	3132DMEH4 FHLMC POOL #SD-0136 3.000% 10/01/2049 DD 10/01/19	139,757.604	120,879.12	122,374.55	1,495.43
DCPF07653702	3132DTG46 FHLMC POOL #SD-5619 7.000% 06/01/2054 DD 06/01/24	3,999,956.436	4,149,954.80	4,215,634.09	65,679.29
DCPF07653702	3132DWCU5 FHLMC POOL #SD-8183 2.500% 11/01/2051 DD 11/01/21	3,947,407.395	3,245,558.36	3,283,414.00	37,855.64
DCPF07653702	3132DWDQ3 FHLMC POOL #SD-8211 2.000% 05/01/2052 DD 04/01/22	945,578.705	742,922.28	749,229.29	6,307.01
DCPF07653702	3132DWE66 FHLMC POOL #SD-8257 4.500% 10/01/2052 DD 09/01/22	1,242,034.425	1,204,676.34	1,190,042.86	(14,633.48)
DCPF07653702	3132DWGS6 FHLMC POOL #SD-8309 6.000% 03/01/2053 DD 02/01/23	539,264.279	542,100.81	548,879.36	6,778.55
DCPF07653702	3132DWHZ9 FHLMC POOL #SD-8348 5.000% 08/01/2053 DD 07/01/23	750,904.943	727,251.43	737,553.85	10,302.42
DCPF07653702	3132DWJM6 FHLMC POOL #SD-8368 6.000% 10/01/2053 DD 09/01/23	851,596.008	854,959.82	866,771.45	11,811.63
DCPF07653702	3132DWJR5 FHLMC POOL #SD-8372 5.500% 11/01/2053 DD 10/01/23	4,440,980.900	4,385,957.16	4,450,173.73	64,216.57
DCPF07653702	3132DWMB6 FHLMC POOL #SD-8454 6.000% 07/01/2054 DD 07/01/24	677,045.410	684,873.75	688,453.62	3,579.87



Schedule of Investments at End of Plan Year at Revalued Cost

CARP PEN COMBINED - DCPG71657100

07/01/2024 - 06/30/2025

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
DCPF07653702	3132DWMM2 FHLMC POOL #SD-8464 6.500% 09/01/2054 DD 08/01/24	357,679.832	366,258.57	369,322.31	3,063.74
DCPF07653702	3132DWPU1 FHLMC POOL #SD-8535 6.500% 05/01/2055 DD 04/01/25	1,143,129.161	1,177,333.73	1,180,338.01	3,004.28
DCPF07653702	3132QWUHO FHLMC POOL #Q3-9583 4.500% 03/01/2046 DD 03/01/16	21,309.417	20,608.13	20,804.81	196.68
DCPF07653702	3132XWC90 FHLMC POOL #Q5-3695 3.500% 01/01/2048 DD 01/01/18	195,584.058	177,023.13	179,984.27	2,961.14
DCPF07653702	313385HQ2 FEDERAL HOME LN BK CONS DISC 07/02/2025	605,000.000	604,932.95	604,932.95	0.00
DCPF07653702	313385HV1 FEDERAL HOME LN BK CONS DISC 07/07/2025	3,845,000.000	3,842,372.58	3,842,372.58	0.00
DCPF07653702	313385HX7 FEDERAL HOME LN BK CONS DISC 07/09/2025	2,995,000.000	2,992,271.22	2,992,271.22	0.00
DCPF07653702	313385JD9 FEDERAL HOME LN BK CONS DISC 07/15/2025	3,035,000.000	3,030,160.86	3,030,160.86	0.00
DCPF07653702	3134A4KX1 FEDERAL HOME LN MTG CORP 6.250% 07/15/2032 DD 02/20/02	140,000.000	156,952.60	158,828.60	1,876.00
DCPF07653702	3138EHFB3 FNMA POOL #0AL1061 4.000% 02/01/2041 DD 11/01/11	89,656.840	84,753.51	86,647.96	1,894.45
DCPF07653702	3138M0UA6 FNMA POOL #0AO8676 3.000% 07/01/2042 DD 07/01/12	20,812.473	18,469.63	18,844.65	375.02
DCPF07653702	3138MAKS6 FNMA POOL #0AP6604 3.000% 09/01/2042 DD 08/01/12	666,592.211	589,274.14	602,732.68	13,458.54
DCPF07653702	3138W7HB3 FNMA POOL #0AR9225 3.000% 03/01/2043 DD 03/01/13	59,392.706	52,740.12	53,543.12	803.00
DCPF07653702	3138W9KR0 FNMA POOL #0AS0303 3.000% 08/01/2043 DD 07/01/13	251,271.305	222,040.91	226,626.62	4,585.71
DCPF07653702	3138WHM66 FNMA POOL #0AS7580 3.000% 07/01/2046 DD 06/01/16	60,541.521	52,680.22	53,421.84	741.62
DCPF07653702	3138X32J0 FNMA POOL #0AU4376 4.500% 10/01/2043 DD 09/01/13	162,352.006	157,224.92	159,746.26	2,521.34
DCPF07653702	3138XPGQ0 FNMA POOL #0AW0206 4.500% 02/01/2044 DD 02/01/14	95,777.007	92,559.84	92,662.34	102.50
DCPF07653702	3138YLJ44 FNMA POOL #0AY6582 3.500% 02/01/2045 DD 03/01/15	64,324.520	57,873.38	58,930.27	1,056.89
DCPF07653702	3138YNDQ7 FNMA POOL #0AY8210 3.000% 04/01/2045 DD 04/01/15	86,352.394	75,672.32	76,711.15	1,038.83
DCPF07653702	3140E1TX1 FNMA POOL #0AZ8665 4.500% 11/01/2045 DD 11/01/15	286,054.747	276,311.71	279,375.37	3,063.66
DCPF07653702	3140F03X0 FNMA POOL #0BC5313 3.500% 03/01/2046 DD 03/01/16	73,213.849	65,824.37	67,038.99	1,214.62
DCPF07653702	3140F9PB5 FNMA POOL #0BD2217 4.500% 07/01/2046 DD 07/01/16	16,687.680	16,107.28	16,296.19	188.91
DCPF07653702	3140FHLE5 FNMA POOL #0BD9324 3.500% 10/01/2046 DD 10/01/16	71,758.164	65,307.08	66,647.55	1,340.47
DCPF07653702	3140FL2C1 FNMA POOL #0BE1670 4.000% 10/01/2046 DD 11/01/16	188,451.470	176,490.48	178,497.46	2,006.98
DCPF07653702	3140FP4V8 FNMA POOL #0BE4435 3.000% 11/01/2046 DD 12/01/16	98,287.133	85,137.29	86,389.48	1,252.19
DCPF07653702	3140FP5C9 FNMA POOL #0BE4442 3.000% 11/01/2046 DD 12/01/16	47,769.007	41,718.08	42,254.08	536.00
DCPF07653702	3140FQ2H9 FNMA POOL #0BE5275 3.000% 01/01/2047 DD 01/01/17	89,351.207	78,297.56	79,368.00	1,070.44
DCPF07653702	3140FVSZ0 FNMA POOL #0BE9535 4.500% 03/01/2047 DD 03/01/17	94,535.287	91,066.78	92,224.84	1,158.06
DCPF07653702	3140FVVE3 FNMA POOL #0BE9612 3.500% 06/01/2047 DD 06/01/17	65,778.041	59,520.58	60,007.99	487.41
DCPF07653702	3140GNE66 FNMA POOL #0BH0156 3.500% 03/01/2047 DD 03/01/17	153,387.147	139,096.07	141,409.14	2,313.07
DCPF07653702	3140GV4Q5 FNMA POOL #0BH7130 3.500% 07/01/2047 DD 07/01/17	86,065.709	77,975.54	79,041.89	1,066.35
DCPF07653702	3140GVPY5 FNMA POOL #0BH6738 3.500% 08/01/2047 DD 08/01/17	60,800.600	54,952.82	55,506.08	553.26
DCPF07653702	3140GYK40 FNMA POOL #0BH9314 3.500% 09/01/2047 DD 09/01/17	60,040.267	54,877.40	55,332.51	455.11
DCPF07653702	3140HEAS1 FNMA POOL #0BK0916 5.000% 07/01/2048 DD 07/01/18	55,873.310	55,183.25	55,858.78	675.53
DCPF07653702	3140J6GR2 FNMA POOL #0BM2007 4.000% 09/01/2048 DD 08/01/18	2,859,196.812	2,665,429.05	2,705,800.90	40,371.85
DCPF07653702	3140MHSB3 FNMA POOL #0BV4119 2.500% 03/01/2052 DD 02/01/22	898,400.622	751,217.32	749,032.53	(2,184.79)
DCPF07653702	3140MMT73 FNMA POOL #0BV7773 2.500% 04/01/2052 DD 04/01/22	989,677.003	823,596.84	821,125.11	(2,471.73)
DCPF07653702	3140QB4M7 FNMA POOL #0CA4427 3.000% 10/01/2049 DD 09/01/19	45,228.630	39,016.49	39,493.64	477.15
DCPF07653702	3140QCHN9 FNMA POOL #0CA4736 3.000% 11/01/2049 DD 11/01/19	638,747.719	552,593.45	555,352.82	2,759.37
DCPF07653702	3140QNEY4 FNMA POOL #0CB2850 2.000% 02/01/2052 DD 01/01/22	5,480,524.818	4,300,787.06	4,339,863.19	39,076.13
DCPF07653702	3140QQBZ7 FNMA POOL #0CB4555 4.500% 09/01/2052 DD 08/01/22	4,560,833.051	4,314,091.96	4,371,102.40	57,010.44
DCPF07653702	3140QJTJ67 FNMA POOL #0CB7484 6.500% 11/01/2053 DD 10/01/23	505,231.850	516,003.41	521,677.15	5,673.74
DCPF07653702	3140QTYC7 FNMA POOL #0CB7906 6.000% 11/01/2053 DD 01/01/24	1,042,505.671	1,049,672.88	1,061,520.97	11,848.09



Schedule of Investments at End of Plan Year at Revalued Cost

CARP PEN COMBINED - DCPG71657100

07/01/2024 - 06/30/2025

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
DCPF07653702	3140X7CA5 FNMA POOL #0FM3664 4.000% 03/01/2049 DD 06/01/20	1,744,893.030	1,621,598.88	1,650,511.77	28,912.89
DCPF07653702	3140X7KS7 FNMA POOL #0FM3904 4.000% 03/01/2049 DD 07/01/20	58,187.758	54,204.83	55,052.02	847.19
DCPF07653702	3140XBTH3 FNMA POOL #0FM7751 2.000% 05/01/2051 DD 06/01/21	8,667,553.015	6,803,335.71	6,863,835.23	60,499.52
DCPF07653702	3140XDWG7 FNMA POOL #0FM9646 2.000% 11/01/2051 DD 11/01/21	2,044,163.576	1,604,504.85	1,618,752.69	14,247.84
DCPF07653702	3140XH4D6 FNMA POOL #0FS2619 5.000% 08/01/2052 DD 08/01/22	2,829,841.586	2,746,785.72	2,789,148.46	42,362.74
DCPF07653702	3140XNVT8 FNMA POOL #0FS6925 2.500% 12/01/2051 DD 01/01/24	5,510,818.005	4,528,955.56	4,579,820.41	50,864.85
DCPF07653702	3140XQ3L9 FNMA POOL #0FS8902 2.500% 10/01/2052 DD 08/01/24	1,266,761.181	1,106,832.60	1,051,969.15	(54,863.45)
DCPF07653702	3140XR5W1 FNMA POOL #0FS9860 2.000% 06/01/2052 DD 11/01/24	978,203.997	767,316.97	774,610.40	7,293.43
DCPF07653702	31412E3T1 FNMA POOL #0923410 6.000% 07/01/2037 DD 07/01/07	39,762.680	40,700.67	41,057.75	357.08
DCPF07653702	31413ER23 FNMA POOL #0943405 6.500% 07/01/2037 DD 07/01/07	99,493.630	103,653.46	105,123.97	1,470.51
DCPF07653702	31417BZM2 FNMA POOL #0AB5247 3.000% 05/01/2042 DD 04/01/12	49,536.599	43,852.29	44,842.51	990.22
DCPF07653702	31418C4F8 FNMA POOL #0MA3521 4.000% 11/01/2048 DD 10/01/18	26,902.093	24,897.06	25,435.12	538.06
DCPF07653702	31418CAF1 FNMA POOL #0MA2705 3.000% 08/01/2046 DD 07/01/16	59,093.300	51,766.93	52,478.40	711.47
DCPF07653702	31418CBF0 FNMA POOL #0MA2737 3.000% 09/01/2046 DD 08/01/16	139,310.116	121,249.94	123,686.49	2,436.55
DCPF07653702	31418CDA9 FNMA POOL #0MA2796 3.000% 10/01/2046 DD 09/01/16	50,559.018	44,365.05	45,013.20	648.15
DCPF07653702	31418CEL4 FNMA POOL #0MA2838 3.000% 11/01/2046 DD 10/01/16	57,323.424	50,300.72	51,035.04	734.32
DCPF07653702	31418CWM2 FNMA POOL #0MA3351 3.000% 03/01/2048 DD 03/01/18	81,342.475	69,623.45	70,513.35	889.90
DCPF07653702	31418CZN7 FNMA POOL #0MA3448 5.000% 07/01/2048 DD 07/01/18	73,400.994	72,449.00	73,351.82	902.82
DCPF07653702	31418D6B3 FNMA POOL #0MA4465 2.000% 10/01/2051 DD 10/01/21	1,006,842.050	792,495.45	799,372.18	6,876.73
DCPF07653702	31418ECP3 FNMA POOL #0MA4577 2.000% 03/01/2052 DD 03/01/22	8,688,434.355	6,804,126.66	6,900,962.76	96,836.10
DCPF07653702	31418EDC1 FNMA POOL #0MA4598 2.500% 04/01/2052 DD 04/01/22	3,214,565.047	2,640,025.85	2,673,360.88	33,335.03
DCPF07653702	31418FAY3 FNMA POOL #0MA5422 6.500% 06/01/2054 DD 06/01/24	4,865,968.940	4,993,700.63	5,024,356.23	30,655.60
DCPF07653702	3142J6AR4 FHLMC POOL #RQ-0015 6.500% 06/01/2055 DD 05/01/25	1,328,906.793	1,364,205.88	1,372,162.71	7,956.83
DCPF07653702	880591EJ7 TENNESSEE VALLEY AUTH BD 4.625% 09/15/2060 DD 09/15/10	500,000.000	465,535.00	435,880.00	(29,655.00)
DCPF07653702	912797PG6 U S TREASURY BILL 0.000% 07/31/2025 DD 01/30/25	11,535,000.000	11,384,864.04	11,384,864.04	0.00
DCPF07653702	912797PU5 U S TREASURY BILL 0.000% 07/01/2025 DD 03/04/25	50,000.000	49,966.02	49,966.02	0.00
DCPF07653702	912797QF7 U S TREASURY BILL 0.000% 10/16/2025 DD 04/17/25	2,115,000.000	2,087,071.43	2,087,071.43	0.00
DCPF07653702	912810QX9 U S TREASURY BOND 2.750% 08/15/2042 DD 08/15/12	765,000.000	583,184.61	585,974.70	2,790.09
DCPF07653702	912810RJ9 U S TREASURY BOND 3.000% 11/15/2044 DD 11/15/14	3,600,000.000	2,802,175.80	2,775,528.00	(26,647.80)
DCPF07653702	912810SY5 U S TREASURY BOND 2.250% 05/15/2041 DD 05/15/21	1,000,000.000	726,910.00	727,110.00	200.00
DCPF07653702	912810TA6 U S TREASURY BOND 1.750% 08/15/2041 DD 08/15/21	5,495,000.000	3,649,888.90	3,652,031.95	2,143.05
DCPF07653702	912810TC2 U S TREASURY BOND 2.000% 11/15/2041 DD 11/15/21	10,330,000.000	7,104,002.27	7,114,374.30	10,372.03
DCPF07653702	912810TF5 U S TREASURY BOND 2.375% 02/15/2042 DD 02/15/22	4,250,000.000	3,108,322.50	3,095,870.00	(12,452.50)
DCPF07653702	912810TH1 U S TREASURY BOND 3.250% 05/15/2042 DD 05/15/22	2,075,000.000	1,733,268.25	1,718,369.75	(14,898.50)
DCPF07653702	912810TK4 U S TREASURY BOND 3.375% 08/15/2042 DD 08/15/22	100,000.000	84,816.00	84,027.00	(789.00)
DCPF07653702	912810TN8 U S TREASURY BOND 3.625% 02/15/2053 DD 02/15/23	5,445,000.000	4,661,627.85	4,451,723.10	(209,904.75)
DCPF07653702	912810TQ1 U S TREASURY BOND 3.875% 02/15/2043 DD 02/15/23	1,635,000.000	1,484,024.10	1,465,237.95	(18,786.15)
DCPF07653702	912810TX6 U S TREASURY BOND 4.250% 02/15/2054 DD 02/15/24	2,210,000.000	2,117,467.30	2,019,033.90	(98,433.40)
DCPF07653702	912810TZ1 U S TREASURY BOND 4.500% 02/15/2044 DD 02/15/24	2,040,000.000	2,010,032.40	1,973,455.20	(36,577.20)
DCPF07653702	912810UC0 U S TREASURY BOND 4.250% 08/15/2054 DD 08/15/24	2,170,000.000	1,987,355.47	1,984,703.70	(2,651.77)
DCPF07653702	912810UD8 U S TREASURY BOND 4.125% 08/15/2044 DD 08/15/24	250,000.000	232,382.81	229,327.50	(3,055.31)
DCPF07653702	912810UE6 U S TREASURY BOND 4.500% 11/15/2054 DD 11/15/24	5,525,000.000	5,387,558.81	5,273,778.25	(113,780.56)
DCPF07653702	912810UF3 U S TREASURY BOND 4.625% 11/15/2044 DD 11/15/24	630,000.000	613,863.29	617,500.80	3,637.51



Schedule of Investments at End of Plan Year at Revalued Cost

CARP PEN COMBINED - DCPG71657100

07/01/2024 - 06/30/2025

	Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
DCPF07653702	912810UG1	U S TREASURY BOND 4.625% 02/15/2055 DD 02/15/25	3,205,000.000	3,046,190.99	3,124,875.00	78,684.01
DCPF07653702	912810UK2	U S TREASURY BOND 4.750% 05/15/2055 DD 05/15/25	1,440,000.000	1,410,216.36	1,433,923.20	23,706.84
DCPF07653702	91282CEP2	U S TREASURY NOTE 2.875% 05/15/2032 DD 05/15/22	180,000.000	162,435.60	167,941.80	5,506.20
DCPF07653702	91282CFF3	U S TREASURY NOTE 2.750% 08/15/2032 DD 08/15/22	10,060,000.000	8,967,182.20	9,280,752.40	313,570.20
DCPF07653702	91282CFL0	U S TREASURY NOTE 3.875% 09/30/2029 DD 09/30/22	4,890,000.000	4,870,767.57	4,911,760.50	40,992.93
DCPF07653702	91282CFV8	U S TREASURY NOTE 4.125% 11/15/2032 DD 11/15/22	12,445,000.000	12,255,960.45	12,530,994.95	275,034.50
DCPF07653702	91282CGM7	U S TREASURY NOTE 3.500% 02/15/2033 DD 02/15/23	3,855,000.000	3,619,652.25	3,716,297.10	96,644.85
DCPF07653702	91282CGQ8	U S TREASURY NOTE 4.000% 02/28/2030 DD 02/28/23	300,000.000	299,019.26	302,871.00	3,851.74
DCPF07653702	91282CHC8	U S TREASURY NOTE 3.375% 05/15/2033 DD 05/15/23	625,000.000	580,368.75	595,800.00	15,431.25
DCPF07653702	91282CHJ3	U S TREASURY NOTE 3.750% 06/30/2030 DD 06/30/23	105,000.000	101,742.90	104,713.35	2,970.45
DCPF07653702	91282CHT1	U S TREASURY NOTE 3.875% 08/15/2033 DD 08/15/23	2,620,000.000	2,525,732.40	2,580,385.60	54,653.20
DCPF07653702	91282CJJ1	U S TREASURY NOTE 4.500% 11/15/2033 DD 11/15/23	3,750,000.000	3,792,787.50	3,852,412.50	59,625.00
DCPF07653702	91282CJZ5	U S TREASURY NOTE 4.000% 02/15/2034 DD 02/15/24	2,575,000.000	2,504,985.75	2,548,554.75	43,569.00
DCPF07653702	91282CKQ3	U S TREASURY NOTE 4.375% 05/15/2034 DD 05/15/24	2,755,000.000	2,818,040.63	2,798,363.70	(19,676.93)
DCPF07653702	91282CLF6	U S TREASURY NOTE 3.875% 08/15/2034 DD 08/15/24	1,905,000.000	1,853,586.81	1,860,423.00	6,836.19
DCPF07653702	91282CLJ8	U S TREASURY NOTE 3.750% 08/31/2031 DD 08/31/24	465,000.000	469,423.63	460,624.35	(8,799.28)
DCPF07653702	91282CLM1	U S TREASURY NOTE 3.625% 09/30/2031 DD 09/30/24	3,825,000.000	3,755,940.32	3,760,472.25	4,531.93
DCPF07653702	91282CMC2	U S TREASURY NOTE 4.500% 12/31/2031 DD 12/31/24	4,345,000.000	4,360,031.83	4,479,955.70	119,923.87
DCPF07653702	91282CMD0	U S TREASURY NOTE 4.375% 12/31/2029 DD 12/31/24	3,665,000.000	3,663,962.08	3,755,195.65	91,233.57
DCPF07653702	91282CMG3	U S TREASURY NOTE 4.250% 01/31/2030 DD 01/31/25	1,440,000.000	1,432,698.60	1,468,180.80	35,482.20
DCPF07653702	91282CMK4	U S TREASURY NOTE 4.375% 01/31/2032 DD 01/31/25	1,075,000.000	1,071,855.71	1,100,488.25	28,632.54
DCPF07653702	91282CMM0	U S TREASURY NOTE 4.625% 02/15/2035 DD 02/15/25	1,345,000.000	1,379,627.06	1,388,080.35	8,453.29
DCPF07653702	91282CMU2	U S TREASURY NOTE 4.000% 03/31/2030 DD 03/31/25	2,780,000.000	2,785,355.93	2,805,298.00	19,942.07
DCPF07653702	91282CMZ1	U S TREASURY NOTE 3.875% 04/30/2030 DD 04/30/25	875,000.000	868,983.23	878,281.25	9,298.02
DCPF07653702	91282CNA5	U S TREASURY NOTE 4.000% 04/30/2032 DD 04/30/25	8,375,000.000	8,292,365.45	8,385,468.75	93,103.30
DCPF07653702	91282CNC1	U S TREASURY NOTE 4.250% 05/15/2035 DD 05/15/25	2,750,000.000	2,719,878.72	2,755,170.00	35,291.28
DCPF07653702	91282CNK3	U S TREASURY NOTE 3.875% 06/30/2030 DD 06/30/25	4,480,000.000	4,479,192.62	4,496,441.60	17,248.98
DCPF07633002	01F020612	COMMIT TO PUR FNMA SF MTG 2.000% 01/01/2056 DD 01/01/26	(10,000,000.000)	(8,066,400.00)	(7,784,600.00)	281,800.00
DCPF07633002	01F022675	COMMIT TO PUR FNMA SF MTG 2.500% 07/01/2055 DD 07/01/25	(2,000,000.000)	(1,615,937.50)	(1,658,620.00)	(42,682.50)
DCPF07633002	01F030694	COMMIT TO PUR FNMA SF MTG 3.000% 09/01/2055 DD 09/01/25	(1,000,000.000)	(853,980.00)	(864,400.00)	(10,420.00)
DCPF07633002	01F040644	COMMIT TO PUR FNMA SF MTG 4.000% 04/01/2056 DD 04/01/26	(3,000,000.000)	(2,751,270.00)	(2,789,370.00)	(38,100.00)
DCPF07633002	01F040669	COMMIT TO PUR FNMA SF MTG 4.000% 06/01/2055 DD 06/01/25	(2,000,000.000)	(1,843,710.94)	(1,859,380.00)	(15,669.06)
DCPF07633002	01F040677	COMMIT TO PUR FNMA SF MTG 4.000% 07/01/2055 DD 07/01/25	(2,000,000.000)	(1,833,100.00)	(1,859,200.00)	(26,100.00)
DCPF07633002	01F0406B8	COMMIT TO PUR FNMA SF MTG 4.000% 11/01/2055 DD 11/01/25	(1,000,000.000)	(958,164.06)	(935,080.00)	23,084.06
DCPF07633002	01F042616	COMMIT TO PUR FNMA SF MTG 4.500% 01/01/2056 DD 01/01/26	(2,000,000.000)	(1,934,396.56)	(1,882,400.00)	51,996.56
DCPF07633002	01F042624	COMMIT TO PUR FNMA SF MTG 4.500% 02/01/2056 DD 02/01/26	(1,000,000.000)	(940,798.88)	(963,170.00)	(22,371.12)
DCPF07633002	01F042632	COMMIT TO PUR FNMA SF MTG 4.500% 03/01/2056 DD 03/01/26	(3,000,000.000)	(2,809,101.56)	(2,867,370.00)	(58,268.44)



Schedule of Investments at End of Plan Year at Revalued Cost

CARP PEN COMBINED - DCPG71657100

07/01/2024 - 06/30/2025

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
DCPF07633002	01F042640 COMMIT TO PUR FNMA SF MTG 4.500% 04/01/2056 DD 04/01/26	(1,000,000.000)	(922,300.00)	(954,560.00)	(32,260.00)
DCPF07633002	01F042657 COMMIT TO PUR FNMA SF MTG 4.500% 05/01/2055 DD 05/01/25	(1,000,000.000)	(948,125.00)	(942,690.00)	5,435.00
DCPF07633002	01F042673 COMMIT TO PUR FNMA SF MTG 4.500% 07/01/2055 DD 07/01/25	(3,000,000.000)	(2,829,257.82)	(2,868,660.00)	(39,402.18)
DCPF07633002	01F060618 COMMIT TO PUR FNMA SF MTG 6.000% 01/01/2056 DD 01/01/26	(1,000,000.000)	(1,014,470.00)	(1,006,900.00)	7,570.00
DCPF07633002	01F070682 COMMIT TO PUR FNMA SF MTG 7.000% 08/01/2055 DD 08/01/25	(1,000,000.000)	(1,034,765.63)	(1,048,570.00)	(13,804.37)
DCPF07633002	21H0206C4 COMMIT TO PUR GNMA II JUMBOS 2.000% 12/20/2055 DD 12/01/25	(1,000,000.000)	(846,460.00)	(799,050.00)	47,410.00
DCPF07633002	21H0306B5 COMMIT TO PUR GNMA II JUMBOS 3.000% 11/20/2055 DD 11/01/25	(1,000,000.000)	(866,100.00)	(885,820.00)	(19,720.00)
DCPF07633002	21H040616 COMMIT TO PUR GNMA II JUMBOS 4.000% 01/20/2056 DD 01/01/26	(1,000,000.000)	(950,200.00)	(920,110.00)	30,090.00
DCPF07633002	21H040624 COMMIT TO PUR GNMA II JUMBOS 4.000% 02/20/2056 DD 02/01/26	(1,000,000.000)	(931,370.00)	(941,360.00)	(9,990.00)
DCPF07633002	21H040632 COMMIT TO PUR GNMA II JUMBOS 4.000% 03/20/2056 DD 03/01/26	(1,000,000.000)	(936,130.00)	(934,710.00)	1,420.00
DCPF07633002	21H040640 COMMIT TO PUR GNMA II JUMBOS 4.000% 04/20/2056 DD 04/01/26	(1,000,000.000)	(905,950.00)	(929,070.00)	(23,120.00)
DCPF07633002	21H042620 COMMIT TO PUR GNMA II JUMBOS 4.500% 02/20/2056 DD 02/01/26	(2,000,000.000)	(1,849,377.65)	(1,929,700.00)	(80,322.35)
DCPF07633002	21H042638 COMMIT TO PUR GNMA II JUMBOS 4.500% 03/20/2056 DD 03/01/26	(1,000,000.000)	(945,278.32)	(958,250.00)	(12,971.68)
DCPF07633002	21H042646 COMMIT TO PUR GNMA II JUMBOS 4.500% 04/20/2056 DD 04/01/26	(7,000,000.000)	(6,623,270.00)	(6,684,860.00)	(61,590.00)
DCPF07633002	21H042679 COMMIT TO PUR GNMA II JUMBOS 4.500% 07/20/2055 DD 07/01/25	(4,000,000.000)	(3,842,656.25)	(3,827,760.00)	14,896.25
DCPF07633002	21H0426A2 COMMIT TO PUR GNMA II JUMBOS 4.500% 10/20/2055 DD 10/01/25	(4,000,000.000)	(3,982,187.50)	(3,823,560.00)	158,627.50
DCPF07633002	21H0426B0 COMMIT TO PUR GNMA II JUMBOS 4.500% 11/20/2055 DD 11/01/25	(4,000,000.000)	(3,883,593.75)	(3,858,640.00)	24,953.75
DCPF07633002	21H0426C8 COMMIT TO PUR GNMA II JUMBOS 4.500% 12/20/2055 DD 12/01/25	(4,000,000.000)	(3,816,875.00)	(3,781,760.00)	35,115.00
TOTAL U. S. GOVERNMENT SECURITIES			355,752,574.96	358,300,498.06	2,547,923.10
CORPORATE DEBT INSTRUMENTS - PREFERRED					
DCPF07633002	00287YAV1 ABBVIE INC 4.300% 05/14/2036 DD 05/12/16	249,000.000	228,651.20	234,904.11	6,252.91
DCPF07633002	00287YCB3 ABBVIE INC 4.250% 11/21/2049 DD 05/21/20	41,000.000	34,319.46	33,756.53	(562.93)
DCPF07633002	00401MAB2 ABU DHABI CRUDE OIL PIPEL 144A 4.600% 11/02/2047 DD 11/02/17	300,000.000	268,668.00	268,341.00	(327.00)
DCPF07633002	02582JKR0 AMERICAN EXPRESS CREDIT AC 3 A 4.510% 04/15/2032 DD 05/13/25	725,000.000	724,704.56	735,186.25	10,481.69
DCPF07633002	03523TBF4 ANHEUSER-BUSCH INBEV WORLDWIDE 8.200% 01/15/2039 DD 01/15/11	75,000.000	95,640.75	95,646.00	5.25
DCPF07633002	03523TBU1 ANHEUSER-BUSCH INBEV WORLDWIDE 5.450% 01/23/2039 DD 01/23/19	130,000.000	132,189.20	132,258.10	68.90
DCPF07633002	03939CAA1 ARCH CAPITAL FINANCE LLC 4.011% 12/15/2026 DD 12/08/16	115,000.000	111,455.70	114,391.65	2,935.95
DCPF07633002	039482AD6 ARCHER-DANIELS-MIDLAND CO 2.900% 03/01/2032 DD 02/28/22	125,000.000	107,096.25	112,842.50	5,746.25



Schedule of Investments at End of Plan Year at Revalued Cost

CARP PEN COMBINED - DCPG71657100

07/01/2024 - 06/30/2025

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
DCPF07633002	05526DBK0 BAT CAPITAL CORP 4.758% 09/06/2049 DD 09/06/19	50,000.000	39,503.00	41,262.00	1,759.00
DCPF07633002	05553RAD2 BBCMS MORTGAGE TRUST 2 C19 ASB 5.700% 04/15/2056 DD 04/01/23	150,000.000	154,257.00	157,033.50	2,776.50
DCPF07633002	05553WAE9 BBCMS MORTGAGE TRUST 20 C21 A5 VAR RT 09/15/2056 DD 10/01/23	577,547.000	606,060.50	615,185.74	9,125.24
DCPF07633002	05554FAD7 BBCMS MORTGAGE TRUST 20 C22 A5 VAR RT 11/15/2056 DD 11/01/23	325,000.000	359,749.00	361,718.50	1,969.50
DCPF07633002	05593FAD0 BMO 2023-C7 A5 6.160% 12/15/2056 DD 12/01/23	300,000.000	317,898.00	321,162.00	3,264.00
DCPF07633002	05614JAA3 BX COMMERCIAL MORT VLT5 A 144A VAR RT 11/13/2046 DD 11/01/24	200,000.000	203,000.01	202,204.00	(796.01)
DCPF07633002	05964HAB1 BANCO SANTANDER SA 4.250% 04/11/2027 DD 04/11/17	200,000.000	193,552.00	199,476.00	5,924.00
DCPF07633002	06051GHD4 BANK OF AMERICA CORP VAR RT 12/20/2028 DD 12/20/17	392,000.000	370,695.64	383,113.36	12,417.72
DCPF07633002	06051GHZ5 BANK OF AMERICA CORP VAR RT 02/13/2031 DD 02/13/20	25,000.000	21,621.50	22,830.75	1,209.25
DCPF07633002	06051GJB6 BANK OF AMERICA CORP VAR RT 04/29/2031 DD 04/29/20	225,000.000	194,694.75	205,652.25	10,957.50
DCPF07633002	06051GJF7 BANK OF AMERICA CORP VAR RT 07/23/2031 DD 07/23/20	775,000.000	638,933.25	680,822.00	41,888.75
DCPF07633002	06051GJP5 BANK OF AMERICA CORP VAR RT 03/11/2032 DD 03/11/21	175,000.000	148,330.00	157,045.00	8,715.00
DCPF07633002	06051GKA6 BANK OF AMERICA CORP VAR RT 07/21/2032 DD 07/21/21	235,000.000	192,697.65	204,717.90	12,020.25
DCPF07633002	06051GKC2 BANK OF AMERICA CORP VAR RT 09/21/2036 DD 09/21/21	1,225,000.000	1,004,612.00	1,037,538.25	32,926.25
DCPF07633002	06051GKK4 BANK OF AMERICA CORP VAR RT 02/04/2033 DD 02/04/22	125,000.000	105,956.25	111,958.75	6,002.50
DCPF07633002	06051GKQ1 BANK OF AMERICA CORP VAR RT 04/27/2033 DD 04/27/22	740,000.000	698,944.80	728,123.00	29,178.20
DCPF07633002	06051GKW8 BANK OF AMERICA CORP VAR RT 07/22/2028 DD 07/22/22	420,000.000	416,698.80	424,796.40	8,097.60
DCPF07633002	06051GKY4 BANK OF AMERICA CORP VAR RT 07/22/2033 DD 07/22/22	112,000.000	109,887.68	113,311.52	3,423.84
DCPF07633002	06051GLG2 BANK OF AMERICA CORP VAR RT 04/25/2029 DD 04/25/23	510,000.000	509,433.90	520,521.30	11,087.40
DCPF07633002	06051GMM8 BANK OF AMERICA CORP VAR RT 01/24/2036 DD 01/24/25	100,000.000	100,000.00	102,857.00	2,857.00
DCPF07633002	06211EAF8 BANK5 2023-5YR3 5YR3 A3 VAR RT 09/15/2056 DD 09/01/23	325,000.000	339,865.50	344,389.50	4,524.00
DCPF07633002	06406RBK2 BANK OF NEW YORK MELLON CORP/T VAR RT 07/26/2030 DD 07/26/22	25,000.000	24,446.75	25,271.25	824.50
DCPF07633002	064908AH9 BANK 2025-BNK50 BNK50 A5 VAR RT 05/15/2068 DD 06/01/25	325,000.000	334,726.93	339,738.75	5,011.82
DCPF07633002	06540BBD0 BANK 2019-BNK21 BN21 A5 2.851% 10/17/2052 DD 10/01/19	795,000.000	697,191.15	733,005.90	35,814.75
DCPF07633002	06541CBT2 BANK 2021-BNK33 BN33 AS 2.792% 05/15/2064 DD 05/01/21	475,000.000	403,211.92	416,214.00	13,002.08
DCPF07633002	06541TBF5 BANK 2020-BNK29 BN29 A4 1.997% 11/15/2053 DD 11/01/20	300,000.000	240,459.00	256,536.00	16,077.00
DCPF07633002	06644VBG4 BANK5 2024-5YR9 5YR9 A3 5.614% 08/15/2057 DD 08/01/24	450,000.000	463,499.28	465,831.00	2,331.72
DCPF07633002	06644VBM1 BANK5 2024-5YR9 5YR9 AS VAR RT 08/15/2057 DD 08/01/24	250,000.000	257,499.47	260,905.00	3,405.53
DCPF07633002	06644WBL1 BANK5 2024-5YR11 5YR11 AS 6.139% 11/15/2057 DD 11/01/24	150,000.000	154,498.20	156,588.00	2,089.80
DCPF07633002	072863AH6 BAYLOR SCOTT & WHITE HOLDINGS 1.777% 11/15/2030 DD 01/21/21	100,000.000	81,971.00	87,552.00	5,581.00
DCPF07633002	07336VAU5 BBCMS MORTGAGE TRUST 20 C24 A5 5.419% 02/15/2057 DD 02/01/24	200,000.000	201,904.00	206,622.00	4,718.00
DCPF07633002	07336VAW1 BBCMS MORTGAGE TRUST 20 C24 AS 5.867% 02/15/2057 DD 02/01/24	200,000.000	204,152.00	207,170.00	3,018.00
DCPF07633002	081921AZ1 BENCHMARK 2024-V11 MORT V11 A3 VAR RT 11/15/2057 DD 11/01/24	350,000.000	363,296.89	366,838.50	3,541.61
DCPF07633002	081925AD1 BENCHMARK 2023-B39 MORT B39 A5 5.754% 07/15/2056 DD 07/01/23	150,000.000	154,933.50	158,052.00	3,118.50
DCPF07633002	084659AV3 BERKSHIRE HATHAWAY ENERGY CO 3.700% 07/15/2030 DD 01/15/21	175,000.000	162,849.75	169,764.00	6,914.25
DCPF07633002	096912AD2 BMW VEHICLE LEASE TRUST 2 1 A3 4.430% 06/26/2028 DD 06/10/25	525,000.000	524,988.45	527,945.25	2,956.80



Schedule of Investments at End of Plan Year at Revalued Cost

CARP PEN COMBINED - DCPG71657100

07/01/2024 - 06/30/2025

	Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
DCPF07633002	110122CR7	BRISTOL-MYERS SQUIBB CO 4.250% 10/26/2049 DD 04/26/20	25,000.000	20,469.00	20,298.00	(171.00)
DCPF07633002	120568BE9	BUNGE LTD FINANCE CORP 4.200% 09/17/2029 DD 09/17/24	156,000.000	155,825.28	154,227.84	(1,597.44)
DCPF07633002	120568BF6	BUNGE LTD FINANCE CORP 4.650% 09/17/2034 DD 09/17/24	331,000.000	321,333.54	321,113.03	(220.51)
DCPF07633002	12189LAS0	BURLINGTON NORTHERN SANTA FE L 4.900% 04/01/2044 DD 03/07/14	320,000.000	295,674.50	299,091.20	3,416.70
DCPF07633002	14040HDH5	CAPITAL ONE FINANCIAL CORP VAR RT 07/26/2035 DD 07/26/24	430,000.000	433,521.70	443,407.40	9,885.70
DCPF07633002	171232AE1	CHUBB CORP/THE 6.800% 11/15/2031 DD 11/20/01	244,000.000	271,835.52	272,047.80	212.28
DCPF07633002	172967KN0	CITIGROUP INC 3.400% 05/01/2026 DD 05/02/16	875,000.000	844,961.25	868,271.25	23,310.00
DCPF07633002	172967NU1	CITIGROUP INC VAR RT 05/24/2033 DD 05/24/22	255,000.000	245,302.35	254,451.75	9,149.40
DCPF07633002	17305EHB4	CITIBANK CREDIT CARD ISSU A2 A 4.490% 06/21/2032 DD 06/26/25	475,000.000	474,858.12	478,325.00	3,466.88
DCPF07633002	17308CC53	CITIGROUP INC VAR RT 11/05/2030 DD 11/05/19	200,000.000	178,258.00	187,080.00	8,822.00
DCPF07633002	17327CAQ6	CITIGROUP INC VAR RT 01/25/2033 DD 01/25/22	325,000.000	276,588.00	290,472.00	13,884.00
DCPF07633002	20030NBY6	COMCAST CORP 3.300% 02/01/2027 DD 01/10/17	79,000.000	75,736.51	77,883.73	2,147.22
DCPF07633002	20030NCA7	COMCAST CORP 3.150% 02/15/2028 DD 08/07/17	125,000.000	117,462.50	121,757.50	4,295.00
DCPF07633002	20030NCM1	COMCAST CORP 4.700% 10/15/2048 DD 10/05/18	25,000.000	22,222.25	21,492.00	(730.25)
DCPF07633002	20030NDH1	COMCAST CORP 3.750% 04/01/2040 DD 03/27/20	25,000.000	20,414.00	20,773.75	359.75
DCPF07633002	20268JAF0	COMMONSPIRIT HEALTH 2.782% 10/01/2030 DD 10/28/20	225,000.000	195,016.50	205,944.75	10,928.25
DCPF07633002	22160KAQ8	COSTCO WHOLESALE CORP 1.750% 04/20/2032 DD 04/20/20	200,000.000	160,922.00	171,140.00	10,218.00
DCPF07633002	225401AP3	UBS GROUP AG 144A VAR RT 04/01/2031 DD 04/01/20	250,000.000	233,572.50	244,765.00	11,192.50
DCPF07633002	22550L2G5	UBS AG/STAMFORD CT 1.250% 08/07/2026 DD 08/09/21	360,000.000	330,984.00	348,379.20	17,395.20
DCPF07633002	24703TAD8	DELL INTERNATIONAL LLC / EMC C 6.020% 06/15/2026 DD 06/15/21	106,000.000	107,109.82	107,023.96	(85.86)
DCPF07633002	254687FZ4	WALT DISNEY CO/THE 3.600% 01/13/2051 DD 05/13/20	175,000.000	131,187.00	129,214.75	(1,972.25)
DCPF07633002	30166XAC8	EXETER AUTOMOBILE RECEIV 3A A3 4.780% 07/16/2029 DD 05/28/25	450,000.000	449,943.08	452,160.00	2,216.92
DCPF07633002	30303M8H8	META PLATFORMS INC 3.850% 08/15/2032 DD 08/09/22	175,000.000	163,009.00	168,346.50	5,337.50
DCPF07633002	35564KHE2	FREDDIE MAC STACR DNA5 M2 144A VAR RT 01/25/2034 DD 07/23/21	20,220.379	20,428.57	20,309.95	(118.62)
DCPF07633002	370334CG7	GENERAL MILLS INC 4.200% 04/17/2028 DD 04/17/18	125,000.000	121,136.25	124,826.25	3,690.00
DCPF07633002	378272BG2	GLENCORE FUNDING LLC 144A 2.625% 09/23/2031 DD 09/23/21	500,000.000	416,743.50	438,830.00	22,086.50
DCPF07633002	437076CP5	HOME DEPOT INC/THE 3.250% 04/15/2032 DD 03/28/22	75,000.000	66,592.50	69,429.00	2,836.50
DCPF07633002	44891ACP0	HYUNDAI CAPITAL AMERICA 144A 6.200% 09/21/2030 DD 09/21/23	475,000.000	494,493.50	502,540.50	8,047.00
DCPF07633002	45006HAC5	IRV TRUST 2025-200 200P B 144A VAR RT 03/14/2047 DD 02/01/25	550,000.000	550,000.00	550,082.50	82.50
DCPF07633002	46124HAC0	INTUIT INC 1.350% 07/15/2027 DD 06/29/20	50,000.000	45,074.00	47,413.50	2,339.50
DCPF07633002	46625HRY8	JPMORGAN CHASE & CO VAR RT 02/01/2028 DD 02/01/17	1,025,000.000	987,874.50	1,015,805.75	27,931.25
DCPF07633002	46647PAJ5	JPMORGAN CHASE & CO VAR RT 07/24/2038 DD 07/24/17	100,000.000	85,897.00	88,203.00	2,306.00
DCPF07633002	46647PAM8	JPMORGAN CHASE & CO VAR RT 01/23/2029 DD 01/23/18	125,000.000	118,261.25	122,436.25	4,175.00
DCPF07633002	46647PBJ4	JPMORGAN CHASE & CO VAR RT 03/24/2031 DD 03/24/20	25,000.000	24,097.00	24,964.75	867.75
DCPF07633002	46647PBP0	JPMORGAN CHASE & CO VAR RT 05/13/2031 DD 05/13/20	1,025,000.000	920,111.00	947,551.00	27,440.00
DCPF07633002	46647PCU8	JPMORGAN CHASE & CO VAR RT 01/25/2033 DD 01/25/22	300,000.000	256,095.00	269,514.00	13,419.00
DCPF07633002	46647PDH6	JPMORGAN CHASE & CO VAR RT 07/25/2033 DD 07/25/22	255,000.000	248,081.85	256,540.20	8,458.35



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CARP PEN COMBINED - DCPG71657100

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	Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
DCPF07633002	46647PEC6	JPMORGAN CHASE & CO VAR RT 01/23/2035 DD 01/23/24	130,000.000	129,493.00	133,078.40	3,585.40
DCPF07633002	46647PER3	JPMORGAN CHASE & CO VAR RT 10/22/2035 DD 10/22/24	445,000.000	430,412.90	440,861.50	10,448.60
DCPF07633002	46647PEX0	JPMORGAN CHASE & CO VAR RT 04/22/2036 DD 04/22/25	560,000.000	560,000.00	580,613.60	20,613.60
DCPF07633002	54627RAN0	LOUISIANA LOCAL GOVERNMENT A3 4.275% 02/01/2036 DD 05/19/22	235,000.000	218,904.85	228,499.90	9,595.05
DCPF07633002	571676AY1	MARS INC 144A 4.800% 03/01/2030 DD 03/12/25	225,000.000	224,757.00	227,889.00	3,132.00
DCPF07633002	571676AZ8	MARS INC 144A 5.000% 03/01/2032 DD 03/12/25	500,000.000	498,990.00	506,855.00	7,865.00
DCPF07633002	571676BA2	MARS INC 144A 5.200% 03/01/2035 DD 03/12/25	525,000.000	524,081.25	530,958.75	6,877.50
DCPF07633002	571748BG6	MARSH & MCLENNAN COS INC 4.375% 03/15/2029 DD 01/15/19	425,000.000	416,817.00	426,538.50	9,721.50
DCPF07633002	59523UAS6	MID-AMERICA APARTMENTS LP 1.700% 02/15/2031 DD 08/12/20	100,000.000	80,361.00	85,794.00	5,433.00
DCPF07633002	59523UAU1	MID-AMERICA APARTMENTS LP 2.875% 09/15/2051 DD 08/19/21	330,000.000	205,421.20	207,867.00	2,445.80
DCPF07633002	595620AT2	MIDAMERICAN ENERGY CO 3.650% 04/15/2029 DD 01/09/19	175,000.000	165,628.75	171,617.25	5,988.50
DCPF07633002	61691NAE5	MORGAN STANLEY CAPITAL HR2 A4 3.587% 12/15/2050 DD 12/01/17	200,000.000	187,814.00	194,960.00	7,146.00
DCPF07633002	6174468L6	MORGAN STANLEY VAR RT 01/22/2031 DD 01/22/20	350,000.000	307,020.00	322,644.00	15,624.00
DCPF07633002	6174468P7	MORGAN STANLEY VAR RT 04/01/2031 DD 03/31/20	150,000.000	137,739.00	143,779.50	6,040.50
DCPF07633002	6174468U6	MORGAN STANLEY VAR RT 02/13/2032 DD 11/13/20	275,000.000	221,064.25	235,136.00	14,071.75
DCPF07633002	61746BDZ6	MORGAN STANLEY 3.875% 01/27/2026 DD 01/27/16	325,000.000	317,684.25	323,722.75	6,038.50
DCPF07633002	61746BEF9	MORGAN STANLEY 3.625% 01/20/2027 DD 01/20/17	300,000.000	289,284.00	297,396.00	8,112.00
DCPF07633002	61747YEU5	MORGAN STANLEY VAR RT 07/20/2033 DD 07/20/22	255,000.000	246,284.10	255,316.20	9,032.10
DCPF07633002	61747YEZ4	MORGAN STANLEY VAR RT 01/28/2027 DD 01/19/23	776,000.000	771,607.84	778,328.00	6,720.16
DCPF07633002	61747YFD2	MORGAN STANLEY VAR RT 04/20/2029 DD 04/21/23	425,000.000	423,997.00	433,287.50	9,290.50
DCPF07633002	61747YFL4	MORGAN STANLEY VAR RT 01/18/2035 DD 01/18/24	85,000.000	84,943.05	86,883.60	1,940.55
DCPF07633002	61747YFT7	MORGAN STANLEY VAR RT 07/19/2035 DD 07/19/24	225,000.000	222,207.75	227,808.00	5,600.25
DCPF07633002	61747YGA7	MORGAN STANLEY VAR RT 04/17/2036 DD 04/17/25	205,000.000	205,000.00	212,427.15	7,427.15
DCPF07633002	61765LAU4	MORGAN STANLEY BANK OF C24 A4 3.732% 05/15/2048 DD 08/01/15	42,249.976	41,244.43	42,136.75	892.32
DCPF07633002	64110LAT3	NETFLIX INC 5.875% 11/15/2028 DD 04/26/18	570,000.000	589,820.70	600,774.30	10,953.60
DCPF07633002	670857AB7	OBX 2021-NQM2 TRU NQM2 A2 144A VAR RT 05/25/2061 DD 06/01/21	215,889.844	177,299.60	180,168.71	2,869.11
DCPF07633002	68236JAA9	ONE BRYANT PARK TRU OBP A 144A 2.516% 09/15/2054 DD 08/21/19	300,000.000	254,157.00	273,075.00	18,918.00
DCPF07633002	69349LAR9	PNC BANK NA 4.050% 07/26/2028 DD 07/26/18	250,000.000	237,802.50	248,017.50	10,215.00
DCPF07633002	695114DE5	PACIFICORP 5.800% 01/15/2055 DD 01/05/24	280,000.000	272,510.00	268,276.40	(4,233.60)
DCPF07633002	70450YAE3	PAYPAL HOLDINGS INC 2.850% 10/01/2029 DD 09/26/19	125,000.000	112,760.00	117,940.00	5,180.00
DCPF07633002	718546AZ7	PHILLIPS 66 1.300% 02/15/2026 DD 11/18/20	50,000.000	46,804.00	49,010.50	2,206.50
DCPF07633002	74340XBZ3	PROLOGIS LP 1.750% 07/01/2030 DD 07/01/22	100,000.000	82,764.00	87,846.00	5,082.00
DCPF07633002	74432QCC7	PRUDENTIAL FINANCIAL INC 3.878% 03/27/2028 DD 03/27/18	178,000.000	170,995.70	177,182.98	6,187.28
DCPF07633002	74762EAL6	QUANTA SERVICES INC 5.250% 08/09/2034 DD 08/09/24	204,000.000	202,588.36	206,537.76	3,949.40
DCPF07633002	756109CC6	REALTY INCOME CORP 3.400% 01/15/2030 DD 01/15/24	175,000.000	159,470.50	167,445.25	7,974.75
DCPF07633002	75884RAZ6	REGENCY CENTERS LP 2.950% 09/15/2029 DD 08/20/19	450,000.000	408,424.50	425,731.50	17,307.00
DCPF07633002	760759AZ3	REPUBLIC SERVICES INC 1.750% 02/15/2032 DD 11/24/20	450,000.000	359,309.25	378,418.50	19,109.25
DCPF07633002	775109CG4	ROGERS COMMUNICATIONS INC 3.200% 03/15/2027 DD 03/15/23	615,000.000	583,764.15	602,915.25	19,151.10



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CARP PEN COMBINED - DCPG71657100

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	Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
DCPF07633002	78200JAA0	RUSH OBLIGATED GROUP 3.922% 11/15/2029 DD 04/09/20	125,000.000	118,636.25	122,587.50	3,951.25
DCPF07633002	808513AQ8	CHARLES SCHWAB CORP/THE 3.200% 03/02/2027 DD 03/02/17	900,000.000	867,575.00	886,257.00	18,682.00
DCPF07633002	81762PAE2	SERVICENOW INC 1.400% 09/01/2030 DD 08/11/20	393,000.000	320,648.30	340,231.89	19,583.59
DCPF07633002	824348BM7	SHERWIN-WILLIAMS CO/THE 3.300% 05/15/2050 DD 03/17/20	25,000.000	17,137.25	16,852.75	(284.50)
DCPF07633002	842400GQ0	SOUTHERN CALIFORNIA EDISON CO 4.200% 03/01/2029 DD 03/15/19	150,000.000	143,593.50	146,811.00	3,217.50
DCPF07633002	857477BN2	STATE STREET CORP VAR RT 03/30/2031 DD 09/30/20	25,000.000	22,621.25	23,617.00	995.75
DCPF07633002	863667AY7	STRYKER CORP 1.950% 06/15/2030 DD 06/04/20	150,000.000	126,384.00	133,770.00	7,386.00
DCPF07633002	87612EBN5	TARGET CORP 2.950% 01/15/2052 DD 01/24/22	75,000.000	48,581.25	47,525.25	(1,056.00)
DCPF07633002	883556CK6	THERMO FISHER SCIENTIFIC INC 1.750% 10/15/2028 DD 08/23/21	25,000.000	22,069.25	23,149.00	1,079.75
DCPF07633002	89788KAA4	TRUIST BANK 2.250% 03/11/2030 DD 03/09/20	275,000.000	229,545.25	247,533.00	17,987.75
DCPF07633002	902613AK4	UBS GROUP AG 144A VAR RT 02/11/2033 DD 01/11/22	225,000.000	184,223.25	196,328.25	12,105.00
DCPF07633002	902613BB3	UBS GROUP AG 4.550% 04/17/2026 DD 10/18/16	1,426,000.000	1,419,928.85	1,426,185.38	6,256.53
DCPF07633002	907818FX1	UNION PACIFIC CORP 2.800% 02/14/2032 DD 02/14/22	400,000.000	347,054.50	360,568.00	13,513.50
DCPF07633002	91324PEQ1	UNITEDHEALTH GROUP INC 5.300% 02/15/2030 DD 10/28/22	475,000.000	483,450.25	491,905.25	8,455.00
DCPF07633002	91324PER9	UNITEDHEALTH GROUP INC 5.350% 02/15/2033 DD 10/28/22	550,000.000	557,337.50	566,808.00	9,470.50
DCPF07633002	91324PES7	UNITEDHEALTH GROUP INC 5.875% 02/15/2053 DD 10/28/22	225,000.000	231,011.00	225,794.25	(5,216.75)
DCPF07633002	92539GAA9	VERUS SECURITIZATION 3 A1 144A VAR RT 03/25/2068 DD 04/01/23	292,303.624	291,251.31	292,452.70	1,201.39
DCPF07633002	92970QAJ4	WF CARD ISSUANCE TRUST A1 A 4.340% 05/15/2030 DD 06/10/25	675,000.000	674,988.80	680,184.00	5,195.20
DCPF07633002	94106BAF8	WASTE CONNECTIONS INC 4.200% 01/15/2033 DD 08/18/22	77,000.000	71,613.08	74,509.82	2,896.74
DCPF07633002	94106LBS7	WASTE MANAGEMENT INC 4.150% 04/15/2032 DD 05/12/22	75,000.000	70,766.25	73,410.00	2,643.75
DCPF07633002	94106LBY4	WASTE MANAGEMENT INC 4.950% 07/03/2031 DD 07/03/24	349,000.000	353,913.68	358,175.21	4,261.53
DCPF07633002	949746SH5	WELLS FARGO & CO 3.000% 10/23/2026 DD 10/25/16	400,000.000	380,012.00	393,124.00	13,112.00
DCPF07633002	94974BGL8	WELLS FARGO & CO 4.300% 07/22/2027 DD 07/22/15	225,000.000	219,105.00	225,006.75	5,901.75
DCPF07633002	949831AA9	WELLS FARGO MORTGAGE 3 A1 144A VAR RT 07/25/2049 DD 09/01/19	8,549.683	7,534.06	7,773.54	239.48
DCPF07633002	95000U2M4	WELLS FARGO & CO VAR RT 04/04/2051 DD 03/30/20	50,000.000	45,783.00	45,492.00	(291.00)
DCPF07633002	95000U3A9	WELLS FARGO & CO VAR RT 07/25/2028 DD 07/25/22	295,000.000	290,967.35	297,475.05	6,507.70
DCPF07633002	95000U3B7	WELLS FARGO & CO VAR RT 07/25/2033 DD 07/25/22	505,000.000	486,643.25	505,080.80	18,437.55
DCPF07633002	95001VAS9	WELLS FARGO COMMERCIAL C51 ASB 3.160% 06/15/2052 DD 07/01/19	119,191.228	113,029.04	116,369.97	3,340.93
DCPF07633002	961214EF6	WESTPAC BANKING CORP VAR RT 07/24/2034 DD 07/24/19	100,000.000	92,484.00	96,631.00	4,147.00
DCPF07633002	98138HAJ0	WORKDAY INC 3.800% 04/01/2032 DD 04/01/22	75,000.000	67,507.50	70,472.25	2,964.75
DCPF07633002	98978VAP8	ZOETIS INC 4.450% 08/20/2048 DD 08/20/18	25,000.000	21,399.75	21,109.75	(290.00)
DCPF07633002	98978VAS2	ZOETIS INC 2.000% 05/15/2030 DD 05/12/20	425,000.000	363,267.75	381,888.00	18,620.25
DCPF07653702	00135TAE4	AIB GROUP PLC 144A VAR RT 03/28/2035 DD 03/28/24	400,000.000	401,704.00	412,448.00	10,744.00
DCPF07653702	01609WBA9	ALIBABA GROUP HOLDING LTD 3.250% 02/09/2061 DD 02/09/21	200,000.000	123,848.00	123,832.00	(16.00)
DCPF07653702	03067BAF6	AMERICREDIT AUTOMOBILE REC 1 C 5.800% 12/18/2028 DD 03/15/23	170,000.000	171,598.00	173,495.20	1,897.20
DCPF07653702	05592CAA4	BPR TRUST 2021-NRD NRD A 144A VAR RT 12/15/2038 DD 12/22/21	245,000.000	239,325.80	241,361.75	2,035.95
DCPF07653702	05969BAF0	BANCO SANTANDER MEXICO SA 144A 5.621% 12/10/2029 DD 12/10/24	200,000.000	200,000.00	204,042.00	4,042.00



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CARP PEN COMBINED - DCPG71657100

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Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
DCPF07653702	06051GGL7 BANK OF AMERICA CORP VAR RT 04/24/2028 DD 04/24/17	195,000.000	190,394.10	192,663.90	2,269.80
DCPF07653702	06051GHT9 BANK OF AMERICA CORP VAR RT 04/23/2027 DD 04/23/19	1,065,000.000	1,029,812.40	1,057,321.35	27,508.95
DCPF07653702	06051GLH0 BANK OF AMERICA CORP VAR RT 04/25/2034 DD 04/25/23	765,000.000	758,712.75	780,430.05	21,717.30
DCPF07653702	06540VBB0 BANK 2019-BNK24 BN24 A3 2.960% 11/15/2062 DD 12/01/19	280,000.000	247,872.80	261,570.40	13,697.60
DCPF07653702	06540XBG5 BANK 2019-BNK22 BN22 A4 2.978% 11/15/2062 DD 11/01/19	585,000.000	519,760.80	545,723.10	25,962.30
DCPF07653702	12591QAR3 COMM 2014-UBS4 MORTGAG UBS4 A5 3.694% 08/10/2047 DD 07/01/14	18,609.367	18,565.63	18,404.48	(161.15)
DCPF07653702	12649AAC3 CSMC 2014-USA OA L USA A2 144A 3.953% 09/15/2037 DD 09/01/14	230,000.000	204,525.20	212,175.00	7,649.80
DCPF07653702	17328HBD2 CITIGROUP COMMERCIAL M GC43 A4 3.038% 11/10/2052 DD 11/01/19	720,000.000	630,871.20	665,280.00	34,408.80
DCPF07653702	20030NEE7 COMCAST CORP 4.800% 05/15/2033 DD 05/09/23	785,000.000	764,748.00	783,618.40	18,870.40
DCPF07653702	20469BAA5 COMPASS DATACENTERS 1A A2 144A 5.656% 02/25/2050 DD 02/19/25	315,000.000	315,000.00	318,127.95	3,127.95
DCPF07653702	225401BB3 UBS GROUP AG 144A VAR RT 11/15/2033 DD 11/14/22	250,000.000	302,015.00	309,085.00	7,070.00
DCPF07653702	23346KAE0 DT AUTO OWNER TRUST 1A C 144A 5.550% 10/16/2028 DD 01/25/23	94,827.353	94,310.55	95,084.34	773.79
DCPF07653702	25160PAF4 DEUTSCHE BANK AG/NEW YORK NY 1.686% 03/19/2026 DD 03/19/21	365,000.000	343,340.90	358,203.70	14,862.80
DCPF07653702	25245BAE7 DIAGEO INVESTMENT CORP 5.625% 04/15/2035 DD 04/15/25	200,000.000	198,868.00	209,250.00	10,382.00
DCPF07653702	292487AA3 EMPRESA DE LOS FERROCARRI 144A 3.068% 08/18/2050 DD 08/18/20	200,000.000	120,344.00	117,096.00	(3,248.00)
DCPF07653702	30168BAE0 EXETER AUTOMOBILE RECEIVA 1A C 5.820% 02/15/2028 DD 02/28/23	92,081.477	91,821.80	92,314.44	492.64
DCPF07653702	34529NAG5 FORD CREDIT AUTO LEASE TRU B C 6.430% 04/15/2027 DD 09/19/23	155,000.000	157,480.00	156,610.45	(869.55)
DCPF07653702	345397C92 FORD MOTOR CREDIT CO LLC 6.800% 05/12/2028 DD 04/06/23	635,000.000	655,707.20	656,209.00	501.80
DCPF07653702	36258YBG2 GS MORTGAGE SECURITIES GC45 A5 2.911% 02/13/2053 DD 01/01/20	595,000.000	530,942.30	551,868.45	20,926.15
DCPF07653702	37310PAB7 GEORGETOWN UNIVERSITY/THE 5.215% 10/01/2118 DD 01/16/19	170,000.000	155,395.30	149,370.50	(6,024.80)
DCPF07653702	38141GWL4 GOLDMAN SACHS GROUP INC/THE VAR RT 06/05/2028 DD 06/05/17	230,000.000	224,026.90	226,676.50	2,649.60
DCPF07653702	404280CF4 HSBC HOLDINGS PLC 4.950% 03/31/2030 DD 03/31/20	200,000.000	196,716.00	203,380.00	6,664.00
DCPF07653702	411618AD3 HARBOUR ENERGY PLC 144A 6.327% 04/01/2035 DD 04/01/25	555,000.000	555,292.25	551,448.00	(3,844.25)
DCPF07653702	42806MAE9 HERTZ VEHICLE FINANC 2A A 144A 1.680% 12/27/2027 DD 06/30/21	395,000.000	360,504.65	379,942.60	19,437.95
DCPF07653702	43990EAA9 HORIZON AIRCRAFT FINA 1 A 144A 5.375% 09/15/2049 DD 09/17/24	933,625.000	933,605.64	933,326.24	(279.40)
DCPF07653702	44891ADD6 HYUNDAI CAPITAL AMERICA 144A 5.400% 06/24/2031 DD 06/24/24	130,000.000	129,038.00	132,966.60	3,928.60
DCPF07653702	46284VAQ4 IRON MOUNTAIN INC 144A 6.250% 01/15/2033 DD 12/06/24	275,000.000	275,383.80	282,752.25	7,368.45
DCPF07653702	46596CAA4 JP MORGAN CHASE COM BMS A 144A VAR RT 01/15/2042 DD 02/18/25	960,000.000	957,796.88	955,200.00	(2,596.88)
DCPF07653702	46647PBE5 JPMORGAN CHASE & CO VAR RT 10/15/2030 DD 09/12/19	1,340,000.000	1,190,429.90	1,249,228.40	58,798.50
DCPF07653702	46647PBP0 JPMORGAN CHASE & CO VAR RT 05/13/2031 DD 05/13/20	460,000.000	405,242.40	425,242.40	20,000.00
DCPF07653702	46647PEX0 JPMORGAN CHASE & CO VAR RT 04/22/2036 DD 04/22/25	400,000.000	400,000.00	414,724.00	14,724.00
DCPF07653702	48255BAA4 KKR GROUP FINANCE CO X LL 144A 3.250% 12/15/2051 DD 12/08/21	215,000.000	141,814.00	137,984.85	(3,829.15)
DCPF07653702	53944YAS2 LLOYDS BANKING GROUP PLC VAR RT 03/18/2028 DD	985,000.000	942,103.25	972,874.65	30,771.40



Schedule of Investments at End of Plan Year at Revalued Cost

CARP PEN COMBINED - DCPG71657100

07/01/2024 - 06/30/2025

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
	03/18/22				
DCPF07653702	606822BX1 MITSUBISHI UFJ FINANCIAL GROUP VAR RT 07/20/2032 DD 07/20/21	425,000.000	350,064.00	370,009.25	19,945.25
DCPF07653702	61747YFD2 MORGAN STANLEY VAR RT 04/20/2029 DD 04/21/23	790,000.000	791,820.70	805,405.00	13,584.30
DCPF07653702	62944TAF2 NVR INC 3.000% 05/15/2030 DD 05/04/20	400,000.000	354,748.00	372,652.00	17,904.00
DCPF07653702	637432MT9 NATIONAL RURAL UTILITIES COOPE VAR RT 04/30/2043 DD 04/25/13	420,000.000	420,000.00	417,929.40	(2,070.60)
DCPF07653702	638961AA0 NAVIENT PRIVATE EDUCA A A 144A 5.510% 10/15/2071 DD 04/27/23	255,605.014	256,422.91	261,166.98	4,744.07
DCPF07653702	654579AP6 NIPPON LIFE INSURANCE CO 144A VAR RT 04/30/2055 DD 04/30/25	445,000.000	445,000.00	460,712.95	15,712.95
DCPF07653702	682441AB6 ONEAMERICA FINANCIAL PART 144A 4.250% 10/15/2050 DD 09/21/20	85,000.000	57,556.90	65,485.70	7,928.80
DCPF07653702	693475BM6 PNC FINANCIAL SERVICES GROUP I VAR RT 01/24/2034 DD 01/24/23	325,000.000	315,757.35	326,608.75	10,851.40
DCPF07653702	71424VAB6 PERMIAN RESOURCES OPERATI 144A 6.250% 02/01/2033 DD 08/05/24	80,000.000	80,000.00	80,736.00	736.00
DCPF07653702	75102XAB2 RAIZEN FUELS FINANCE SA 144A 6.450% 03/05/2034 DD 03/05/24	265,000.000	269,163.15	265,323.30	(3,839.85)
DCPF07653702	75102XAC0 RAIZEN FUELS FINANCE SA 144A 6.950% 03/05/2054 DD 03/05/24	200,000.000	203,448.00	185,512.00	(17,936.00)
DCPF07653702	76720AAV8 RIO TINTO FINANCE USA PLC 5.750% 03/14/2055 DD 03/14/25	135,000.000	133,459.65	135,383.40	1,923.75
DCPF07653702	76720AAW6 RIO TINTO FINANCE USA PLC 5.875% 03/14/2065 DD 03/14/25	160,000.000	158,635.20	160,948.80	2,313.60
DCPF07653702	80287NAC9 SANTANDER DRIVE AUTO RECE 2 A3 4.670% 08/15/2029 DD 03/26/25	525,000.000	524,931.80	528,795.75	3,863.95
DCPF07653702	80290CBF0 SANTANDER BANK AUTO C C B 144A 6.451% 12/15/2032 DD 12/19/22	8,354.941	8,401.15	8,363.30	(37.85)
DCPF07653702	81747CAA9 SEQUOIA MORTGAGE T CH2 A1 144A VAR RT 08/25/2049 DD 07/01/19	1,911.616	1,878.05	1,899.27	21.22
DCPF07653702	82983PAA1 SITIOS LATINOAMERICA SAB 144A 6.000% 11/25/2029 DD 11/25/24	225,000.000	224,232.75	229,104.00	4,871.25
DCPF07653702	83208AAD5 SMB PRIVATE EDUCATIO C A2 144A VAR RT 01/15/2053 DD 05/27/21	330,765.919	329,022.78	327,130.80	(1,891.98)
DCPF07653702	83438LAA9 LUNAR 2021-1 STRUCTUR 1 A 144A 2.636% 10/15/2046 DD 11/15/21	173,550.578	155,123.00	161,679.72	6,556.72
DCPF07653702	842400JK0 SOUTHERN CALIFORNIA EDISON CO 6.200% 09/15/2055 DD 03/17/25	165,000.000	163,993.50	158,225.10	(5,768.40)
DCPF07653702	842434CX8 SOUTHERN CALIFORNIA GAS CO 6.350% 11/15/2052 DD 11/14/22	705,000.000	763,782.90	756,408.60	(7,374.30)
DCPF07653702	90932LAJ6 UNITED AIRLINES 2023-1 CLASS A 5.800% 07/15/2037 DD 06/20/23	277,041.063	281,653.80	282,604.05	950.25
DCPF07653702	959926AF3 WESTLAKE AUTOMOBILE 2A C 144A 6.290% 03/15/2028 DD 03/15/23	185,000.000	185,976.80	186,108.15	131.35
DCPF07653702	96042XAE5 WESTLAKE AUTOMOBILE 1A B 144A 5.410% 01/18/2028 DD 01/20/23	83,388.840	83,093.65	83,460.55	366.90
DCPF07653702	98919WAG8 ZAYO ISSUER LLC 2A A2 144A 5.953% 06/20/2055 DD 05/15/25	730,000.000	730,000.00	752,936.60	22,936.60
TOTAL CORPORATE DEBT INSTRUMENTS - PREFERRED			64,306,209.77	65,885,929.30	1,579,719.53

CORPORATE DEBT INSTRUMENTS

DCPF07633002	001084AS1	AGCO CORP 5.800% 03/21/2034 DD 03/21/24	112,000.000	111,752.48	113,682.24	1,929.76
DCPF07633002	00206RFW7	AT&T INC 4.900% 08/15/2037 DD 08/14/18	75,000.000	70,375.50	71,897.25	1,521.75



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CARP PEN COMBINED - DCPG71657100

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Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
DCPF07633002	00206RHA3 AT&T INC 5.150% 11/15/2046 DD 11/15/18	75,000.000	69,844.50	69,301.50	(543.00)
DCPF07633002	00206RHK1 AT&T INC 4.850% 03/01/2039 DD 02/19/19	170,000.000	156,148.40	160,881.20	4,732.80
DCPF07633002	00206RJY9 AT&T INC 2.750% 06/01/2031 DD 05/28/20	100,000.000	85,770.00	90,637.00	4,867.00
DCPF07633002	00206RJZ6 AT&T INC 3.500% 06/01/2041 DD 05/28/20	100,000.000	76,782.00	78,558.00	1,776.00
DCPF07633002	00206RKA9 AT&T INC 3.650% 06/01/2051 DD 05/28/20	50,000.000	35,504.50	35,574.00	69.50
DCPF07633002	00206RKG6 AT&T INC 1.650% 02/01/2028 DD 08/04/20	25,000.000	22,212.75	23,450.25	1,237.50
DCPF07633002	00206RMM1 AT&T INC 2.550% 12/01/2033 DD 06/01/21	604,000.000	481,315.52	505,705.04	24,389.52
DCPF07633002	00774MBM6 AERCAP IRELAND CAPITAL DAC / A 4.950% 09/10/2034 DD 09/10/24	450,000.000	440,145.00	440,302.50	157.50
DCPF07633002	00774MBP9 AERCAP IRELAND CAPITAL DAC / A 5.375% 12/15/2031 DD 01/13/25	325,000.000	322,757.50	332,049.25	9,291.75
DCPF07633002	007944AF8 ADVENTIST HEALTH SYSTEM/WEST 2.952% 03/01/2029 DD 10/31/19	45,000.000	40,429.80	41,782.95	1,353.15
DCPF07633002	007944AK7 ADVENTIST HEALTH SYSTEM/WEST 5.757% 12/01/2034 DD 05/23/24	110,000.000	110,132.00	110,147.40	15.40
DCPF07633002	00914AAB8 AIR LEASE CORP 3.750% 06/01/2026 DD 05/23/19	300,000.000	289,860.00	297,984.00	8,124.00
DCPF07633002	00914AAX0 AIR LEASE CORP 5.200% 07/15/2031 DD 06/25/24	375,000.000	376,815.00	383,006.25	6,191.25
DCPF07633002	025537AN1 AMERICAN ELECTRIC POWER CO INC 2.300% 03/01/2030 DD 03/05/20	300,000.000	260,123.00	270,633.00	10,510.00
DCPF07633002	031162DJ6 AMGEN INC 4.200% 03/01/2033 DD 08/18/22	175,000.000	162,431.50	167,991.25	5,559.75
DCPF07633002	031162DR8 AMGEN INC 5.250% 03/02/2033 DD 03/02/23	250,000.000	249,722.50	256,110.00	6,387.50
DCPF07633002	03464JAA9 *ANGEL OAK MORTGAGE T 7 A1 144A VAR RT 10/25/2066 DD 11/01/21	647,788.574	548,003.18	558,050.42	10,047.24
DCPF07633002	03465EAA9 *ANGEL OAK MORTGAGE T 3 A1 144A VAR RT 05/25/2066 DD 06/01/21	161,790.641	140,214.55	137,735.61	(2,478.94)
DCPF07633002	03522AAH3 ANHEUSER-BUSCH COS LLC / ANHEU 4.700% 02/01/2036 DD 02/01/19	159,000.000	151,961.07	155,187.18	3,226.11
DCPF07633002	03831WAD0 APPLOVIN CORP 5.500% 12/01/2034 DD 12/05/24	150,000.000	149,855.25	152,322.00	2,466.75
DCPF07633002	040555CW2 ARIZONA PUBLIC SERVICE CO 2.950% 09/15/2027 DD 09/11/17	250,000.000	233,055.00	242,240.00	9,185.00
DCPF07633002	045054AP8 ASHTEAD CAPITAL INC 144A 2.450% 08/12/2031 DD 08/12/21	200,000.000	161,780.00	172,512.00	10,732.00
DCPF07633002	045054AS2 ASHTEAD CAPITAL INC 144A 5.800% 04/15/2034 DD 01/29/24	256,000.000	254,530.56	262,243.84	7,713.28
DCPF07633002	05329WAQ5 AUTONATION INC 4.750% 06/01/2030 DD 05/22/20	100,000.000	95,608.00	99,380.00	3,772.00
DCPF07633002	05329WAR3 AUTONATION INC 1.950% 08/01/2028 DD 07/29/21	200,000.000	179,629.00	185,406.00	5,777.00
DCPF07633002	05401AAX9 AVOLON HOLDINGS FUNDING L 144A 5.150% 01/15/2030 DD 12/12/24	69,000.000	67,401.96	69,482.31	2,080.35
DCPF07633002	054975AE7 *BBCMS MORTGAGE TRUST 20 C18 A5 VAR RT 12/15/2055 DD 12/01/22	300,000.000	309,141.00	313,476.00	4,335.00
DCPF07633002	05526DBZ7 BAT CAPITAL CORP 6.000% 02/20/2034 DD 02/20/24	461,000.000	471,351.03	485,921.66	14,570.63
DCPF07633002	05612GAA1 *BX COMMERCIAL MORTG XL5 A 144A VAR RT 03/15/2041 DD 03/15/24	233,124.361	231,814.21	233,343.50	1,529.29
DCPF07633002	05634WAA0 BACARDI-MARTINI BV 144A 5.550% 02/01/2030 DD 01/29/25	265,000.000	269,391.05	271,969.50	2,578.45
DCPF07633002	06604AAF1 *BANK5 2024-5YR10 5YR10 A3 5.302% 10/15/2057 DD 10/01/24	400,000.000	411,987.60	409,816.00	(2,171.60)
DCPF07633002	06654DAB3 BANNER HEALTH 2.338% 01/01/2030 DD 05/14/20	290,000.000	251,696.80	266,347.60	14,650.80
DCPF07633002	06738ECV5 BARCLAYS PLC VAR RT 09/10/2035 DD 09/10/24	715,000.000	705,243.00	709,937.80	4,694.80
DCPF07633002	06738ECZ6 BARCLAYS PLC VAR RT 02/25/2036 DD 02/25/25	455,000.000	455,000.00	465,182.90	10,182.90
DCPF07633002	075887CJ6 BECTON DICKINSON & CO 2.823% 05/20/2030 DD 05/20/20	175,000.000	154,857.50	161,988.75	7,131.25
DCPF07633002	09659W3A0 BNP PARIBAS SA 144A VAR RT 01/13/2033 DD 01/13/25	300,000.000	300,000.00	312,060.00	12,060.00



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CARP PEN COMBINED - DCPG71657100

07/01/2024 - 06/30/2025

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
DCPF07633002	097023BS3 BOEING CO/THE 3.375% 06/15/2046 DD 05/18/16	15,000.000	9,586.50	10,282.65	696.15
DCPF07633002	097023CA1 BOEING CO/THE 3.450% 11/01/2028 DD 10/31/18	333,000.000	301,015.35	321,065.28	20,049.93
DCPF07633002	097023CB9 BOEING CO/THE 3.850% 11/01/2048 DD 10/31/18	25,000.000	16,625.75	17,965.50	1,339.75
DCPF07633002	097023CP8 BOEING CO/THE 3.250% 02/01/2035 DD 07/31/19	25,000.000	19,126.50	21,067.50	1,941.00
DCPF07633002	097023CY9 BOEING CO/THE 5.150% 05/01/2030 DD 05/04/20	1,151,000.000	1,142,278.21	1,172,201.42	29,923.21
DCPF07633002	097023DS1 BOEING CO/THE 6.528% 05/01/2034 DD 11/01/24	616,000.000	638,189.31	669,967.76	31,778.45
DCPF07633002	097023DT9 BOEING CO/THE 6.858% 05/01/2054 DD 11/01/24	338,000.000	361,817.17	370,502.08	8,684.91
DCPF07633002	110122CQ9 BRISTOL-MYERS SQUIBB CO 4.125% 06/15/2039 DD 06/15/20	150,000.000	130,545.00	133,471.50	2,926.50
DCPF07633002	11135FBF7 BROADCOM INC 144A 2.600% 02/15/2033 DD 01/19/21	250,000.000	203,062.50	213,870.00	10,807.50
DCPF07633002	11135FBP5 BROADCOM INC 144A 3.137% 11/15/2035 DD 09/30/21	505,000.000	405,439.25	426,139.20	20,699.95
DCPF07633002	11135FBQ3 BROADCOM INC 144A 3.187% 11/15/2036 DD 09/30/21	26,000.000	20,624.50	21,554.00	929.50
DCPF07633002	125523AK6 CIGNA GROUP/THE 4.900% 12/15/2048 DD 06/15/19	300,000.000	260,827.50	262,275.00	1,447.50
DCPF07633002	125523CL2 CIGNA GROUP/THE 2.400% 03/15/2030 DD 03/16/20	306,000.000	264,940.92	279,072.00	14,131.08
DCPF07633002	125523CU2 CIGNA GROUP/THE 5.125% 05/15/2031 DD 02/13/24	325,000.000	326,901.25	334,103.25	7,202.00
DCPF07633002	126408HS5 CSX CORP 3.800% 04/15/2050 DD 03/30/20	100,000.000	76,744.00	75,809.00	(935.00)
DCPF07633002	126650CX6 CVS HEALTH CORP 4.300% 03/25/2028 DD 03/09/18	83,000.000	80,174.68	82,648.91	2,474.23
DCPF07633002	126650CY4 CVS HEALTH CORP 4.780% 03/25/2038 DD 03/09/18	285,000.000	255,126.30	261,524.55	6,398.25
DCPF07633002	134429BP3 CAMPBELL'S COMPANY/THE 5.400% 03/21/2034 DD 03/21/24	356,000.000	354,553.10	361,482.40	6,929.30
DCPF07633002	13648TAA5 CANADIAN PACIFIC RAILWAY CO 2.050% 03/05/2030 DD 03/05/20	75,000.000	64,031.25	67,513.50	3,482.25
DCPF07633002	14149YBS6 CARDINAL HEALTH INC 5.350% 11/15/2034 DD 11/22/24	495,000.000	491,989.05	504,781.20	12,792.15
DCPF07633002	14448CAL8 CARRIER GLOBAL CORP 2.700% 02/15/2031 DD 06/19/20	250,000.000	221,627.50	227,352.50	5,725.00
DCPF07633002	14448CAQ7 CARRIER GLOBAL CORP 2.722% 02/15/2030 DD 08/15/20	88,000.000	77,798.16	81,766.96	3,968.80
DCPF07633002	15135BAR2 CENTENE CORP 4.250% 12/15/2027 DD 12/06/19	222,000.000	212,045.52	218,616.72	6,571.20
DCPF07633002	161175AY0 CHARTER COMMUNICATIONS OPERATI 4.908% 07/23/2025 DD 07/23/16	312,000.000	308,982.96	311,978.16	2,995.20
DCPF07633002	172967KA8 CITIGROUP INC 4.450% 09/29/2027 DD 09/29/15	1,625,000.000	1,600,784.00	1,626,300.00	25,516.00
DCPF07633002	172967PU9 CITIGROUP INC VAR RT 01/24/2036 DD 01/24/25	75,000.000	75,000.00	76,962.75	1,962.75
DCPF07633002	17324DAY0 CITIGROUP COMMERCIAL MORT P1 C VAR RT 09/15/2048 DD 08/01/15	250,000.000	236,122.50	243,890.00	7,767.50
DCPF07633002	191098AP7 COCA-COLA CONSOLIDATED INC 5.450% 06/01/2034 DD 05/29/24	115,000.000	116,225.90	118,514.40	2,288.50
DCPF07633002	19828TAB2 COLUMBIA PIPELINES OPERAT 144A 6.036% 11/15/2033 DD 08/08/23	520,000.000	532,852.80	545,786.80	12,934.00
DCPF07633002	20754AAB9 CONNECTICUT AVENU R03 1M2 144A VAR RT 12/25/2041 DD 12/29/21	78,000.000	78,535.86	78,463.32	(72.54)
DCPF07633002	20754RAB2 CONNECTICUT AVENU R01 1M2 144A VAR RT 10/25/2041 DD 10/27/21	56,697.771	57,062.14	56,837.81	(224.33)
DCPF07633002	21036PAY4 CONSTELLATION BRANDS INC 3.600% 02/15/2028 DD 02/07/18	200,000.000	189,728.00	196,430.00	6,702.00
DCPF07633002	21036PBE7 CONSTELLATION BRANDS INC 3.150% 08/01/2029 DD 07/29/19	175,000.000	158,826.50	166,222.00	7,395.50
DCPF07633002	21036PBH0 CONSTELLATION BRANDS INC 2.250% 08/01/2031 DD 07/26/21	150,000.000	123,331.50	129,930.00	6,598.50
DCPF07633002	21036PBL1 CONSTELLATION BRANDS INC 4.750% 05/09/2032 DD 05/09/22	129,000.000	124,206.36	127,992.51	3,786.15
DCPF07633002	21037XAD2 CONSTELLATION SOFTWARE IN 144A 5.461% 02/16/2034 DD 02/16/24	118,000.000	118,247.80	120,401.30	2,153.50
DCPF07633002	22822VAQ4 CROWN CASTLE INC 4.150% 07/01/2050 DD 04/03/20	25,000.000	19,518.25	19,132.50	(385.75)
DCPF07633002	22966RAJ5 CUBESMART LP 2.500% 02/15/2032 DD 11/30/21	30,000.000	24,570.60	25,786.50	1,215.90



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CARP PEN COMBINED - DCPG71657100

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	Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
DCPF07633002	24703TAG1	DELL INTERNATIONAL LLC / EMC C 5.300% 10/01/2029 DD 04/01/21	50,000.000	50,312.50	51,520.50	1,208.00
DCPF07633002	24703TAK2	DELL INTERNATIONAL LLC / EMC C 8.350% 07/15/2046 DD 01/15/21	13,000.000	16,508.44	16,598.53	90.09
DCPF07633002	251526CE7	DEUTSCHE BANK AG/NEW YORK NY VAR RT 11/24/2026 DD 11/24/20	175,000.000	166,080.25	173,218.50	7,138.25
DCPF07633002	256677AE5	DOLLAR GENERAL CORP 3.875% 04/15/2027 DD 04/11/17	223,000.000	219,802.18	220,894.88	1,092.70
DCPF07633002	25746UDG1	DOMINION ENERGY INC 3.375% 04/01/2030 DD 04/03/20	225,000.000	203,370.75	213,790.50	10,419.75
DCPF07633002	26078JAF7	DUPONT DE NEMOURS INC 5.419% 11/15/2048 DD 11/28/18	25,000.000	26,010.75	25,187.75	(823.00)
DCPF07633002	260979AA7	DP WORLD CRESCENT LTD 144A 5.500% 05/08/2035 DD 05/08/25	370,000.000	366,277.80	373,030.30	6,752.50
DCPF07633002	29250NBF1	ENBRIDGE INC 2.500% 08/01/2033 DD 06/28/21	275,000.000	218,710.25	228,497.50	9,787.25
DCPF07633002	29250NBR5	ENBRIDGE INC 5.700% 03/08/2033 DD 03/08/23	147,000.000	148,424.43	152,405.19	3,980.76
DCPF07633002	29273RBL2	ENERGY TRANSFER LP 5.300% 04/15/2047 DD 01/17/17	75,000.000	66,613.50	66,206.25	(407.25)
DCPF07633002	29364GAJ2	ENTERGY CORP 2.950% 09/01/2026 DD 08/19/16	200,000.000	189,750.00	196,682.00	6,932.00
DCPF07633002	29717PAU1	ESSEX PORTFOLIO LP 3.000% 01/15/2030 DD 08/07/19	125,000.000	111,116.25	116,820.00	5,703.75
DCPF07633002	30212PAP0	EXPEDIA GROUP INC 3.800% 02/15/2028 DD 09/21/17	150,000.000	142,834.50	147,754.50	4,920.00
DCPF07633002	30212PAR6	EXPEDIA GROUP INC 3.250% 02/15/2030 DD 02/15/20	114,000.000	106,054.20	107,503.14	1,448.94
DCPF07633002	30227FAA8	*EXTENDED STAY AMERI ESH A 144A VAR RT 07/15/2038 DD 07/08/21	171,545.548	170,864.69	171,598.73	734.04
DCPF07633002	337738AR9	FISERV INC 4.200% 10/01/2028 DD 09/25/18	175,000.000	168,260.75	174,000.75	5,740.00
DCPF07633002	337932AL1	FIRSTENERGY CORP 2.650% 03/01/2030 DD 02/20/20	275,000.000	239,060.25	252,458.25	13,398.00
DCPF07633002	337932AP2	FIRSTENERGY CORP 2.250% 09/01/2030 DD 06/08/20	125,000.000	104,587.50	110,990.00	6,402.50
DCPF07633002	345397E74	FORD MOTOR CREDIT CO LLC 5.850% 05/17/2027 DD 05/17/24	551,000.000	554,597.73	555,143.52	545.79
DCPF07633002	36164QNA2	GE CAPITAL INTERNATIONAL FUNDI 4.418% 11/15/2035 DD 05/15/16	200,000.000	184,966.00	191,914.00	6,948.00
DCPF07633002	37045XDE3	GENERAL MOTORS FINANCIAL CO IN 2.350% 01/08/2031 DD 01/08/21	325,000.000	270,974.25	281,391.50	10,417.25
DCPF07633002	404119CA5	HCA INC 3.500% 09/01/2030 DD 02/26/20	145,000.000	130,956.75	137,127.95	6,171.20
DCPF07633002	404119CT4	HCA INC 5.450% 04/01/2031 DD 02/23/24	685,000.000	690,130.55	705,036.25	14,905.70
DCPF07633002	42824CAW9	HEWLETT PACKARD ENTERPRISE CO VAR RT 10/15/2025 DD 10/15/16	350,000.000	347,130.00	349,986.00	2,856.00
DCPF07633002	42824CBV0	HEWLETT PACKARD ENTERPRISE CO 5.000% 10/15/2034 DD 09/26/24	345,000.000	339,390.10	334,846.65	(4,543.45)
DCPF07633002	444859BY7	HUMANA INC 5.950% 03/15/2034 DD 11/09/23	65,000.000	66,633.45	67,589.60	956.15
DCPF07633002	446150BD5	HUNTINGTON BANCSHARES INC/OH VAR RT 02/02/2035 DD 02/02/24	430,000.000	430,860.00	439,490.10	8,630.10
DCPF07633002	44701QBE1	HUNTSMAN INTERNATIONAL LLC 4.500% 05/01/2029 DD 03/13/19	125,000.000	118,507.50	118,545.00	37.50
DCPF07633002	44855PAA6	*HUDSON YARDS 2025- SPRL A 144A VAR RT 01/13/2040 DD 01/01/25	265,000.000	267,281.06	273,132.85	5,851.79
DCPF07633002	44855PAC2	*HUDSON YARDS 2025- SPRL B 144A VAR RT 01/13/2040 DD 01/01/25	125,000.000	126,118.16	128,706.25	2,588.09
DCPF07633002	45006HAA9	*IRV TRUST 2025-200 200P A 144A VAR RT 03/14/2047 DD 02/01/25	300,000.000	300,000.00	303,378.00	3,378.00
DCPF07633002	45661XAB8	INDYMAC INDX MORTGAGE AR13 A2 VAR RT 07/25/2036 DD 05/25/06	177,443.773	116,919.49	116,032.26	(887.23)
DCPF07633002	458140CJ7	INTEL CORP 5.700% 02/10/2053 DD 02/10/23	200,000.000	187,627.75	186,396.00	(1,231.75)
DCPF07633002	459506AQ4	INTERNATIONAL FLAVORS & F 144A 2.300% 11/01/2030 DD	172,000.000	143,520.24	151,917.28	8,397.04



Schedule of Investments at End of Plan Year at Revalued Cost

CARP PEN COMBINED - DCPG71657100

07/01/2024 - 06/30/2025

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
	09/16/20				
DCPF07633002	46188BAG7 INVITATION HOMES OPERATING PAR 4.875% 02/01/2035 DD 09/26/24	450,000.000	435,177.00	436,072.50	895.50
DCPF07633002	46653PAC1 *JP MORGAN MORTGAGE T 6 A3 144A VAR RT 10/25/2051 DD 04/01/21	191,740.072	152,943.39	156,185.71	3,242.32
DCPF07633002	47837RAE0 JOHNSON CONTROLS INTERNATIONAL 4.900% 12/01/2032 DD 09/14/22	75,000.000	73,276.50	75,405.00	2,128.50
DCPF07633002	49271VAF7 KEURIG DR PEPPER INC 4.597% 05/25/2028 DD 05/25/19	325,000.000	318,591.00	327,580.50	8,989.50
DCPF07633002	49271VAR1 KEURIG DR PEPPER INC 4.500% 04/15/2052 DD 04/22/22	203,000.000	168,417.47	167,442.52	(974.95)
DCPF07633002	50077KAA6 *KRE COMMERCIAL MOR AIP4 A 144A VAR RT 03/15/2042 DD 03/18/25	550,000.000	550,000.00	548,625.00	(1,375.00)
DCPF07633002	50077LAV8 KRAFT HEINZ FOODS CO 3.750% 04/01/2030 DD 10/01/20	185,000.000	172,843.65	179,070.75	6,227.10
DCPF07633002	501044DV0 KROGER CO/THE 5.000% 09/15/2034 DD 08/27/24	368,000.000	363,378.98	365,376.16	1,997.18
DCPF07633002	502431AU3 L3HARRIS TECHNOLOGIES INC 5.350% 06/01/2034 DD 03/13/24	430,000.000	442,448.50	439,524.50	(2,924.00)
DCPF07633002	50540RBB7 LABORATORY CORP OF AMERICA HOL 4.800% 10/01/2034 DD 09/23/24	67,000.000	65,169.78	65,514.61	344.83
DCPF07633002	548661DP9 LOWE'S COS INC 3.100% 05/03/2027 DD 05/03/17	50,000.000	47,345.50	49,030.50	1,685.00
DCPF07633002	548661DZ7 LOWE'S COS INC 3.000% 10/15/2050 DD 10/22/20	25,000.000	15,742.00	15,579.00	(163.00)
DCPF07633002	548661EH6 LOWE'S COS INC 3.750% 04/01/2032 DD 03/24/22	500,000.000	454,740.00	471,695.00	16,955.00
DCPF07633002	548661EJ2 LOWE'S COS INC 4.250% 04/01/2052 DD 03/24/22	250,000.000	196,659.00	195,840.00	(819.00)
DCPF07633002	548661EL7 LOWE'S COS INC 5.000% 04/15/2033 DD 09/08/22	350,000.000	344,963.50	353,724.00	8,760.50
DCPF07633002	55261FAR5 M&T BANK CORP VAR RT 01/27/2034 DD 01/27/23	235,000.000	217,896.70	231,658.30	13,761.60
DCPF07633002	55261FAS3 M&T BANK CORP VAR RT 10/30/2029 DD 10/30/23	330,000.000	347,367.90	357,845.40	10,477.50
DCPF07633002	55336VAM2 MPLX LP 4.500% 04/15/2038 DD 02/08/18	100,000.000	87,523.00	88,398.00	875.00
DCPF07633002	55903VBC6 WARNERMEDIA HOLDINGS INC 4.279% 03/15/2032 DD 03/15/23	131,000.000	115,219.59	97,431.25	(17,788.34)
DCPF07633002	571903BG7 MARRIOTT INTERNATIONAL INC/MD 2.850% 04/15/2031 DD 03/05/21	675,000.000	590,261.00	612,717.75	22,456.75
DCPF07633002	574599BS4 MASCO CORP 1.500% 02/15/2028 DD 03/04/21	100,000.000	87,716.00	92,808.00	5,092.00
DCPF07633002	58013MFH2 MCDONALD'S CORP 4.450% 09/01/2048 DD 08/15/18	25,000.000	21,076.75	20,829.75	(247.00)
DCPF07633002	58013MFR0 MCDONALD'S CORP 4.200% 04/01/2050 DD 03/27/20	50,000.000	40,075.00	39,746.50	(328.50)
DCPF07633002	59284MAB0 MEXICO CITY AIRPORT TRUST 144A 5.500% 10/31/2046 DD 09/29/16	200,000.000	165,692.00	165,642.00	(50.00)
DCPF07633002	61747YEF8 MORGAN STANLEY VAR RT 09/16/2036 DD 09/16/21	275,000.000	217,857.75	233,604.25	15,746.50
DCPF07633002	61761JZN2 MORGAN STANLEY 3.950% 04/23/2027 DD 04/23/15	51,000.000	49,261.92	50,676.15	1,414.23
DCPF07633002	62954HBA5 NXP BV / NXP FUNDING LLC / NXP 2.500% 05/11/2031 DD 05/11/22	525,000.000	445,198.00	463,601.25	18,403.25
DCPF07633002	65473PAJ4 NISOURCE INC 3.600% 05/01/2030 DD 04/13/20	250,000.000	233,749.50	239,750.00	6,000.50
DCPF07633002	65473QBE2 NISOURCE INC 3.490% 05/15/2027 DD 05/22/17	550,000.000	524,804.50	541,414.50	16,610.00
DCPF07633002	666807BN1 NORTHROP GRUMMAN CORP 3.250% 01/15/2028 DD 10/13/17	425,000.000	400,426.50	415,140.00	14,713.50
DCPF07633002	674599DE2 OCCIDENTAL PETROLEUM CORP 7.875% 09/15/2031 DD 09/15/19	270,000.000	301,061.60	302,651.10	1,589.50
DCPF07633002	674599DF9 OCCIDENTAL PETROLEUM CORP 6.450% 09/15/2036 DD 09/15/19	40,000.000	41,804.00	40,886.00	(918.00)
DCPF07633002	677415CS8 OHIO POWER CO 2.600% 04/01/2030 DD 03/17/20	75,000.000	65,369.25	69,035.25	3,666.00
DCPF07633002	68389XBV6 ORACLE CORP 2.950% 04/01/2030 DD 04/01/20	46,000.000	40,940.92	42,910.18	1,969.26
DCPF07633002	68389XBW4 ORACLE CORP 3.600% 04/01/2040 DD 04/01/20	75,000.000	57,862.50	60,018.75	2,156.25
DCPF07633002	68389XCE3 ORACLE CORP 2.875% 03/25/2031 DD 03/24/21	525,000.000	454,046.25	478,642.50	24,596.25



Schedule of Investments at End of Plan Year at Revalued Cost

CARP PEN COMBINED - DCPG71657100

07/01/2024 - 06/30/2025

	Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
DCPF07633002	68389XCQ6	ORACLE CORP 5.550% 02/06/2053 DD 02/06/23	582,000.000	549,965.46	547,871.52	(2,093.94)
DCPF07633002	68902VAJ6	OTIS WORLDWIDE CORP 2.293% 04/05/2027 DD 02/27/20	75,000.000	69,538.50	72,560.25	3,021.75
DCPF07633002	68902VAK3	OTIS WORLDWIDE CORP 2.565% 02/15/2030 DD 08/15/20	525,000.000	461,086.50	484,197.00	23,110.50
DCPF07633002	694308JJ7	PACIFIC GAS AND ELECTRIC CO 3.500% 08/01/2050 DD 06/19/20	100,000.000	65,642.00	64,220.00	(1,422.00)
DCPF07633002	709599CA0	PENSKE TRUCK LEASING CO L 144A 5.250% 07/01/2029 DD 06/21/24	140,000.000	138,905.20	143,322.20	4,417.00
DCPF07633002	71427QAB4	PERNOD RICARD INTERNATIONAL 144A 1.625% 04/01/2031 DD 10/01/20	545,000.000	442,567.25	459,456.80	16,889.55
DCPF07633002	72650RBN1	PLAINS ALL AMERICAN PIPELINE L 3.800% 09/15/2030 DD 06/11/20	75,000.000	68,562.75	71,679.75	3,117.00
DCPF07633002	74970WAA8	*ROCK TRUST 2024-CN CNTR A 144A 5.388% 11/13/2041 DD 10/01/24	100,000.000	100,000.00	102,204.00	2,204.00
DCPF07633002	74970WAC4	*ROCK TRUST 2024-CN CNTR B 144A 5.930% 11/13/2041 DD 10/01/24	150,000.000	149,999.99	154,596.00	4,596.01
DCPF07633002	75513ECW9	RTX CORP 6.100% 03/15/2034 DD 11/08/23	338,000.000	356,698.16	365,354.34	8,656.18
DCPF07633002	758750AN3	REGAL REXNORD CORP 6.300% 02/15/2030 DD 02/15/24	545,000.000	563,339.25	570,762.15	7,422.90
DCPF07633002	78081BAR4	ROYALTY PHARMA PLC 5.400% 09/02/2034 DD 06/10/24	405,000.000	395,140.30	410,410.80	15,270.50
DCPF07633002	785592AS5	SABINE PASS LIQUEFACTION LLC 5.000% 03/15/2027 DD 03/15/17	125,000.000	123,947.50	125,740.00	1,792.50
DCPF07633002	816851BG3	SEMPRA 3.400% 02/01/2028 DD 01/12/18	150,000.000	141,106.50	146,433.00	5,326.50
DCPF07633002	832696AW8	J M SMUCKER CO/THE 5.900% 11/15/2028 DD 10/25/23	230,000.000	237,012.70	241,546.00	4,533.30
DCPF07633002	832696AX6	J M SMUCKER CO/THE 6.200% 11/15/2033 DD 10/25/23	104,000.000	109,363.28	111,550.40	2,187.12
DCPF07633002	832696AZ1	J M SMUCKER CO/THE 6.500% 11/15/2053 DD 10/25/23	463,000.000	498,226.60	495,275.73	(2,950.87)
DCPF07633002	842587CV7	SOUTHERN CO/THE 3.250% 07/01/2026 DD 05/24/16	325,000.000	312,458.25	321,473.75	9,015.50
DCPF07633002	854502AH4	STANLEY BLACK & DECKER INC 4.250% 11/15/2028 DD 11/06/18	117,000.000	112,935.42	116,221.95	3,286.53
DCPF07633002	855244AR0	STARBUCKS CORP 4.000% 11/15/2028 DD 08/10/18	175,000.000	168,630.00	173,663.00	5,033.00
DCPF07633002	855244BC2	STARBUCKS CORP 3.000% 02/14/2032 DD 02/14/22	285,000.000	249,021.30	258,001.95	8,980.65
DCPF07633002	85917PAA5	STERIS IRISH FINCO UNLTD CO 2.700% 03/15/2031 DD 04/01/21	200,000.000	170,542.00	179,580.00	9,038.00
DCPF07633002	86765BAV1	ENERGY TRANSFER LP 5.400% 10/01/2047 DD 09/21/17	50,000.000	44,915.00	44,559.00	(356.00)
DCPF07633002	86944BAG8	SUTTER HEALTH 2.294% 08/15/2030 DD 10/29/20	60,000.000	51,477.00	54,181.20	2,704.20
DCPF07633002	871607AD9	SYNOPSYS INC 5.000% 04/01/2032 DD 03/17/25	212,000.000	211,484.84	214,711.48	3,226.64
DCPF07633002	871607AE7	SYNOPSYS INC 5.150% 04/01/2035 DD 03/17/25	157,000.000	156,781.32	158,540.17	1,758.85
DCPF07633002	87264AAV7	T-MOBILE USA INC 4.750% 02/01/2028 DD 01/25/18	50,000.000	49,242.00	49,976.50	734.50
DCPF07633002	87264ABD6	T-MOBILE USA INC 3.750% 04/15/2027 DD 04/15/21	534,000.000	518,747.33	528,403.68	9,656.35
DCPF07633002	87264ABF1	T-MOBILE USA INC 3.875% 04/15/2030 DD 04/15/21	675,000.000	631,408.50	655,546.50	24,138.00
DCPF07633002	87264ABT1	T-MOBILE USA INC 2.875% 02/15/2031 DD 01/14/21	175,000.000	151,751.25	159,209.75	7,458.50
DCPF07633002	87264ABW4	T-MOBILE USA INC 3.500% 04/15/2031 DD 03/23/21	175,000.000	157,557.75	164,241.00	6,683.25
DCPF07633002	87264ACV5	T-MOBILE USA INC 5.200% 01/15/2033 DD 09/15/22	175,000.000	173,468.75	178,242.75	4,774.00
DCPF07633002	874054AG4	TAKE-TWO INTERACTIVE SOFTWARE 3.700% 04/14/2027 DD 04/14/22	150,000.000	144,219.00	148,510.50	4,291.50
DCPF07633002	89788MAN2	TRUIST FINANCIAL CORP VAR RT 06/08/2027 DD 06/08/23	70,000.000	70,493.50	70,935.90	442.40
DCPF07633002	90265EAT7	UDR INC 2.100% 08/01/2032 DD 07/21/20	50,000.000	39,203.00	41,420.00	2,217.00
DCPF07633002	913017CP2	RTX CORP 4.050% 05/04/2047 DD 05/04/17	50,000.000	39,485.00	39,920.00	435.00
DCPF07633002	913017CY3	RTX CORP 4.125% 11/16/2028 DD 08/16/18	125,000.000	120,395.00	124,482.50	4,087.50



Schedule of Investments at End of Plan Year at Revalued Cost

CARP PEN COMBINED - DCPG71657100

07/01/2024 - 06/30/2025

	Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
DCPF07633002	92343VGJ7	VERIZON COMMUNICATIONS INC 2.550% 03/21/2031 DD 03/22/21	500,000.000	430,211.00	448,415.00	18,204.00
DCPF07633002	92343VGN8	VERIZON COMMUNICATIONS INC 2.355% 03/15/2032 DD 03/15/22	133,000.000	108,942.96	114,653.98	5,711.02
DCPF07633002	92936UAF6	WP CAREY INC 3.850% 07/15/2029 DD 06/14/19	125,000.000	116,813.75	121,607.50	4,793.75
DCPF07633002	92936UAG4	WP CAREY INC 2.400% 02/01/2031 DD 10/14/20	275,000.000	233,120.50	241,686.50	8,566.00
DCPF07633002	94106LBN8	WASTE MANAGEMENT INC 1.150% 03/15/2028 DD 11/17/20	100,000.000	87,379.00	92,648.00	5,269.00
DCPF07633002	94990FAE1	*WELLS FARGO COMMERCIAL C63 A5 5.309% 08/15/2057 DD 08/01/24	400,000.000	422,187.50	408,520.00	(13,667.50)
DCPF07633002	95003TAU7	*WELLS FARGO COMME MGP B12 144A VAR RT 08/15/2041 DD 08/15/24	100,000.000	99,750.00	98,500.00	(1,250.00)
DCPF07633002	958254AD6	WESTERN MIDSTREAM OPERATING LP 5.450% 04/01/2044 DD 03/20/14	25,000.000	22,568.50	21,805.50	(763.00)
DCPF07633002	958254AJ3	WESTERN MIDSTREAM OPERATING LP 5.300% 03/01/2048 DD 03/02/18	20,000.000	17,291.40	16,751.20	(540.20)
DCPF07633002	969457CJ7	WILLIAMS COS INC/THE 5.650% 03/15/2033 DD 03/02/23	375,000.000	379,287.50	389,718.75	10,431.25
DCPF07633002	970648AJ0	WILLIS NORTH AMERICA INC 2.950% 09/15/2029 DD 09/10/19	75,000.000	67,215.75	70,585.50	3,369.75
DCPF07633002	98138HAH4	WORKDAY INC 3.700% 04/01/2029 DD 04/01/22	325,000.000	308,569.75	317,398.25	8,828.50
DCPF07633002	L7909CAE7	RAIZEN FUELS FINANCE SA REGS 5.700% 01/17/2035 DD 09/17/24	200,000.000	188,700.00	186,524.00	(2,176.00)
DCPF07633002	NABM8MS80	*GALAXY PIPELINE ASSETS BI REGS 2.940% 09/30/2040	273,804.400	219,263.57	224,220.30	4,956.73
DCPF07653702	00166NAA7	*ALTDE 2025-1 TRUST 1A A 144A 5.900% 08/15/2050 DD 03/04/25	401,542.398	401,527.21	409,364.44	7,837.23
DCPF07653702	00192NAA5	*AOA 2021-1177 MORT 1177 A 144A VAR RT 10/15/2038 DD 11/04/21	735,000.000	689,907.75	720,469.05	30,561.30
DCPF07653702	00206RKA9	AT&T INC 3.650% 06/01/2051 DD 05/28/20	430,000.000	305,338.70	305,936.40	597.70
DCPF07653702	00206RLJ9	AT&T INC 3.550% 09/15/2055 DD 03/15/21	53,000.000	35,939.83	35,832.77	(107.06)
DCPF07653702	00206RLV2	AT&T INC 3.650% 09/15/2059 DD 03/15/21	172,000.000	115,684.96	115,587.44	(97.52)
DCPF07653702	00206RMN9	AT&T INC 3.800% 12/01/2057 DD 06/01/21	205,000.000	143,799.30	143,688.60	(110.70)
DCPF07653702	00253XAA9	AMERICAN AIRLINES INC/AAD 144A 5.500% 04/20/2026 DD 03/24/21	71,666.667	70,365.19	71,503.27	1,138.08
DCPF07653702	00253XAB7	AMERICAN AIRLINES INC/AAD 144A 5.750% 04/20/2029 DD 03/24/21	290,000.000	284,767.25	290,397.30	5,630.05
DCPF07653702	00774MAW5	AERCAP IRELAND CAPITAL DAC / A 3.000% 10/29/2028 DD 10/29/21	220,000.000	200,032.80	209,550.00	9,517.20
DCPF07653702	00774MBJ3	AERCAP IRELAND CAPITAL DAC / A 5.100% 01/19/2029 DD 01/11/24	430,000.000	427,982.90	437,632.50	9,649.60
DCPF07653702	00914AAB8	AIR LEASE CORP 3.750% 06/01/2026 DD 05/23/19	665,000.000	642,523.00	660,531.20	18,008.20
DCPF07653702	00914AAS1	AIR LEASE CORP 2.875% 01/15/2032 DD 01/12/22	1,065,000.000	896,341.75	945,698.70	49,356.95
DCPF07653702	00928QAU5	AIRCASLE LTD 144A 2.850% 01/26/2028 DD 01/26/21	665,000.000	601,951.35	633,006.85	31,055.50
DCPF07653702	02220AAA5	ALUMINA PTY LTD 144A 6.125% 03/15/2030 DD 03/17/25	540,000.000	540,000.00	548,224.20	8,224.20
DCPF07653702	024747AG2	AMERICAN BUILDERS & CONTR 144A 3.875% 11/15/2029 DD 05/13/21	90,000.000	80,508.60	85,137.30	4,628.70
DCPF07653702	02666TAD9	AMERICAN HOMES 4 RENT LP 3.375% 07/15/2051 DD 07/08/21	55,000.000	36,022.80	36,282.40	259.60
DCPF07653702	031162DU1	AMGEN INC 5.750% 03/02/2063 DD 03/02/23	585,000.000	575,023.20	569,322.00	(5,701.20)
DCPF07653702	03217KAB4	SITIOS LATINOAMERICA SAB 144A 5.375% 04/04/2032 DD 04/04/22	695,000.000	649,174.20	685,415.95	36,241.75
DCPF07653702	034863AY6	ANGLO AMERICAN CAPITAL PL 144A 3.950% 09/10/2050 DD 09/10/20	200,000.000	148,324.00	148,408.00	84.00



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CARP PEN COMBINED - DCPG71657100

07/01/2024 - 06/30/2025

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
DCPF07653702	03666HAC5 ANTARES HOLDINGS LP 144A 3.950% 07/15/2026 DD 01/26/21	250,000.000	236,322.50	245,867.50	9,545.00
DCPF07653702	03666HAH4 ANTARES HOLDINGS LP 144A 6.350% 10/23/2029 DD 10/23/24	830,000.000	827,365.70	838,449.40	11,083.70
DCPF07653702	039853AA4 ARDONAGH FINCO LTD 144A 7.750% 02/15/2031 DD 02/16/24	855,000.000	854,086.35	893,859.75	39,773.40
DCPF07653702	04010LBA0 ARES CAPITAL CORP 2.150% 07/15/2026 DD 01/13/21	785,000.000	725,583.35	765,006.05	39,422.70
DCPF07653702	04010LBH5 ARES CAPITAL CORP 5.800% 03/08/2032 DD 01/08/25	745,000.000	738,058.85	740,649.20	2,590.35
DCPF07653702	04365XAA6 ASCOT GROUP LTD 144A 4.250% 12/15/2030 DD 12/15/20	200,000.000	166,370.00	183,644.00	17,274.00
DCPF07653702	05401AAP6 AVOLON HOLDINGS FUNDING L 144A 2.750% 02/21/2028 DD 01/21/21	645,000.000	592,348.05	612,001.80	19,653.75
DCPF07653702	05401AAZ4 AVOLON HOLDINGS FUNDING L 144A 5.375% 05/30/2030 DD 03/27/25	165,000.000	164,344.95	168,072.30	3,727.35
DCPF07653702	055451BL1 BHP BILLITON FINANCE USA LTD 5.300% 02/21/2035 DD 02/21/25	340,000.000	338,697.80	347,153.60	8,455.80
DCPF07653702	05555LAC5 BGC GROUP INC 144A 6.150% 04/02/2030 DD 04/02/25	170,000.000	169,739.90	172,339.20	2,599.30
DCPF07653702	05964HAM7 BANCO SANTANDER SA 2.958% 03/25/2031 DD 03/25/21	200,000.000	171,224.00	182,508.00	11,284.00
DCPF07653702	06051GMD8 BANK OF AMERICA CORP VAR RT 10/25/2035 DD 10/25/24	810,000.000	807,786.25	810,947.70	3,161.45
DCPF07653702	06738EBS3 BARCLAYS PLC VAR RT 03/10/2042 DD 03/10/21	730,000.000	564,530.90	572,998.90	8,468.00
DCPF07653702	06738ECG8 BARCLAYS PLC VAR RT 05/09/2034 DD 05/09/23	200,000.000	207,304.00	212,020.00	4,716.00
DCPF07653702	07317QAK1 BAYTEX ENERGY CORP 144A 7.375% 03/15/2032 DD 04/01/24	540,000.000	542,314.15	515,813.40	(26,500.75)
DCPF07653702	097023CV5 BOEING CO/THE 5.705% 05/01/2040 DD 05/04/20	860,000.000	800,362.20	848,665.20	48,303.00
DCPF07653702	097023DQ5 BOEING CO/THE 6.298% 05/01/2029 DD 11/01/24	240,000.000	244,203.05	253,610.40	9,407.35
DCPF07653702	097023DT9 BOEING CO/THE 6.858% 05/01/2054 DD 11/01/24	205,000.000	213,343.65	224,712.80	11,369.15
DCPF07653702	097751CC3 BOMBARDIER INC 144A 7.000% 06/01/2032 DD 06/05/24	310,000.000	314,848.70	322,908.40	8,059.70
DCPF07653702	10552TAH0 BRF SA 144A 5.750% 09/21/2050 DD 09/21/20	670,000.000	539,168.10	544,301.30	5,133.20
DCPF07653702	10554CAA0 BRASKEM AMERICA FINANCE C 144A 7.125% 07/22/2041 DD 07/22/11	1,025,000.000	908,490.50	742,397.25	(166,093.25)
DCPF07653702	10922NAG8 BRIGHTHOUSE FINANCIAL INC 5.625% 05/15/2030 DD 05/15/20	620,000.000	622,995.50	635,605.40	12,609.90
DCPF07653702	1248EPCP6 CCO HOLDINGS LLC / CCO HO 144A 4.250% 01/15/2034 DD 08/16/21	775,000.000	597,486.50	689,928.25	92,441.75
DCPF07653702	126650DY3 CVS HEALTH CORP 5.300% 06/01/2033 DD 06/02/23	295,000.000	288,618.50	297,584.20	8,965.70
DCPF07653702	14040HDA0 CAPITAL ONE FINANCIAL CORP VAR RT 06/08/2034 DD 06/08/23	1,070,000.000	1,102,917.05	1,139,357.40	36,440.35
DCPF07653702	151191BR3 CELULOSA ARAUCO Y CONSTIT 144A 6.180% 05/05/2032 DD 05/05/25	285,000.000	285,000.00	290,301.00	5,301.00
DCPF07653702	17288XAC8 CITADEL LP 144A 6.375% 01/23/2032 DD 01/23/25	85,000.000	85,306.30	88,746.80	3,440.50
DCPF07653702	17288XAD6 CITADEL LP 144A 6.000% 01/23/2030 DD 01/23/25	70,000.000	69,545.00	72,363.20	2,818.20
DCPF07653702	17328CAD4 CITIGROUP COMMERCIAL MOR C7 A4 3.102% 12/15/2072 DD 12/01/19	660,000.000	592,105.80	617,555.40	25,449.60
DCPF07653702	17888HAC7 CIVITAS RESOURCES INC 144A 8.625% 11/01/2030 DD 10/17/23	230,000.000	241,199.75	233,500.60	(7,699.15)
DCPF07653702	18539UAD7 CLEARWAY ENERGY OPERATING 144A 3.750% 02/15/2031 DD 03/09/21	535,000.000	467,993.90	491,220.95	23,227.05
DCPF07653702	20039FAA7 COMETA ENERGIA SA DE CV 144A 6.375% 04/24/2035 DD 04/24/18	531,000.000	514,194.53	547,179.57	32,985.04
DCPF07653702	219350BQ7 CORNING INC 5.450% 11/15/2079 DD 11/19/19	730,000.000	675,063.60	671,125.50	(3,938.10)
DCPF07653702	225313AQ8 CREDIT AGRICOLE SA 144A VAR RT 01/10/2035 DD 01/10/24	385,000.000	388,022.25	400,473.15	12,450.90
DCPF07653702	22822VAQ4 CROWN CASTLE INC 4.150% 07/01/2050 DD 04/03/20	45,000.000	35,132.85	34,438.50	(694.35)
DCPF07653702	233293AQ2 DPL LLC/OHIO 4.350% 04/15/2029 DD 04/15/20	115,000.000	107,185.75	111,287.80	4,102.05
DCPF07653702	24023AAA8 *DC COMMERCIAL MORTGA DC A 144A 6.314% 09/12/2040 DD	300,000.000	307,665.00	312,948.00	5,283.00



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CARP PEN COMBINED - DCPG71657100

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	Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
		08/01/23				
DCPF07653702	251526CE7	DEUTSCHE BANK AG/NEW YORK NY VAR RT 11/24/2026 DD 11/24/20	350,000.000	332,160.50	346,437.00	14,276.50
DCPF07653702	251526CF4	DEUTSCHE BANK AG/NEW YORK NY VAR RT 01/14/2032 DD 01/14/21	320,000.000	270,150.40	293,100.80	22,950.40
DCPF07653702	25160PAG2	DEUTSCHE BANK AG/NEW YORK NY VAR RT 01/07/2033 DD 01/07/22	375,000.000	309,045.00	337,511.25	28,466.25
DCPF07653702	253393AG7	DICK'S SPORTING GOODS INC 4.100% 01/15/2052 DD 01/14/22	480,000.000	341,786.65	343,296.00	1,509.35
DCPF07653702	25755TAJ9	DOMINO'S PIZZA MAS 1A A2I 144A 4.116% 07/25/2048 DD 04/24/18	246,350.000	240,432.67	245,561.68	5,129.01
DCPF07653702	26884LAF6	EQT CORP 3.900% 10/01/2027 DD 10/04/17	183,000.000	174,911.40	180,564.27	5,652.87
DCPF07653702	26884LAL3	EQT CORP 5.000% 01/15/2029 DD 11/16/20	75,000.000	74,407.65	75,615.75	1,208.10
DCPF07653702	26884LAY5	EQT CORP 144A 6.375% 04/01/2029 DD 04/01/25	385,000.000	398,871.55	397,062.05	(1,809.50)
DCPF07653702	26884UAG4	EPR PROPERTIES 3.600% 11/15/2031 DD 10/27/21	225,000.000	189,594.35	204,345.00	14,750.65
DCPF07653702	277432AZ3	EASTMAN CHEMICAL CO 5.000% 08/01/2029 DD 08/01/24	375,000.000	372,926.25	380,332.50	7,406.25
DCPF07653702	279158AV1	ECOPETROL SA 8.375% 01/19/2036 DD 01/19/24	420,000.000	411,823.25	405,027.00	(6,796.25)
DCPF07653702	279158AW9	ECOPETROL SA 7.750% 02/01/2032 DD 10/21/24	355,000.000	354,091.20	349,202.85	(4,888.35)
DCPF07653702	283837AC6	EL PUERTO DE LIVERPOOL SA 144A 6.255% 01/22/2032 DD 01/22/25	400,000.000	401,300.00	414,804.00	13,504.00
DCPF07653702	283837AD4	EL PUERTO DE LIVERPOOL SA 144A 6.658% 01/22/2037 DD 01/22/25	345,000.000	345,000.00	355,143.00	10,143.00
DCPF07653702	29082HAE2	EMBRAER NETHERLANDS FINANCE BV 5.980% 02/11/2035 DD 02/11/25	335,000.000	333,954.80	345,318.00	11,363.20
DCPF07653702	29273RAP4	ENERGY TRANSFER LP 6.050% 06/01/2041 DD 05/12/11	260,000.000	256,419.10	260,241.80	3,822.70
DCPF07653702	29273RAT6	ENERGY TRANSFER LP 5.150% 02/01/2043 DD 01/22/13	770,000.000	678,816.25	673,326.50	(5,489.75)
DCPF07653702	29274FAF1	ENEL AMERICAS SA 4.000% 10/25/2026 DD 10/25/16	195,000.000	187,006.95	193,469.25	6,462.30
DCPF07653702	29364GAL7	ENTERGY CORP 2.800% 06/15/2030 DD 05/19/20	260,000.000	227,996.15	240,058.00	12,061.85
DCPF07653702	294429AG0	EQUIFAX INC 7.000% 07/01/2037 DD 06/28/07	95,000.000	105,791.05	106,432.30	641.25
DCPF07653702	294429AR6	EQUIFAX INC 2.600% 12/15/2025 DD 04/27/20	140,000.000	134,110.20	138,709.20	4,599.00
DCPF07653702	30227FAA8	*EXTENDED STAY AMERI ESH A 144A VAR RT 07/15/2038 DD 07/08/21	223,009.212	222,172.91	223,078.35	905.44
DCPF07653702	30227FAJ9	*EXTENDED STAY AMERI ESH D 144A VAR RT 07/15/2038 DD 07/08/21	85,772.774	85,716.50	85,879.99	163.49
DCPF07653702	30251GBC0	FORTESCUE TREASURY PTY LT 144A 4.375% 04/01/2031 DD 03/25/21	375,000.000	335,133.75	350,043.75	14,910.00
DCPF07653702	302635AG2	FS KKR CAPITAL CORP 3.400% 01/15/2026 DD 12/10/20	605,000.000	575,609.10	599,682.05	24,072.95
DCPF07653702	302635AH0	FS KKR CAPITAL CORP 2.625% 01/15/2027 DD 06/17/21	135,000.000	128,312.10	129,442.05	1,129.95
DCPF07653702	30607FAA8	FALABELLA SA 144A 3.375% 01/15/2032 DD 10/15/21	355,000.000	287,663.60	309,737.50	22,073.90
DCPF07653702	33938XAF2	FLEX LTD 5.250% 01/15/2032 DD 08/21/24	95,000.000	91,045.15	95,999.40	4,954.25
DCPF07653702	345397C43	FORD MOTOR CREDIT CO LLC 6.950% 03/06/2026 DD 01/06/23	210,000.000	213,383.10	212,009.70	(1,373.40)
DCPF07653702	345397D67	FORD MOTOR CREDIT CO LLC 7.122% 11/07/2033 DD 11/07/23	230,000.000	243,606.80	238,737.70	(4,869.10)
DCPF07653702	346232AF8	FORESTAR GROUP INC 144A 3.850% 05/15/2026 DD 04/21/21	125,000.000	119,612.50	122,783.75	3,171.25
DCPF07653702	34966XAA6	FORTITUDE GROUP HOLDINGS 144A 6.250% 04/01/2030 DD 03/31/25	190,000.000	189,694.10	195,498.60	5,804.50
DCPF07653702	35040WAA5	*FOUNDATION FINANCE T 1A A 144A 4.950% 04/15/2050 DD 03/14/25	91,528.041	91,522.00	92,051.58	529.58
DCPF07653702	358070AB6	FRESNILLO PLC 144A 4.250% 10/02/2050 DD 10/02/20	705,000.000	512,796.30	513,825.15	1,028.85
DCPF07653702	35910EAK0	*FRONTIER ISSUER LLC 1 A2 144A 6.190% 06/20/2054 DD	540,000.000	540,426.60	555,967.80	15,541.20



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CARP PEN COMBINED - DCPG71657100

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	Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
		07/01/24				
DCPF07653702	361448BL6	GATX CORP 5.450% 09/15/2033 DD 05/03/23	585,000.000	578,424.60	596,881.35	18,456.75
DCPF07653702	361448BM4	GATX CORP 6.050% 03/15/2034 DD 09/08/23	150,000.000	156,915.00	158,497.50	1,582.50
DCPF07653702	36191YAJ7	GS MORTGAGE SECURIT GC5 C 144A VAR RT 08/10/2044 DD 10/01/11	345,000.000	265,660.35	303,734.55	38,074.20
DCPF07653702	37045XDS2	GENERAL MOTORS FINANCIAL CO IN 3.100% 01/12/2032 DD 01/11/22	375,000.000	315,708.75	329,527.50	13,818.75
DCPF07653702	37373WAE0	GERDAU TRADE INC 5.750% 06/09/2035 DD 06/09/25	345,000.000	344,817.15	345,241.50	424.35
DCPF07653702	378272CA4	GLENCORE FUNDING LLC 144A 5.673% 04/01/2035 DD 04/01/25	275,000.000	275,000.00	280,610.00	5,610.00
DCPF07653702	38141GFD1	GOLDMAN SACHS GROUP INC/THE 6.750% 10/01/2037 DD 10/03/07	585,000.000	632,751.45	642,821.40	10,069.95
DCPF07653702	38937LAB7	GRAY OAK PIPELINE LLC 144A 3.450% 10/15/2027 DD 09/15/20	30,000.000	28,228.20	29,340.90	1,112.70
DCPF07653702	404119CL1	HCA INC 4.625% 03/15/2052 DD 03/15/23	595,000.000	481,671.90	479,022.60	(2,649.30)
DCPF07653702	404119CU1	HCA INC 5.600% 04/01/2034 DD 02/23/24	180,000.000	176,421.60	184,212.00	7,790.40
DCPF07653702	404119DB2	HCA INC 5.750% 03/01/2035 DD 02/21/25	475,000.000	472,848.25	488,813.00	15,964.75
DCPF07653702	42704LAF1	HERC HOLDINGS INC 144A 7.000% 06/15/2030 DD 06/02/25	235,000.000	235,000.00	245,328.25	10,328.25
DCPF07653702	427096AN2	HERCULES CAPITAL INC 6.000% 06/16/2030 DD 06/16/25	500,000.000	494,470.10	498,885.00	4,414.90
DCPF07653702	42806MBW8	*HERTZ VEHICLE FINANC 2A A 144A 5.570% 09/25/2029 DD 03/02/23	255,000.000	254,260.50	260,209.65	5,949.15
DCPF07653702	42824CAX7	HEWLETT PACKARD ENTERPRISE CO VAR RT 10/15/2035 DD 10/15/16	695,000.000	732,585.40	735,045.90	2,460.50
DCPF07653702	44422PAU6	HUDSONS BAY SIMON HB7 A7 144A 3.914% 08/05/2034 DD 11/01/15	45,537.110	44,897.78	45,379.10	481.32
DCPF07653702	45344LAD5	CRESCENT ENERGY FINANCE L 144A 7.625% 04/01/2032 DD 03/26/24	685,000.000	687,431.75	668,875.10	(18,556.65)
DCPF07653702	46115HBQ9	INTESA SANPAOLO SPA 144A VAR RT 06/01/2032 DD 06/01/21	200,000.000	169,756.00	183,916.00	14,160.00
DCPF07653702	46115HCD7	INTESA SANPAOLO SPA 144A 7.200% 11/28/2033 DD 11/28/23	420,000.000	455,046.40	471,693.60	16,647.20
DCPF07653702	46284VAN1	IRON MOUNTAIN INC 144A 4.500% 02/15/2031 DD 08/18/20	330,000.000	297,894.30	314,526.30	16,632.00
DCPF07653702	466365AD5	JACK IN THE BOX FU 1A A2I 144A 3.445% 02/26/2052 DD 02/11/22	556,325.000	524,623.88	536,397.44	11,773.56
DCPF07653702	46656PAA2	JABIL INC 5.450% 02/01/2029 DD 04/13/23	90,000.000	90,039.60	92,269.80	2,230.20
DCPF07653702	47214BAD0	JBS USA HOLDING LUX SARL/ JBS 7.250% 11/15/2053 DD 11/15/24	995,000.000	1,091,475.50	1,119,693.40	28,217.90
DCPF07653702	48123VAF9	ZIFF DAVIS INC 144A 4.625% 10/15/2030 DD 10/07/20	552,000.000	500,854.54	515,385.84	14,531.30
DCPF07653702	49836AAB0	KLABIN AUSTRIA GMBH 144A 7.000% 04/03/2049 DD 04/03/19	425,000.000	431,018.00	431,145.50	127.50
DCPF07653702	501044DW8	KROGER CO/THE 5.500% 09/15/2054 DD 08/27/24	300,000.000	295,580.30	285,006.00	(10,574.30)
DCPF07653702	51817RAD8	LATAM AIRLINES GROUP SA 144A 7.875% 04/15/2030 DD 10/15/24	430,000.000	431,900.00	438,600.00	6,700.00
DCPF07653702	521865AZ8	LEAR CORP 5.250% 05/15/2049 DD 05/01/19	730,000.000	646,004.45	628,099.30	(17,905.15)
DCPF07653702	53079EBK9	LIBERTY MUTUAL GROUP INC 144A 3.950% 05/15/2060 DD 05/07/20	330,000.000	226,101.90	222,142.80	(3,959.10)
DCPF07653702	536797AF0	LITHIA MOTORS INC 144A 4.375% 01/15/2031 DD 10/09/20	245,000.000	219,279.40	232,884.75	13,605.35
DCPF07653702	552676AU2	MDC HOLDINGS INC 2.500% 01/15/2031 DD 01/11/21	780,000.000	692,070.60	682,858.80	(9,211.80)
DCPF07653702	552953CJ8	MGM RESORTS INTERNATIONAL 6.500% 04/15/2032 DD 04/09/24	505,000.000	503,143.85	513,125.45	9,981.60
DCPF07653702	55354LAA7	MSD INVESTMENT CORP 144A 6.250% 05/31/2030 DD 04/02/25	350,000.000	346,353.00	346,069.50	(283.50)
DCPF07653702	55389QAA5	MVW 2024-2 LLC 2A A 144A 4.430% 03/20/2042 DD 09/30/24	181,669.958	181,646.24	181,210.33	(435.91)



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CARP PEN COMBINED - DCPG71657100

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	Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
DCPF07653702	55609NAC2	MACQUARIE AIRFINANCE HOLD 144A 6.400% 03/26/2029 DD 03/26/24	90,000.000	94,182.20	93,939.30	(242.90)
DCPF07653702	56035LAH7	MAIN STREET CAPITAL CORP 6.950% 03/01/2029 DD 01/12/24	135,000.000	137,344.65	140,435.10	3,090.45
DCPF07653702	59151LAA4	METHANEX US OPERATIONS IN 144A 6.250% 03/15/2032 DD 11/22/24	545,000.000	529,819.70	542,640.15	12,820.45
DCPF07653702	59284BAD0	ORBIA ADVANCE CORP SAB DE 144A 6.750% 09/19/2042 DD 09/19/12	750,000.000	737,722.50	699,840.00	(37,882.50)
DCPF07653702	595112CE1	MICRON TECHNOLOGY INC 5.800% 01/15/2035 DD 01/16/25	540,000.000	540,601.20	558,846.00	18,244.80
DCPF07653702	595112CG6	MICRON TECHNOLOGY INC 5.650% 11/01/2032 DD 04/29/25	135,000.000	134,632.80	140,308.20	5,675.40
DCPF07653702	595112CH4	MICRON TECHNOLOGY INC 6.050% 11/01/2035 DD 04/29/25	95,000.000	94,905.00	99,451.70	4,546.70
DCPF07653702	600814AR8	*MILLICOM INTERNATIONAL CE 144A 4.500% 04/27/2031 DD 10/27/20	410,000.000	352,743.50	374,330.00	21,586.50
DCPF07653702	603374AF6	MINERVA LUXEMBOURG SA 144A 4.375% 03/18/2031 DD 03/18/21	430,000.000	354,668.30	383,353.60	28,685.30
DCPF07653702	608190AL8	MOHAWK INDUSTRIES INC 3.625% 05/15/2030 DD 05/14/20	40,000.000	36,671.20	38,285.20	1,614.00
DCPF07653702	63938CAK4	NAVIENT CORP 5.000% 03/15/2027 DD 01/27/20	230,000.000	219,525.80	228,974.20	9,448.40
DCPF07653702	63938CAL2	NAVIENT CORP 4.875% 03/15/2028 DD 02/02/21	230,000.000	221,370.40	226,674.20	5,303.80
DCPF07653702	63943BAA1	*NAVIGATOR AIRCRAFT AB 1 A 144A VAR RT 11/15/2046 DD 11/17/21	270,421.875	243,111.99	252,725.47	9,613.48
DCPF07653702	651639AZ9	NEWMONT CORP 2.600% 07/15/2032 DD 12/20/21	350,000.000	292,645.50	309,547.00	16,901.50
DCPF07653702	65473PAN5	NISOURCE INC 5.250% 03/30/2028 DD 03/24/23	155,000.000	154,899.25	158,650.25	3,751.00
DCPF07653702	65480CAF2	NISSAN MOTOR ACCEPTANCE C 144A 7.050% 09/15/2028 DD 09/15/23	270,000.000	280,012.95	275,807.70	(4,205.25)
DCPF07653702	67077MBB3	NUTRIEN LTD 5.800% 03/27/2053 DD 03/27/23	175,000.000	173,570.25	173,356.75	(213.50)
DCPF07653702	67091TAD7	OCP SA 144A 3.750% 06/23/2031 DD 06/23/21	265,000.000	228,098.75	237,410.85	9,312.10
DCPF07653702	67091TAF2	OCP SA 144A 6.750% 05/02/2034 DD 05/02/24	640,000.000	655,035.20	662,931.20	7,896.00
DCPF07653702	682691AH3	ONEMAIN FINANCE CORP 6.625% 05/15/2029 DD 11/04/24	715,000.000	717,766.15	734,440.85	16,674.70
DCPF07653702	68389XCB9	ORACLE CORP 4.100% 03/25/2061 DD 03/24/21	615,000.000	443,070.00	445,229.25	2,159.25
DCPF07653702	68560EAC2	ORBIA ADVANCE CORP SAB DE 144A 6.800% 05/13/2030 DD 05/13/25	330,000.000	329,778.90	337,260.00	7,481.10
DCPF07653702	691205AE8	BLUE OWL TECHNOLOGY FINAN 144A 3.750% 06/17/2026 DD 12/17/20	360,000.000	335,548.80	352,929.60	17,380.80
DCPF07653702	69121KAE4	BLUE OWL CAPITAL CORP 3.400% 07/15/2026 DD 12/08/20	480,000.000	452,289.60	472,224.00	19,934.40
DCPF07653702	69121KAF1	BLUE OWL CAPITAL CORP 2.625% 01/15/2027 DD 04/26/21	165,000.000	150,785.25	159,347.10	8,561.85
DCPF07653702	69121KAH7	BLUE OWL CAPITAL CORP 5.950% 03/15/2029 DD 01/22/24	480,000.000	481,326.40	482,395.20	1,068.80
DCPF07653702	69377FAB2	FREPORT INDONESIA PT 144A 5.315% 04/14/2032 DD 04/14/22	315,000.000	305,338.95	315,790.65	10,451.70
DCPF07653702	69784DAB4	*PAN AMERICAN ENERGY LLC/A 144A 9.125% 04/30/2027 DD 04/30/21	128,000.000	134,206.40	131,680.00	(2,526.40)
DCPF07653702	718172DB2	PHILIP MORRIS INTERNATIONAL IN 5.375% 02/15/2033 DD 02/15/23	895,000.000	890,417.60	924,758.75	34,341.15
DCPF07653702	71880KAA9	PHINIA INC 144A 6.750% 04/15/2029 DD 04/04/24	185,000.000	188,883.85	190,918.15	2,034.30
DCPF07653702	72703PAD5	PLANET FITNESS MAS 1A A2I 144A 3.251% 12/05/2051 DD 02/10/22	169,312.500	158,809.26	164,861.27	6,052.01
DCPF07653702	72703PAE3	PLANET FITNESS MA 1A A2II 144A 4.008% 12/05/2051 DD 02/10/22	411,187.500	360,641.22	379,443.83	18,802.61
DCPF07653702	74334FAA6	*PROGRESS RESIDENTI SFR1 A 144A 4.300% 03/17/2040 DD 02/23/23	124,723.469	120,015.16	123,829.20	3,814.04
DCPF07653702	74365PAE8	PROSUS NV 144A 3.832% 02/08/2051 DD 12/08/20	570,000.000	372,745.80	367,239.60	(5,506.20)



Schedule of Investments at End of Plan Year at Revalued Cost

CARP PEN COMBINED - DCPG71657100

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	Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
DCPF07653702	74365PAH1	PROSUS NV 144A 4.193% 01/19/2032 DD 01/19/22	495,000.000	437,471.10	463,641.75	26,170.65
DCPF07653702	74841CAB7	ROCKET MORTGAGE LLC / ROC 144A 3.875% 03/01/2031 DD 09/14/20	250,000.000	218,984.30	231,540.00	12,555.70
DCPF07653702	77311WAA9	ROCKET COS INC 144A 6.125% 08/01/2030 DD 06/20/25	490,000.000	490,000.00	499,074.80	9,074.80
DCPF07653702	78410GAG9	SBA COMMUNICATIONS CORP 3.125% 02/01/2029 DD 08/01/21	275,000.000	250,797.25	259,748.50	8,951.25
DCPF07653702	78450QAA1	*SMB PRIVATE EDUCATI A A1A 144A 5.380% 01/15/2053 DD 03/15/23	241,181.266	240,571.07	244,584.33	4,013.26
DCPF07653702	78454LAX8	SM ENERGY CO 144A 6.750% 08/01/2029 DD 07/25/24	280,000.000	280,267.30	278,947.20	(1,320.10)
DCPF07653702	78454LAY6	SM ENERGY CO 144A 7.000% 08/01/2032 DD 07/25/24	280,000.000	280,086.80	275,898.00	(4,188.80)
DCPF07653702	78573NAJ1	SABRE GLBL INC 144A 8.625% 06/01/2027 DD 09/07/23	27,000.000	24,842.43	27,674.19	2,831.76
DCPF07653702	78573NAL6	SABRE GLBL INC 144A 10.750% 11/15/2029 DD 11/25/24	27,000.000	29,067.93	27,743.85	(1,324.08)
DCPF07653702	80281LAV7	SANTANDER UK GROUP HOLDINGS PL VAR RT 04/15/2031 DD 01/15/25	810,000.000	812,476.00	834,923.70	22,447.70
DCPF07653702	80282KBC9	SANTANDER HOLDINGS USA INC VAR RT 01/06/2028 DD 01/06/22	540,000.000	504,760.00	522,666.00	17,906.00
DCPF07653702	80414L2M6	*SAUDI ARABIAN OIL CO 144A 3.500% 11/24/2070 DD 11/24/20	360,000.000	232,786.80	214,848.00	(17,938.80)
DCPF07653702	81685VAA1	SEMPRA INFRASTRUCTURE PAR 144A 3.250% 01/15/2032 DD 01/11/22	535,000.000	441,722.75	455,894.90	14,172.15
DCPF07653702	81728UAB0	SENSATA TECHNOLOGIES INC 144A 3.750% 02/15/2031 DD 08/17/20	355,000.000	312,971.60	323,561.20	10,589.60
DCPF07653702	829932AE2	SIXTH STREET LENDING PART 144A 6.125% 07/15/2030 DD 01/13/25	220,000.000	218,998.70	223,964.40	4,965.70
DCPF07653702	83012AAD1	SIXTH STREET SPECIALTY LENDING 5.625% 08/15/2030 DD 02/25/25	125,000.000	123,506.25	125,298.75	1,792.50
DCPF07653702	832248BC1	SMITHFIELD FOODS INC 144A 3.000% 10/15/2030 DD 09/15/20	55,000.000	46,738.45	49,951.55	3,213.10
DCPF07653702	833636AJ2	SOCIEDAD QUIMICA Y MINERA 144A 4.250% 01/22/2050 DD 01/22/20	430,000.000	332,101.90	324,637.10	(7,464.80)
DCPF07653702	833636AN3	SOCIEDAD QUIMICA Y MINERA 144A 6.500% 11/07/2033 DD 11/07/23	645,000.000	672,653.80	684,738.45	12,084.65
DCPF07653702	83368RBY7	SOCIETE GENERALE SA 144A VAR RT 01/19/2055 DD 01/19/24	510,000.000	490,421.10	520,103.10	29,682.00
DCPF07653702	853254CH1	STANDARD CHARTERED PLC 144A VAR RT 01/12/2033 DD 01/12/22	810,000.000	683,259.30	735,625.80	52,366.50
DCPF07653702	85571BBD6	STARWOOD PROPERTY TRUST I 144A 6.500% 07/01/2030 DD 12/27/24	285,000.000	285,534.90	294,430.65	8,895.75
DCPF07653702	86562MBP4	SUMITOMO MITSUI FINANCIAL GROU 3.040% 07/16/2029 DD 07/16/19	585,000.000	527,921.55	554,357.70	26,436.15
DCPF07653702	86722AAD5	SUNCOKE ENERGY INC 144A 4.875% 06/30/2029 DD 06/22/21	135,000.000	122,857.20	125,614.80	2,757.60
DCPF07653702	87162WAL4	TD SYNnex CORP 6.100% 04/12/2034 DD 04/12/24	150,000.000	151,255.20	157,777.50	6,522.30
DCPF07653702	87165BAW3	SYNCHRONY FINANCIAL VAR RT 03/06/2031 DD 03/06/25	200,000.000	200,000.00	201,758.00	1,758.00
DCPF07653702	87612GAK7	TARGA RESOURCES CORP 5.500% 02/15/2035 DD 08/09/24	155,000.000	154,325.45	155,530.10	1,204.65
DCPF07653702	88167AAE1	TEVA PHARMACEUTICAL FINANCE NE 3.150% 10/01/2026 DD 07/21/16	73,000.000	68,513.42	71,593.29	3,079.87
DCPF07653702	88167AAT8	TEVA PHARMACEUTICAL FINANCE NE 6.000% 12/01/2032 DD 05/28/25	200,000.000	198,512.00	204,240.00	5,728.00
DCPF07653702	88322YAB7	THAIOIL TREASURY CENTER C 144A 4.875% 01/23/2043 DD 04/10/18	835,000.000	723,577.60	680,341.30	(43,236.30)
DCPF07653702	88732JAY4	TIME WARNER CABLE LLC 5.875% 11/15/2040 DD 11/15/10	395,000.000	343,839.60	379,164.45	35,324.85
DCPF07653702	88732JBB3	TIME WARNER CABLE LLC 5.500% 09/01/2041 DD 09/12/11	340,000.000	288,015.20	309,355.80	21,340.60
DCPF07653702	89788MAP7	TRUIST FINANCIAL CORP VAR RT 06/08/2034 DD 06/08/23	255,000.000	257,412.30	266,365.35	8,953.05



Schedule of Investments at End of Plan Year at Revalued Cost

CARP PEN COMBINED - DCPG71657100

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Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
DCPF07653702	90932LAG2 UNITED AIRLINES INC 144A 4.375% 04/15/2026 DD 04/21/21	55,000.000	53,128.90	54,637.00	1,508.10
DCPF07653702	90932LAH0 UNITED AIRLINES INC 144A 4.625% 04/15/2029 DD 04/21/21	230,000.000	218,180.10	223,254.10	5,074.00
DCPF07653702	92556VAF3 VIATRIS INC 4.000% 06/22/2050 DD 06/22/21	115,000.000	77,897.55	76,679.70	(1,217.85)
DCPF07653702	928668CC4 VOLKSWAGEN GROUP OF AMERI 144A 6.450% 11/16/2030 DD 11/16/23	1,445,000.000	1,516,616.70	1,537,451.10	20,834.40
DCPF07653702	92936CAW9 WFRBS COMMERCIAL MOR C4 D 144A VAR RT 06/15/2044 DD 08/01/11	204,907.297	178,166.87	197,737.59	19,570.72
DCPF07653702	97064YAA2 *WILLIS ENGINE STRUCTU A A 144A 8.000% 10/15/2048 DD 10/31/23	512,554.252	541,426.42	527,807.87	(13,618.55)
DCPF07653702	98979QAA1 *ZIPLY FIBER ISSUER 1A A2 144A 6.640% 04/20/2054 DD 04/03/24	510,000.000	518,267.10	523,668.00	5,400.90
DCPF07653702	LMB94V7J8 GRUPO TELEVISA SAB 7.250% 05/14/2043	12,000,000.000	387,848.30	374,507.73	(13,340.57)
TOTAL CORPORATE DEBT INSTRUMENTS			115,917,761.71	118,530,324.03	2,612,562.32
CORPORATE STOCK - PREFERRED					
DCPF70400502	237992466 DATABRICKS INC SER PFD	1,216.000	1,216.00	1,216.00	0.00
TOTAL CORPORATE STOCK - PREFERRED			1,216.00	1,216.00	0.00
CORPORATE STOCK - COMMON					
DCPF07633702	656568508 NORTEL NETWORKS CORP	221.000	0.00	0.00	0.00
TOTAL CORPORATE STOCK - COMMON			0.00	0.00	0.00
PARTNERSHIP/JOINT VENTURE INTEREST					
DCPF40945202	99VVBWP35 GOLDENTREE MULTI-SECTOR FUND OFFSHORE ERISA LTD	83,229.825	186,049,203.88	197,659,123.44	11,609,919.56
DCPF43181302	99VVB56Y7 GCM LABOR IMPACT FEEDER FUND LP	29,399,274.300	31,756,413.64	29,399,274.30	(2,357,139.34)
DCPF43768802	99VVB79Q7 MACQUARIE INFRA GLB SOL II	27,581,997.190	26,558,998.49	27,581,997.19	1,022,998.70
TOTAL PARTNERSHIP/JOINT VENTURE INTEREST			244,364,616.01	254,640,394.93	10,275,778.92
OTHER INVESTMENTS					
DCPF07633002	02765UEQ3 AMERICAN MUNI PWR-OHIO INC OH 6.270% 02/15/2050 DD 05/23/11	220,000.000	233,376.25	226,162.20	(7,214.05)
DCPF07633002	13063A5G5 CALIFORNIA ST 7.550% 04/01/2039 DD 04/28/09	295,000.000	350,672.40	353,551.60	2,879.20
DCPF07633002	452152BM2 ILLINOIS ST 6.630% 02/01/2035 DD 02/04/10	11,538.462	12,015.34	12,120.58	105.24
DCPF07633002	452152GS4 ILLINOIS ST 7.350% 07/01/2035 DD 07/21/10	353,571.429	379,406.89	378,038.57	(1,368.32)
DCPF07633002	574205JJ0 MARYLAND ST ECON DEV CORP 5.433% 05/31/2056 DD 08/20/24	430,000.000	438,143.90	409,338.50	(28,805.40)
DCPF07633002	698299BW3 PANAMA GOVERNMENT INTERNATIONA 6.875% 01/31/2036 DD 10/04/23	200,000.000	195,272.00	198,602.00	3,330.00
DCPF07633002	715638DQ2 PERUVIAN GOVERNMENT INTERNATIO 2.780% 12/01/2060 DD 12/01/20	10,000.000	5,598.20	5,354.00	(244.20)
DCPF07633002	715638DR0 PERUVIAN GOVERNMENT INTERNATIO 3.230% 07/28/2121 DD 12/01/20	30,000.000	16,985.40	16,011.00	(974.40)
DCPF07633002	77586RAK6 ROMANIAN GOVERNMENT INTER 144A 3.000% 02/27/2027 DD 01/27/22	10,000.000	9,297.30	9,652.20	354.90
DCPF07633002	91086QBB3 MEXICO GOVERNMENT INTERNATIONA 4.750% 03/08/2044 DD 03/08/12	26,000.000	20,828.86	20,437.30	(391.56)



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CARP PEN COMBINED - DCPG71657100

07/01/2024 - 06/30/2025

	Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
DCPF07633002	91087BAN0	MEXICO GOVERNMENT INTERNATIONA 3.771% 05/24/2061 DD 11/24/20	200,000.000	122,226.00	117,190.00	(5,036.00)
DCPF07633002	91087BAS9	MEXICO GOVERNMENT INTERNATIONA 4.400% 02/12/2052 DD 01/12/22	231,000.000	168,399.00	161,665.35	(6,733.65)
DCPF07633002	NABMVVYM6	ROMANIAN GOVERNMENT INTER REGS 3.000% 02/14/2031	480,000.000	397,948.80	410,460.08	12,511.28
DCPF07653702	168863EE4	CHILE GOVERNMENT INTERNATIONAL 5.650% 01/13/2037 DD 01/13/25	1,005,000.000	1,000,419.80	1,035,150.00	34,730.20
DCPF07653702	195325EL5	COLOMBIA GOVERNMENT INTERNATIO 8.000% 11/14/2035 DD 11/14/23	200,000.000	205,720.00	200,858.00	(4,862.00)
DCPF07653702	195325ES0	COLOMBIA GOVERNMENT INTERNATIO 8.500% 04/25/2035 DD 04/25/25	365,000.000	358,999.40	378,680.20	19,680.80
DCPF07653702	25714PET1	DOMINICAN REPUBLIC INTERN 144A 7.050% 02/03/2031 DD 02/03/23	200,000.000	205,500.00	209,520.00	4,020.00
DCPF07653702	25714PEZ7	DOMINICAN REPUBLIC INTERN 144A 6.600% 06/01/2036 DD 07/01/24	150,000.000	149,206.50	150,825.00	1,618.50
DCPF07653702	760942BC5	URUGUAY GOVERNMENT INTERN 144A 8.500% 03/15/2028 DD 09/15/17	19,695,000.000	486,943.70	485,383.40	(1,560.30)
DCPF07653702	760942BF8	URUGUAY GOVERNMENT INTERNATION 9.750% 07/20/2033 DD 07/20/23	24,350,000.000	613,128.55	636,171.17	23,042.62
DCPF07653702	80413TBL2	SAUDI GOVERNMENT INTERNAT 144A 5.625% 01/13/2035 DD 01/13/25	340,000.000	337,208.60	354,579.20	17,370.60
DCPF07653702	836205BE3	REPUBLIC OF SOUTH AFRICA GOVER 7.300% 04/20/2052 DD 04/20/22	600,000.000	542,268.00	542,142.00	(126.00)
DCPF07653702	836205BF0	REPUBLIC OF SOUTH AFRICA 144A 7.100% 11/19/2036 DD 11/19/24	445,000.000	440,166.00	441,698.10	1,532.10
DCPF07653702	91087BAN0	MEXICO GOVERNMENT INTERNATIONA 3.771% 05/24/2061 DD 11/24/20	535,000.000	326,954.55	313,483.25	(13,471.30)
DCPF07653702	917288BM3	URUGUAY GOVERNMENT INTERNATION 8.250% 05/21/2031 DD 05/21/21	110,415,000.000	2,610,929.03	2,676,099.28	65,170.25
DCPF07653702	LBBNT8672	BRAZIL NOTAS DO TESOURO NACION 10.000% 01/01/2033	25,536,000.000	3,987,472.39	3,978,279.40	(9,192.99)
DCPF07653702	LMB4XH543	MEXICAN BONOS 8.500% 05/31/2029	10,129,900.000	493,965.74	534,388.15	40,422.41
DCPF07653702	LMBYNMJL4	MEXICAN BONOS 5.750% 03/05/2026	16,877,500.000	853,017.31	878,519.79	25,502.48
DCPF07653702	LUBDH4831	URUGUAY GOVERNMENT INTERN REGS 8.500% 03/15/2028	2,690,000.000	66,508.18	66,295.07	(213.11)
TOTAL OTHER INVESTMENTS				15,028,578.09	15,200,655.39	172,077.30
COMMON/COLLECTIVE TRUST						
DCPF07633002	996115960	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	23,283,033.690	23,283,033.69	23,283,033.69	0.00
DCPF07633602	996115960	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	1,786,859.380	1,786,859.38	1,786,859.38	0.00
DCPF07633702	996115960	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	16,341,674.980	16,341,674.98	16,341,674.98	0.00
DCPF07653302	999F17335	NTGI-QM COLLECTIVE DAILY INTERMEDIATE GOVT/CREDIT BOND	4,985,236.110	135,960,598.01	185,485,679.94	49,525,081.93
DCPF07653702	996115960	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	2,960,575.280	2,960,575.28	2,960,575.28	0.00
DCPF07653802	999F93286	ULLICO - WORK FOR AMERICA FD	35,063,300.132	38,283,582.98	65,625,419.24	27,341,836.26
DCPF07654002	999F13417	CASH HELD ON DEPOSIT 0.000% 12/31/2049 DD 04/01/08	31,323.470	31,323.47	31,323.47	0.00
DCPF40945102	99VVBWB6	WORLD CREDIT ASSET TRUST	10,825,654.133	147,349,617.20	182,087,502.52	34,737,885.32
DCPF91786102	99VVB86L9	NEUBERGER BERMAN EMERGING MARKETS DEBT TRUST CLASS IV	6,000,000.000	60,000,000.00	65,040,000.00	5,040,000.00
DCPF94179702	996115960	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	1,209,106.910	1,209,106.91	1,209,106.91	0.00
DCPF95054302	99VCC3M0	INVESCO FUND	18,875,672.368	2,559,840,585.84	3,225,663,650.97	665,823,065.13



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CARP PEN COMBINED - DCPG71657100

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Security ID		Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
TOTAL COMMON/COLLECTIVE TRUST				2,987,046,957.74	3,769,514,826.38	782,467,868.64
REGISTERED INVESTMENT COMPANIES						
DCPF07654202	999257785	COLTV SHORT TERM INVT FD	10,000.000	10,000.00	10,000.00	0.00
DCPF07654902	722005626	PIMCO ALL ASSET FUND-INST	3,691,044.401	40,948,156.20	41,561,159.96	613,003.76
DCPF07654902	72201F490	PIMCO INCOME FUND-INS	8,196,850.065	87,217,105.28	88,280,075.20	1,062,969.92
DCPF70400502	76105Y109	T ROWE PR GOVT RSRV INV FND	2,250,357.500	2,250,357.50	2,250,357.50	0.00
TOTAL REGISTERED INVESTMENT COMPANIES				130,425,618.98	132,101,592.66	1,675,973.68
GRAND TOTAL				3,913,700,621.77	4,715,035,000.13	801,334,378.36

(389,752.06)C
801,724,130.42 I

Schedule H, Line 41
Schedule of Assets (Held at end of Year)

Summary - Collateral Held by Asset Class

As of 6/30/2025

Chicago Carpenters Pension Fund

LEI: HPFHU00Q28E4N0NFVK49 | USD | GSL100

Asset Class - Collateral Type	Security Type	Number of Loans	Average Days Out	Market Value Securities on Loan	Collateral Held	Collateral Percentage	Collateral Denom
US - Cash	Agencies/Other	2	717	525,856.45	536,631.25	102.05%	USD
	Corporate	112	53	25,582,132.95	26,255,993.70	102.63%	USD
	US T-Bills	1	1	49,994.50	51,000.00	102.01%	USD
	US T-Strips	2	33	560,193.20	572,300.00	102.16%	USD
US - U.S. Government Agencies (TriParty)	US T-Bills	1	1	2,088,329.85	2,131,516.75	102.07%	USD
US - U.S. Government Debt (Bilateral)	Corporate	3	83	815,867.31	832,336.50	102.02%	USD
US - U.S. Government Mortgages (TriParty)	US T-Bonds	2	5	8,392,415.42	8,563,402.49	102.04%	USD
	US T-Notes	5	29	12,391,219.14	12,647,321.06	102.07%	USD
Total US		128	61	50,406,008.82	51,590,501.76	102.35%	

CASH LOANS	117	64	26,718,177.10	27,415,924.95	102.61%
NON CASH LOANS	11	37	23,687,831.72	24,174,576.81	102.06%
TOTAL Chicago Carpenters Pension Fund	128	61	50,406,008.82	51,590,501.76	102.35%



CARP PEN COMBINED - DCPG71657100

07/01/2024 - 06/30/2025

CHGO REG CNCL CARP

Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions
034863AX8	ANGLO AMERICAN CAPITAL PL 144A 2.625% 09/10/2030 DD 09/10/20	365,000.000	(319,309.30)	322,298.65
05464CAD3	AXON ENTERPRISE INC 144A 6.250% 03/15/2033 DD 03/11/25	125,000.000	(125,000.00)	127,393.75
05555PAF9	BBCMS MORTGAGE TRUST 2 5C29 AS 5.627% 09/15/2057 DD 09/01/24	200,000.000	(205,997.38)	202,515.62
06540EAX1	BANK 2021-BNK38 BN38 B 2.885% 12/15/2064 DD 12/01/21	125,000.000	(97,841.79)	102,436.52
07336UAC7	BBVA MEXICO SA INSTITUCIO 144A 5.250% 09/10/2029 DD 09/10/24	460,000.000	(456,402.00)	462,580.60
08190AAC4	BENCHMARK 2024-V8 MORTGA V8 A3 VAR RT 07/15/2057 DD 07/01/24	700,000.000	(732,484.38)	738,199.22
23636ABJ9	DANSKE BANK A/S 144A VAR RT 10/02/2030 DD 10/02/24	245,000.000	(245,000.00)	240,560.60
30303M8U9	META PLATFORMS INC 4.750% 08/15/2034 DD 08/09/24	197,000.000	(196,625.70)	196,725.58
53229KAA7	LIGHTNING POWER LLC 144A 7.250% 08/15/2032 DD 08/16/24	360,000.000	(362,093.40)	375,756.25
571676BC8	MARS INC 144A 5.700% 05/01/2055 DD 03/12/25	645,000.000	(641,510.55)	616,559.70
61691QAH1	MORGAN STANLEY CAPITAL I L1 AS VAR RT 10/15/2051 DD 10/01/18	350,000.000	(345,734.38)	342,289.06
656029AN5	NORINCHUKIN BANK/THE 144A 5.094% 10/16/2029 DD 10/16/24	200,000.000	(200,000.00)	200,730.00
704326AC1	PAYCHEX INC 5.600% 04/15/2035 DD 04/10/25	170,000.000	(168,726.70)	171,234.20
74843PAA8	QUIKRETE HOLDINGS INC 144A 6.375% 03/01/2032 DD 02/10/25	350,000.000	(350,000.00)	355,406.25

Schedule of Active Participant Data

(Schedule MB, Line 8b(2))

The participant data is for the year ended December 31, 2023.

Pension Credits

Age	Total	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	491	429	62	—	—	—	—	—	—	—
	\$333	\$271	\$761	—	—	—	—	—	—	—
25 - 29	792	445	268	77	2	—	—	—	—	—
	613	315	866	\$1,423	*	—	—	—	—	—
30 - 34	980	341	388	188	54	9	—	—	—	—
	894	329	896	1,483	\$2,087	*	—	—	—	—
35 - 39	1,104	278	293	182	163	137	46	5	—	—
	1,370	332	896	1,466	2,101	\$2,737	\$3,343	*	—	—
40 - 44	1,463	182	265	219	205	258	194	114	26	—
	2,019	315	885	1,443	2,057	2,708	3,361	\$3,993	\$4,541	—
45 - 49	1,543	141	158	158	181	229	244	232	160	40
	2,620	320	845	1,445	1,955	2,650	3,278	3,999	4,616	\$5,221
50 - 54	1,624	109	113	137	147	216	242	232	198	230
	3,105	304	799	1,388	2,002	2,581	3,218	3,905	4,643	5,536
55 - 59	1,470	60	57	81	92	143	149	198	219	471
	3,877	304	854	1,368	1,930	2,539	3,103	3,832	4,421	5,925
60 - 64	629	29	38	36	49	52	54	59	81	231
	3,830	296	799	1,431	1,826	2,326	2,999	3,717	4,074	6,048
65 - 69	143	14	8	15	10	12	9	11	10	54
	3,511	*	*	*	*	*	*	*	*	5,845
70 & over	7	2	—	—	—	—	1	—	1	3
	*	*	—	—	—	—	*	—	*	*
Unknown	3	1	2	—	—	—	—	—	—	—
	*	*	*	—	—	—	—	—	—	—
Totals	10,249	2,031	1,652	1,093	903	1,056	939	851	695	1,029
	\$2,314	\$309	\$869	\$1,440	\$2,011	\$2,630	\$3,234	\$3,910	\$4,482	\$5,840

* Cells with fewer than 20 participants have been suppressed for privacy reasons.

Note: Excludes 755 participants with less than one pension credit.

Schedule of Funding Standard Account Bases

Schedule of FSA Bases (Charges) (Schedule MB, Line 9c)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment	07/01/1995	\$3,358,343	1	\$3,358,343
Change in Assumptions	07/01/1996	1,611,541	2	833,019
Plan Amendment	07/01/1996	5,572,865	2	2,880,660
Change in Assumptions	07/01/1997	1,554,092	3	553,448
Plan Amendment	07/01/1997	20,343,697	3	7,244,859
Plan Amendment	07/01/1998	8,781,307	4	2,422,887
Change in Assumptions	07/01/1999	11,848,001	5	2,700,577
Plan Amendment	07/01/1999	16,374,713	5	3,732,374
Plan Amendment	07/01/2000	7,742,187	6	1,518,017
Plan Amendment	07/01/2001	13,608,194	7	2,359,854
Change in Assumptions	07/01/2002	4,405,146	8	689,458
Plan Amendment	07/01/2002	52,224,975	8	8,173,832
Plan Amendment	07/01/2003	59,885,825	9	8,590,340
Plan Amendment	07/01/2004	77,516,531	10	10,314,589
Plan Amendment	07/01/2005	7,023,286	11	875,331
Plan Amendment	07/01/2006	67,551,007	12	7,948,417
Plan Amendment	07/01/2007	91,308,327	13	10,210,391
Experience Loss	07/01/2010	3,218,326	1	3,218,326
Experience Loss	07/01/2011	2,520,529	2	1,302,882
Change in Assumptions	07/01/2011	20,489,201	2	10,591,036
Experience Loss	07/01/2012	27,108,768	3	9,654,057
Experience Loss	07/01/2013	11,594,695	4	3,199,140
Experience Loss	07/01/2015	6,102,822	6	1,196,585
Experience Loss	07/01/2016	71,922,421	7	12,472,371

Schedule of FSA Bases (Charges) (Schedule MB, Line 9c) (continued)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment	07/01/2017	8,032,701	8	1,257,214
Experience Loss	07/01/2017	24,414,998	8	3,821,238
Experience Loss	07/01/2018	31,077,380	9	4,457,904
Experience Loss	07/01/2019	40,668,803	10	5,411,516
Change in Assumptions	07/01/2019	165,036,315	10	21,960,241
Experience Loss	07/01/2020	48,176,594	11	6,004,375
Change in Assumptions	07/01/2021	6,071,848	12	714,446
Change in Assumptions	07/01/2022	105,724,444	13	11,822,448
Experience Loss	07/01/2022	124,248,306	13	13,893,846
Plan Amendment	07/01/2022	316,003,805	13	35,336,564
Change in Assumptions	07/01/2023	137,739,069	14	14,719,407
Experience Loss ¹	07/01/2023	204,538,437	14	21,857,883
Experience Loss	07/01/2024	193,857,786	15	19,892,096
Total		\$1,999,257,285		\$277,189,971

¹ Including the loss from the merger with the Millmen Fund

Schedule of Funding Standard Account Bases

Schedule of FSA Bases (Charges) (Schedule MB, Line 9c)

Bases from Merged Plan Will County Local 174 Carpenters Pension Fund as of December 31, 2024

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment (Will County)	06/01/1996	48,969	1.42	34,855
Change in Assumptions (Will County)	06/01/1996	147,539	1.42	105,015
Initial Unfunded (Will County)	06/01/1997	11,388,695	2.42	4,935,393
Change in Assumptions (Will County)	06/01/1997	188,215	2.42	81,566
Plan Amendment (Will County)	06/01/1998	643,337	3.42	204,417
Change in Assumptions (Will County)	06/01/1998	159,572	3.42	50,703
Change in Assumptions (Will County)	06/01/1998	314,369	3.42	99,888
Plan Amendment (Will County)	06/01/1999	2,392,532	4.42	609,055
Change in Assumptions (Will County)	06/01/1999	422,184	4.42	107,474
Plan Amendment (Will County)	06/01/2000	1,078,336	5.42	231,658
Change in Assumptions (Will County)	06/01/2001	2,977,581	6.42	558,571
Change in Assumptions (Will County)	06/01/2001	219,927	6.42	41,258
Plan Amendment (Will County)	06/01/2002	1,098,390	7.42	184,311
Plan Amendment (Will County)	06/01/2002	4,992,912	7.42	837,814
Plan Amendment (Will County)	06/01/2002	1,014,998	7.42	170,318
Change in Assumptions (Will County)	06/01/2002	111,663	7.42	18,737
Plan Amendment (Will County)	06/01/2004	860,582	9.42	121,407
Plan Amendment (Will County)	06/01/2004	650,227	9.42	91,731
Change in Assumptions (Will County)	06/01/2007	701,384	12.42	82,485
Change in Assumptions (Will County)	06/01/2007	1,978,114	12.42	232,630
Base due to 2009 Asset Loss (Will County)	06/01/2009	3,556,617	13.42	399,144
Base due to 2009 Asset Loss (Will County)	06/01/2009	41,750,089	13.42	4,685,441
Experience Loss (Will County)	06/01/2010	2,278,565	0.42	2,278,565

Schedule of FSA Bases (Charges) (Schedule MB, Line 9c) (continued)
Bases from Merged Plan Will County Local 174 Carpenters Pension Fund as of December 31, 2024

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Base due to 2009 Asset Loss (Will County)	06/01/2010	194,150	13.42	21,789
Change in Assumptions (Will County)	06/01/2011	80,675	1.42	57,427
Experience Loss (Will County)	06/01/2011	171,961	1.42	122,400
Base due to 2009 Asset Loss (Will County)	06/01/2011	1,000,335	13.42	112,263
Base due to 2009 Asset Loss (Will County)	06/01/2011	18,109,768	13.42	2,032,385
Change in Assumptions (Will County)	06/01/2012	5,119,496	2.42	2,218,581
Experience Loss (Will County)	06/01/2012	11,863,638	2.42	5,141,213
Base due to 2009 Asset Loss (Will County)	06/01/2012	1,582,512	13.42	177,598
Change in Assumptions (Will County)	06/01/2013	6,859,652	3.42	2,179,605
Change in Assumptions (Will County)	06/01/2013	232,903	3.42	74,002
Base due to 2009 Asset Loss (Will County)	06/01/2013	10,257,977	13.42	1,151,211
Change in Assumptions (Will County)	06/01/2014	241,468	4.42	61,471
Base due to 2009 Asset Loss (Will County)	06/01/2014	10,816,548	13.42	1,213,898
Experience Loss (Will County)	06/01/2015	4,340,167	5.42	932,398
Experience Loss (Will County)	06/01/2016	11,961,556	6.42	2,243,890
Change in Assumptions (Will County)	06/01/2016	137,130	6.42	25,725
Experience Loss (Will County)	06/01/2017	6,542,117	7.42	1,097,772
Change in Assumptions (Will County)	06/01/2018	6,628,999	8.42	1,012,941
Experience Loss (Will County)	06/01/2018	8,239,620	8.42	1,259,050
Experience Loss (Will County)	06/01/2018	152,771	8.42	23,345
Experience Loss (Will County)	06/01/2019	5,473,681	9.42	772,205
Experience Loss (Will County)	06/01/2019	475,705	9.42	67,111

Schedule of FSA Bases (Charges) (Schedule MB, Line 9c) (continued)
Bases from Merged Plan Will County Local 174 Carpenters Pension Fund as of December 31, 2024

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Change in Assumptions (Will County)	06/01/2020	9,547,623	10.42	1,257,182
Experience Loss (Will County)	06/01/2020	8,779,726	10.42	1,156,068
Change in Assumptions (Will County)	06/01/2021	2,708,050	11.42	335,769
Change in Assumptions (Will County)	06/01/2022	14,766,964	12.42	1,736,635
Experience Loss (Will County)	06/01/2022	11,028,754	12.42	1,297,011
Experience Loss (Will County)	06/01/2023	19,492,736	13.42	2,187,590
Experience Loss (Will County)	06/01/2024	16,380,406	14.42	1,763,313

Schedule of FSA Bases (Credits) (Schedule MB, Line 9h)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Experience Gain	07/01/2014	\$665,040	5	\$151,586
Change in Assumptions	07/01/2015	6,813,132	6	1,335,857
Change in Assumptions	07/01/2017	14,532,448	8	2,274,501
Change in Assumptions	07/01/2018	4,890,647	9	701,540
Change in Assumptions	07/01/2019	7,533,262	10	1,002,399
Change in Assumptions	07/01/2020	8,608,753	11	1,072,931
Experience Gain	07/01/2021	128,873,996	12	15,164,012
Change in Asset Method	07/01/2021	389,393,978	7	67,526,455
Change in Assumptions	07/01/2024	45,306,562	15	4,648,988
Total		\$606,617,818		\$93,878,269

Schedule of FSA Bases (Credits) (Schedule MB, Line 9h)
Bases from Merged Plan Will County Local 174 Carpenters Pension Fund as of December 31, 2024

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment (Will County)	06/01/2005	2,488,696	10.42	327,698
Experience Gain (Will County)	06/01/2010	62,553	0.42	62,553
Experience Gain (Will County)	06/01/2012	11,016	2.42	4,774
Combined Credits (Will County)	06/01/2013	51,109,510	4.42	13,010,697
Experience Gain (Will County)	06/01/2013	90,939	3.42	28,894
Plan Amendment (Will County)	06/01/2014	5,997,228	4.42	1,526,685
Change in Assumptions (Will County)	06/01/2014	5,776,062	4.42	1,470,382
Experience Gain (Will County)	06/01/2014	31,430	4.42	8,001
Experience Gain (Will County)	06/01/2014	324,604	4.42	82,634
Change in Assumptions (Will County)	06/01/2015	351,155	5.42	75,439
Experience Gain (Will County)	06/01/2015	201,308	14.42	43,246
Experience Gain (Will County)	06/01/2016	30,881	14.42	5,793
Change in Assumptions (Will County)	06/01/2017	4,752,022	7.42	797,393
Change in Assumptions (Will County)	06/01/2017	77,116	7.42	12,939
Experience Gain (Will County)	06/01/2017	703,855	14.42	118,107
Change in Assumptions (Will County)	06/01/2018	98,638	8.42	15,072
Change in Assumptions (Will County)	06/01/2019	83,925	9.42	11,839
Experience Gain (Will County)	06/01/2021	14,596,528	11.42	1,809,802
Change in Method (Will County)	06/01/2021	46,745,569	6.42	8,769,087
Change in Assumptions (Will County)	06/01/2023	1,400,125	13.42	157,130
Merger base	01/01/2025	32,603,048	15	3,435,823

Justification for Change in Actuarial Assumptions

(Schedule MB, Line 11)

Justification for change in actuarial assumptions (Schedule MB, line 11)

For purposes of determining current liability, the current liability interest rate was changed from 2.85% to 3.69% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1.

Based on past experience and future expectations, the following actuarial assumptions were changed as of July 1, 2024:

- Mortality improvement scale; previously, Scale MP-2021
- Lump sum conversion mortality table; previously, the 2023 IRS lump sum table
- Administrative expense; previously, \$7,100,000

FOOTNOTES

STATEMENT 1

SCHEDULE C, PART 2, ITEM D:
THE AMOUNT OF DIRECT COMPENSATION ATTRIBUTABLE TO
PLAN EMPLOYEES AND REPORTED ON SCHEDULE C HAS BEEN
DETERMINED IN ACCORDANCE WITH THE DEPARTMENT OF
LABOR RULES AND REGULATIONS FOR COMPLETING FORM 5500.
REPORTED AMOUNTS MAY CONSIST OF ELEMENTS CONSIDERED
TAXABLE AS WELL AS NON-TAXABLE AS DETERMINED UNDER
THE CURRENT INTERNAL REVENUE CODE.

SCHEDULE C

OTHER SERVICE PROVIDER SERVICE CODES

STATEMENT 2

NAME	SERVICE CODES
THOMPSON, SIEGEL, WALMSLEY	28
THOMPSON, SIEGEL, WALMSLEY	51
THOMPSON, SIEGEL, WALMSLEY	68
THOMPSON, SIEGEL, WALMSLEY	72
T ROWE PRICE ASSOCIATES INC.	28
T ROWE PRICE ASSOCIATES INC.	51
T ROWE PRICE ASSOCIATES INC.	68
T ROWE PRICE ASSOCIATES INC.	50
AMALGAMATED BANK OF CHICAGO	19
AMALGAMATED BANK OF CHICAGO	28
AMALGAMATED BANK OF CHICAGO	51
AMALGAMATED BANK OF CHICAGO	52
AMALGAMATED BANK OF CHICAGO	62

CODES TO SCHEDULE C, LINE 2(B)

SCHEDULE H

OTHER RECEIVABLES

STATEMENT 3

DESCRIPTION	BEGINNING	ENDING
PREPAID EXPENSES	306,047.	163,830.
DUE FROM BROKER	25,484,716.	44,477,107.
ACCRUED INTEREST & DIVIDENDS	4,615,121.	5,191,206.
DUE FROM OTHER FUNDS	1,125,318.	107,805.
TOTAL TO SCHEDULE H, LINE 1B(3)	31,531,202.	49,939,948.

SCHEDULE H	OTHER GENERAL INVESTMENTS	STATEMENT 4
DESCRIPTION	BEGINNING	ENDING
COLLATERAL HELD FOR SECS. ON LOAN	36,247,493.	51,590,502.
MUNICIPAL OBLIGATIONS	16,349,674.	15,200,655.
HEDGE FUNDS	248,712,411.	237,482,499.
TOTAL TO SCHEDULE H, LINE 1C(15)	301,309,578.	304,273,656.

SCHEDULE H	OTHER PLAN LIABILITIES	STATEMENT 5
DESCRIPTION	BEGINNING	ENDING
COLLATERAL HELD FOR SECS. ON LOAN	36,247,493.	51,590,502.
DUE TO BROKER	47,778,125.	49,075,326.
ESCROW COLLECTIONS	1,594,166.	1,785,552.
RECIPROCAL CONTRIBUTIONS PAYABLE	1,429,643.	864,659.
TOTAL TO SCHEDULE H, LINE 1J	87,049,427.	103,316,039.

SCHEDULE H	OTHER INCOME	STATEMENT 6
DESCRIPTION		AMOUNT
LIQUIDATED DAMAGES		432,570.
CLASS ACTION LITIGATION PROCEEDS		534,285.
MISCELLANEOUS INCOME		963.
COMMISSION RECAPTURE INCOME		4,446.
REIMBURSEMENTS FOR PLAN OFFICE EXPENSES		10,811,548.
TOTAL TO SCHEDULE H, LINE 2C		11,783,812.

SCHEDULE H	OTHER ADMINISTRATIVE EXPENSES	STATEMENT 7
DESCRIPTION		AMOUNT
FIDUCIARY RESPONSIBILITY INSURANCE		188,891.
MISCELLANEOUS EXPENSE		70,124.
PLAN TERMINATION INSURANCE		1,409,848.
PRINTING AND POSTAGE EXPENSE		390,703.
UNRELATED BUSINESS INCOME TAX		39,181.
COMPUTER PROGRAMING		819,855.
DEPRECIATION AND AMORTIZATION		281,551.
INSURANCE		290,563.
PAYROLL TAXES		429,537.
OCCUPANCY		750,335.
OFFICE EXPENSES		455,831.
EMPLOYEE EDUCATION AND TRAINING		102,093.
TOTAL TO SCHEDULE H, LINE 2I(11)		5,228,512.

Schedule of Projection of Expected Benefit Payments

(Schedule MB, Line 8b(1))

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2024	\$33,801,022	\$23,637,188	\$307,420,303	\$364,858,513
2025	45,984,656	24,955,187	299,683,883	370,623,726
2026	60,388,078	33,231,809	291,453,246	385,073,133
2027	74,482,359	39,856,060	282,669,248	397,007,667
2028	88,852,032	46,858,938	273,516,202	409,227,172
2029	101,063,964	53,335,458	264,736,819	419,136,241
2030	112,138,497	58,624,927	256,113,033	426,876,457
2031	122,948,915	63,852,201	247,307,521	434,108,637
2032	132,723,107	68,476,408	238,353,788	439,553,303
2033	141,676,728	72,042,601	229,211,222	442,930,551
2034	149,401,123	75,399,415	219,880,632	444,681,170
2035	156,076,176	78,959,291	210,365,006	445,400,473
2036	162,430,890	81,177,751	200,670,183	444,278,824
2037	167,922,605	82,880,613	190,806,065	441,609,283
2038	172,911,938	83,735,958	180,787,605	437,435,501
2039	176,688,519	84,797,111	170,635,829	432,121,459
2040	179,644,885	85,282,534	160,378,540	425,305,959
2041	182,028,637	85,264,129	150,050,558	417,343,324

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2042	\$183,823,535	\$84,528,596	\$139,693,540	\$408,045,671
2043	184,338,556	84,016,230	129,355,695	397,710,481
2044	184,028,377	82,747,800	119,091,360	385,867,537
2045	182,772,568	81,160,095	108,960,143	372,892,806
2046	180,950,808	79,213,405	99,025,666	359,189,879
2047	178,332,336	77,108,655	89,354,134	344,795,125
2048	174,817,664	74,654,763	80,012,931	329,485,358
2049	170,763,754	71,735,564	71,068,925	313,568,243
2050	166,140,474	68,855,041	62,585,973	297,581,488
2051	161,296,338	65,721,662	54,622,103	281,640,103
2052	155,631,534	62,384,306	47,226,909	265,242,749
2053	149,743,956	59,087,185	40,439,482	249,270,623
2054	143,516,632	55,561,570	34,286,061	233,364,263
2055	136,772,297	52,146,736	28,778,396	217,697,429
2056	130,216,076	48,740,125	23,913,242	202,869,443
2057	123,175,124	45,251,283	19,672,547	188,098,954
2058	116,254,040	41,825,089	16,025,461	174,104,590
2059	109,250,850	38,508,492	12,930,559	160,689,901

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries	Total
2060	\$102,263,667	\$35,251,844	\$10,338,693	\$147,854,204
2061	95,405,908	32,128,239	8,195,935	135,730,082
2062	88,524,315	29,097,284	6,446,404	124,068,003
2063	81,973,998	26,255,655	5,034,857	113,264,510
2064	75,554,836	23,526,098	3,908,694	102,989,628
2065	69,389,433	20,958,845	3,019,473	93,367,751
2066	63,589,127	18,580,170	2,323,782	84,493,079
2067	57,922,499	16,348,825	1,783,750	76,055,074
2068	52,686,372	14,306,018	1,367,232	68,359,622
2069	47,738,824	12,437,066	1,047,495	61,223,385
2070	43,078,140	10,742,868	802,816	54,623,824
2071	38,698,099	9,215,566	615,885	48,529,550
2072	34,705,984	7,850,015	473,091	43,029,090
2073	31,021,263	6,639,054	363,889	38,024,206

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

(Schedule MB, Line 8b(3))

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2024	\$269,923,007	-	\$269,923,007
2025	\$269,923,007	-	\$269,923,007
2026	\$269,923,007	-	\$269,923,007
2027	\$269,923,007	-	\$269,923,007
2028	\$269,923,007	-	\$269,923,007
2029	\$269,923,007	-	\$269,923,007
2030	\$269,923,007	-	\$269,923,007
2031	\$269,923,007	-	\$269,923,007
2032	\$269,923,007	-	\$269,923,007
2033	\$269,923,007	-	\$269,923,007



FSA contribution timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a January 1st (mid-year) contribution date.

9f - Explanation of Prior Year Credit Balance Discrepancy

\$1,402,172.486	Credit Balance as of June 30, 2024 as reported in 2023 Form 5500, Schedule MB
<u>\$38,745.571</u>	Credit Balance as of Decmeber 31, 2024 transferred from Will County Local 174 Carpenters Pension Fund (EIN 36-251584 PN 001)
\$1,440,918.057	Credit Balance as of June 30, 2024 as reported in 2024 Form 5500, Schedule MB

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1510-0046
1510-0049**2024****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2024 or fiscal plan year beginning **07/01/2024** and ending **06/30/2025**

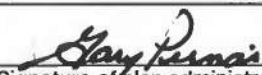
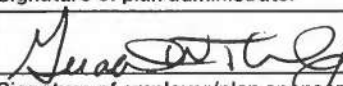
- A** This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____
☐ the first return/report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

Part II Basic Plan Information - enter all requested information

1a Name of plan MID-AMERICA CARPENTERS REGIONAL COUNCIL PENSION FUND	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 05/31/1957
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF MID-AMERICA CARPENTERS REGIONAL 12 E. ERIE STREET CHICAGO IL 60611	2b Employer Identification Number (EIN) 36-6130207 2c Plan Sponsor's telephone number (312) 787-9455 2d Business code (see instructions) 237990

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

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

SIGN HERE		3-9-26	GARY PERINIK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		3-9-26	GERARD W THIEL JR
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address ☒ 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
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5 Total number of participants at the beginning of the plan year	5	35,166
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	10,902
a(2) Total number of active participants at the end of the plan year	6a(2)	11,246
b Retired or separated participants receiving benefits	6b	13,779
c Other retired or separated participants entitled to future benefits	6c	9,363
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	34,388
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	3,235
f Total. Add lines 6d and 6e	6f	37,623
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	1,105

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

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) ☒ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ 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 1
(4) ☒ **C** (Service Provider Information)
(5) ☒ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)



Series of Transactions in Excess of Five Percent of Plan Assets

CARP PEN COMBINED - DCPG71657100

07/01/2024 - 06/30/2025

CHGO REG CNCL CARP

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :		185,901,530.94					
932	996115960	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	2,350,537,022.640	2,350,537,022.64	0.00	0.00	0.00
471	996115960	EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	2,347,889,910.150	0.00	2,347,889,910.15	2,347,889,910.15	0.00
6	999G15972	NTGI-QM COLLECTIVE DAILY MSCI ACWI EX-US INDEX FUND - NON	933,033.970	0.00	227,781,156.35	127,041,693.24	100,739,463.11
4	99VVCC3M0	INVESCO FUND	11,316,260.610	1,729,250,000.00	0.00	0.00	0.00
7	99VVCC3M0	INVESCO FUND	206,959.980	0.00	33,094,198.85	22,743,276.42	10,350,922.43

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning	07/01/2024	and ending	06/30/2025
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 MID-AMERICA CARPENTERS REGIONAL COUNCIL PENSION FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BOARD OF TRUSTEES FOR PLAN NAMED ABOVE	D Employer Identification Number (EIN) 36-6130207

E Type of plan: (1) ☒ Multiemployer Defined Benefit (2) ☐ Money Purchase (see instructions)	
1a Enter the valuation date: Month 07 Day 01 Year 2024	
b Assets	
(1) Current value of assets	1b(1) 5,192,417,140
(2) Actuarial value of assets for funding standard account	1b(2) 5,392,315,331
c (1) Accrued liability for plan using immediate gain methods	1c(1) 5,382,782,312
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 5,382,782,312
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 8,407,532,475
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 148,886,263
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 366,836,131
(3) Expected plan disbursements for the plan year	1d(3) 374,836,131

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 JOHN REDMOND, ASA, FCA, MAAA Type or print name of actuary SEGAL Firm name 101 NORTH WACKER DRIVE, SUITE 1800 CHICAGO IL 60606-1722 Address of the firm	12/22/2025 Date 2308413 Most recent enrollment number 312-984-8500 Telephone number (including area code)
---	---

a Current value of assets (see instructions)		2a	5,192,417,140
b "RPA '94" current liability/participant count breakdown:		(1) Number of participants	(2) Current liability
(1)	For retired participants and beneficiaries receiving payment	15,763	3,943,376,428
(2)	For terminated vested participants	8,501	1,381,114,872
(3)	For active participants:		
(a)	Non-vested benefits		152,773,878
(b)	Vested benefits		2,930,267,297
(c)	Total active	10,147	3,083,041,175
(4)	Total	34,411	8,407,532,475
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		2c	61.75 %

(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
01/01/2025	265,290,905	0			
			Totals ►	3(b)	265,290,905
					3(c)
					0

f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here..... • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	4f	
--	------------------	--

j If box h is checked, enter period of use of shortfall method	5j	
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k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....	6a	3.69 %
	Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males.....	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.00 %
e Salary scale	6e	% ☒ N/A
f Withdrawal liability interest rate:		
(1) Type of interest rate	6f(1)	☒ Single rate ☐ ERISA 4044 ☐ Other ☐ N/A
(2) If "Single rate" is checked in (1), enter applicable single rate	6f(2)	7.00 %
g Estimated investment return on actuarial value of assets for year ending on the valuation date.....	6g	3.8 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	10.6 %
i Expense load included in normal cost reported in line 9b	6i	☐ N/A
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	6i(1)	%
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b.....	6i(2)	7,713,581
(3) If neither (1) nor (2) describes the expense load, check the box	6i(3)	☐

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	193,857,786	19,892,096
4	-45,306,562	-4,648,988

8 Miscellaneous information:

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

b Demographic, benefit, and contribution information

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

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

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

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

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

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

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

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

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

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

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

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	8e	
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9 Funding standard account statement for this plan year:		
Charges to funding standard account:		
a Prior year funding deficiency, if any.....	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	84,447,769

c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended.....	9c(1)	2,271,419,170
(2) Funding waivers.....	9c(2)	
(3) Certain bases for which the amortization period has been extended.....	9c(3)	

d Interest as applicable on lines 9a, 9b, and 9c	9d	26,056,175
e Total charges. Add lines 9a through 9d.....	9e	413,711,565

Credits to funding standard account:		
f Prior year credit balance, if any	9f	1,440,918,057
g Employer contributions. Total from column (b) of line 3.....	9g	265,290,905

	Outstanding balance	
h Amortization credits as of valuation date.....	9h	774,154,026
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	116,004,427

j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	1,791,085,655
(2) "RPA '94" override (90% current liability FFL).....	9j(2)	2,267,405,551
(3) FFL credit.....	9j(3)	0

k (1) Waived funding deficiency.....	9k(1)	
(2) Other credits.....	9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2).....	9l	1,932,528,108
m Credit balance: If line 9l is greater than line 9e, enter the difference.....	9m	1,518,816,543
n Funding deficiency: If line 9e is greater than line 9l, enter the difference.....	9n	

o Current year's accumulated reconciliation account:		
(1) Due to waived funding deficiency accumulated prior to the current plan year	9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date.....	9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a)).....	9o(2)(b)	0
(3) Total as of valuation date.....	9o(3)	0

10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.).....	10	
---	-----------	--

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions	☒ Yes ☐ No
---	--