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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                      |
| For calendar plan year 2024 or fiscal plan year beginning 08/01/2024 and ending 07/31/2025 |                                                                                                                                                                                                                                                                                                                                                                                                               |
| A                                                                                          | This return/report is for: <div><div><input checked="" type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. ....▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                           |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                            |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                       |

|         |                                                                                                                                                                                                                                                                                                                                                                 |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                                          |
| 1a      | Name of plan<br>EAST CENTRAL ILLINOIS PIPE TRADES PENSION FUND                                                                                                                                                                                                                                                                                                  |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                                                              |
| 1c      | Effective date of plan<br>12/01/1966                                                                                                                                                                                                                                                                                                                            |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>EAST CENTRAL ILLINOIS PIPE TRADES PENSION FUND<br><br>7440 WOODLAND DRIVE<br>INDIANAPOLIS, IN 46278-1720 |
| 2b      | Employer Identification Number (EIN)<br>37-6078600                                                                                                                                                                                                                                                                                                              |
| 2c      | Plan Sponsor's telephone number<br>800-398-1057                                                                                                                                                                                                                                                                                                                 |
| 2d      | Business code (see instructions)<br>238220                                                                                                                                                                                                                                                                                                                      |

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. | 03/31/2026 | CHARLES DEAKIN JR                                            |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE | Filed with authorized/valid electronic signature. | 04/27/2026 | JOE KULEK                                                    |
|           | 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                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                               |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>5</b> 859                                                                                                                                                                                                                                    |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 362<br><b>6a(2)</b> 383<br><b>6b</b> 312<br><b>6c</b> 108<br><b>6d</b> 803<br><b>6e</b> 54<br><b>6f</b> 857<br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>7</b> 34                                                                                                                                                                                                                                     |

**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:

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE MB</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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For calendar plan year 2024 or fiscal plan year beginning 08/01/2024 and ending 07/31/2025

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

|                                                                                                                                        |                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <div>A Name of plan</div> <div>EAST CENTRAL ILLINOIS PIPE TRADES PENSION FUND</div>                                                    | <div>B Three-digit plan number (PN)</div> <div>001</div>                |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF</div> <div>EAST CENTRAL ILLINOIS PIPE TRADES PENSION FUND</div> | <div>D Employer Identification Number (EIN)</div> <div>37-6078600</div> |

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

|                                                                                                                    |                                          |
|--------------------------------------------------------------------------------------------------------------------|------------------------------------------|
| <div>1a Enter the valuation date:</div> <div>Month 08 Day 01 Year 2024</div>                                       |                                          |
| <div>b Assets</div>                                                                                                |                                          |
| <div>(1) Current value of assets</div>                                                                             | <div>1b(1)</div> <div>96110933</div>     |
| <div>(2) Actuarial value of assets for funding standard account</div>                                              | <div>1b(2)</div> <div>93888664</div>     |
| <div>c (1) Accrued liability for plan using immediate gain methods</div>                                           | <div>1c(1)</div> <div>70935990</div>     |
| <div>(2) Information for plans using spread gain methods:</div>                                                    |                                          |
| <div>(a) Unfunded liability for methods with bases</div>                                                           | <div>1c(2)(a)</div>                      |
| <div>(b) Accrued liability under entry age normal method</div>                                                     | <div>1c(2)(b)</div>                      |
| <div>(c) Normal cost under entry age normal method</div>                                                           | <div>1c(2)(c)</div>                      |
| <div>(3) Accrued liability under unit credit cost method</div>                                                     | <div>1c(3)</div> <div>70935990</div>     |
| <div>d Information on current liabilities of the plan:</div>                                                       |                                          |
| <div>(1) Amount excluded from current liability attributable to pre-participation service (see instructions)</div> | <div>1d(1)</div>                         |
| <div>(2) "RPA '94" information:</div>                                                                              |                                          |
| <div>(a) Current liability</div>                                                                                   | <div>1d(2)(a)</div> <div>114974539</div> |
| <div>(b) Expected increase in current liability due to benefits accruing during the plan year</div>                | <div>1d(2)(b)</div> <div>6344728</div>   |
| <div>(c) Expected release from "RPA '94" current liability for the plan year</div>                                 | <div>1d(2)(c)</div> <div>4360458</div>   |
| <div>(3) Expected plan disbursements for the plan year</div>                                                       | <div>1d(3)</div> <div>4560458</div>      |

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.

|                                                                                               |                                                                  |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>SIGN HERE</div>                                                                          | <div>02/23/2026</div>                                            |
| <div>Signature of actuary</div> <div>JEREMY C. ROBERTS</div>                                  | <div>Date</div> <div>23-06462</div>                              |
| <div>Type or print name of actuary</div> <div>SEGAL</div>                                     | <div>Most recent enrollment number</div> <div>312-984-8500</div> |
| <div>Firm name</div> <div>101 NORTH WACKER DRIVE, SUITE 1800<br/>CHICAGO, IL 60606-1722</div> | <div>Telephone number (including area code)</div>                |
| <div>Address of the firm</div>                                                                |                                                                  |

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

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

|                                                                                                                                     |                                   |                              |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....                                                                           | <b>2a</b>                         | 96110933                     |
| <b>b</b> "RPA '94" current liability/participant count breakdown:                                                                   | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| <b>(1)</b> For retired participants and beneficiaries receiving payment .....                                                       | 373                               | 53135642                     |
| <b>(2)</b> For terminated vested participants .....                                                                                 | 145                               | 16294345                     |
| <b>(3)</b> For active participants:                                                                                                 |                                   |                              |
| <b>(a)</b> Non-vested benefits .....                                                                                                |                                   | 3503035                      |
| <b>(b)</b> Vested benefits .....                                                                                                    |                                   | 42041517                     |
| <b>(c)</b> Total active .....                                                                                                       | 298                               | 45544552                     |
| <b>(4)</b> Total .....                                                                                                              | 816                               | 114974539                    |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... | <b>2c</b>                         | %                            |

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

| (a) Date<br>(MM/DD/YYYY)                                                        | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM/DD/YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|---------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 02/01/2025                                                                      | 3941027                           |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
|                                                                                 |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>                                                                 |                                   |                                 | <b>3(b)</b>              | 3941027                           | <b>3(c)</b>                     |
| <b>(d)</b> Total withdrawal liability amounts included in line 3(b) total ..... |                                   |                                 |                          |                                   | <b>3(d)</b>                     |

0

**4** Information on plan status:

|                                                                                                                                                                                                                                     |           |         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....                                                                                                                                    | <b>4a</b> | 132.4 % |
| <b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status).<br>If entered code is "N," go to line 5 .....                                                              | <b>4b</b> | N       |
| <b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                  |           |         |
| <b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time<br>(see instructions)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |           |         |
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions),<br>measured as of the valuation date .....                                                               | <b>4e</b> |         |
| <b>f</b> If the plan is in critical status or critical and declining status, and is:                                                                                                                                                | <b>4f</b> |         |
| • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to<br>emerge;                                                                                                              |           |         |
| • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and<br>check here. .... <input type="checkbox"/>                                                                               |           |         |
| • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."                                                                                                                              |           |         |

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

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

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

**6** Checklist of certain actuarial assumptions:

|                                                                                                                         |                                                                                                  |                                                                                                                                                 |                                                                                                  |        |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------|
| <b>a</b> Interest rate for "RPA '94" current liability .....                                                            |                                                                                                  |                                                                                                                                                 | <b>6a</b>                                                                                        | 3.76 % |
| <b>b</b> Rates specified in insurance or annuity contracts .....                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |        |
| <b>c</b> Mortality table code for valuation purposes:                                                                   |                                                                                                  |                                                                                                                                                 |                                                                                                  |        |
| (1) Males .....                                                                                                         | <b>6c(1)</b>                                                                                     | A                                                                                                                                               | A                                                                                                |        |
| (2) Females .....                                                                                                       | <b>6c(2)</b>                                                                                     | A                                                                                                                                               | A                                                                                                |        |
| <b>d</b> Valuation liability interest rate .....                                                                        | <b>6d</b>                                                                                        | 7.00 %                                                                                                                                          | 7.00 %                                                                                           |        |
| <b>e</b> Salary scale .....                                                                                             | <b>6e</b>                                                                                        | % <input checked="" type="checkbox"/> N/A                                                                                                       |                                                                                                  |        |
| <b>f</b> Withdrawal liability interest rate:                                                                            |                                                                                                  |                                                                                                                                                 |                                                                                                  |        |
| (1) Type of interest rate .....                                                                                         | <b>6f(1)</b>                                                                                     | <input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A |                                                                                                  |        |
| (2) If "Single rate" is checked in (1), enter applicable single rate .....                                              | <b>6f(2)</b>                                                                                     | 7.00 %                                                                                                                                          |                                                                                                  |        |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date .....           | <b>6g</b>                                                                                        | 7.9 %                                                                                                                                           |                                                                                                  |        |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....             | <b>6h</b>                                                                                        | 13.1 %                                                                                                                                          |                                                                                                  |        |
| <b>i</b> Expense load included in normal cost reported in line 9b .....                                                 | <b>6i</b>                                                                                        | <input type="checkbox"/> N/A                                                                                                                    |                                                                                                  |        |
| (1) If expense load is described as a percentage of normal cost, enter the assumed percentage .....                     | <b>6i(1)</b>                                                                                     | %                                                                                                                                               |                                                                                                  |        |
| (2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b ..... | <b>6i(2)</b>                                                                                     | 192840                                                                                                                                          |                                                                                                  |        |
| (3) If neither (1) nor (2) describes the expense load, check the box .....                                              | <b>6i(3)</b>                                                                                     | <input type="checkbox"/>                                                                                                                        |                                                                                                  |        |

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

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1                | -170125             | -17457                         |
| 4                | -99236              | -10183                         |

**8** Miscellaneous information:

|                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--|
| <b>a</b> If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval .....                                                                                                                                                                                                               | <b>8a</b>                                                           |  |
| <b>b</b> Demographic, benefit, and contribution information                                                                                                                                                                                                                                                                                                                   |                                                                     |  |
| (1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ....                                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| (2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ....                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |
| (3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ....                                                                                                                                                                                                            | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>c</b> Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? .....                                                                                                                                                                                                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>d</b> If line c is "Yes," provide the following additional information:                                                                                                                                                                                                                                                                                                    |                                                                     |  |
| (1) Was an extension granted automatic approval under section 431(d)(1) of the Code? .....                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| (2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended ..                                                                                                                                                                                                                                                                        | <b>8d(2)</b>                                                        |  |
| (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? .....                                                                                                                                                                                                                               | <input type="checkbox"/> Yes <input type="checkbox"/> 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)) .....                                                                                                                                                                                                                         | <b>8d(4)</b>                                                        |  |
| (5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension .....                                                                                                                                                                                                                                                                                 | <b>8d(5)</b>                                                        |  |
| (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? .....                                                                                                                                                                                        | <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |
| <b>e</b> 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). .... | <b>8e</b>                                                           |  |

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

|                                                                          |           |         |
|--------------------------------------------------------------------------|-----------|---------|
| <b>a</b> Prior year funding deficiency, if any .....                     | <b>9a</b> |         |
| <b>b</b> Employer's normal cost for plan year as of valuation date ..... | <b>9b</b> | 2828551 |

**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 |         |
|--------------|---------------------|---------|
| <b>9c(1)</b> | 16273868            | 2803124 |
| <b>9c(2)</b> |                     |         |
| <b>9c(3)</b> |                     |         |

**d** Interest as applicable on lines 9a, 9b, and 9c.....**9d** 394217**e** Total charges. Add lines 9a through 9d.....**9e** 6025892**Credits to funding standard account:****f** Prior year credit balance, if any.....**9f** 23447586**g** Employer contributions. Total from column (b) of line 3.....**9g** 3941027**h** Amortization credits as of valuation date.....**i** Interest as applicable to end of plan year on lines 9f, 9g, and 9h .....**9i** 1916041**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 |         |
|--------------|---------------------|---------|
| <b>9h</b>    | 15778956            | 1953920 |
| <b>9j(1)</b> | 3556105             |         |
| <b>9j(2)</b> | 13559705            |         |
| <b>9j(3)</b> |                     |         |

**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** 31258574**m** Credit balance: If line 9l is greater than line 9e, enter the difference .....**9m** 25232682**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)****(3)** Total as of valuation date .....**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

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

|                                                                                                          |                                                      |     |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 08/01/2024 and ending 07/31/2025               |                                                      |     |
| A Name of plan<br>EAST CENTRAL ILLINOIS PIPE TRADES PENSION FUND                                         | B Three-digit plan number (PN) ▶                     | 001 |
|                                                                                                          |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>EAST CENTRAL ILLINOIS PIPE TRADES PENSION FUND | D Employer Identification Number (EIN)<br>37-6078600 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| DIMENSIONAL FUND ADVISORS                                                                                  |
| 22-2370029                                                                                                 |

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| DODGE & COX                                                                                                |
| 94-1441976                                                                                                 |

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| FIDELITY MANAGEMENT & RESEARCH CO                                                                          |
| 04-2033129                                                                                                 |

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| T ROWE PRICE ASSOCIATES                                                                                    |
| 55-0556948                                                                                                 |

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

VANGUARD GROUP, INC

23-1945930

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

SCHWAB

94-1737782

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

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

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

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

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

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

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

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

THE SEGAL COMPANY

13-1975125

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 17                  | NONE                                                                                              | 86750                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

UMR

71-0847266

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 14                     | NONE                                                                                              | 37170                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

JOHNSON & KROL, LLC

36-4342024

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29                     | NONE                                                                                              | 25610                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

INVESTMENT CONSULTING GROUP

42-1358707

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | NONE                                                                                              | 24500                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CALIBRE CPA GROUP, PLLC

47-0900880

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | NONE                                                                                              | 21000                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

ROMOLO & ASSOCIATES

84-2885766

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10                     | NONE                                                                                              | 14704                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

P & P LOCAL 25 BENEFIT FUND LLC

82-2768063

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15                     | NONE                                                                                              | 12091                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                                                              |                     |              |
|--------------------|--------------------------------------------------------------|---------------------|--------------|
| <b>a</b> Name:     | PAUL WEDDING, ASA, MAAA, EA                                  | <b>b</b> EIN:       | 35-2156428   |
| <b>c</b> Position: | ACTUARY                                                      |                     |              |
| <b>d</b> Address:  | 11590 N. MERIDIAN STREET, SUITE 610<br>CARMEL, IN 46032-4529 | <b>e</b> Telephone: | 317-580-8667 |
|                    |                                                              |                     |              |

Explanation: CURRENTLY, JEREMY C. ROBERTS, FSA, MAAA, EA OF SEGAL IS ENGAGED BY THE PLAN SPONSOR AS THE ENROLLED ACTUARY FOR THE PLAN. FORMERLY, PAUL WEDDING, ASA, MAAA, EA OF UNITED ACTUARIAL SERVICES, INC. HELD THAT POSITION. THE CHANGE WAS MADE DUE TO A CHANGE

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                      |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | 2024                                   |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | This Form is Open to Public Inspection |

For calendar plan year 2024 or fiscal plan year beginning 08/01/2024 and ending 07/31/2025

|                                                                                                                                        |                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <div>A</div> <div>Name of plan</div> <div>EAST CENTRAL ILLINOIS PIPE TRADES PENSION FUND</div>                                         | <div>B</div> <div>Three-digit plan number (PN)</div> <div>001</div>                |
| <div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>EAST CENTRAL ILLINOIS PIPE TRADES PENSION FUND</div> | <div>D</div> <div>Employer Identification Number (EIN)</div> <div>37-6078600</div> |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     | 404838                | 505650          |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  | 369495                | 479359          |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  | 1336                  | 9409            |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  | 57722                 | 60379           |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               |                       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 95268969              | 102313238       |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 |                       |                 |

| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    | 12790                 | 29240           |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 96115150              | 103397275       |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    | 2043                  | 5301            |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    | 2174                  | 4889            |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 4217                  | 10190           |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 96110933              | 103387085       |

**Part II Income and Expense Statement**

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

| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 3941027    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 3941027   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| <b>(1) Interest:</b>                                                                                       |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 2657       |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 2657      |
| <b>(2) Dividends:</b>                                                                                      |                 |            |           |
| <b>(A)</b> Preferred stock .....                                                                           | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 6249325    |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 6249325   |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>                                                              |                 |            |           |
| <b>(A)</b> Aggregate proceeds .....                                                                        | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>                                               |                 |            |           |
| <b>(A)</b> Real estate .....                                                                               | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 1594944   |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 11787953  |

**Expenses**

|                                                                                             |               |         |         |
|---------------------------------------------------------------------------------------------|---------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 4247350 |         |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |         |         |
| (3) Other .....                                                                             | <b>2e(3)</b>  |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |         | 4247350 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |         |         |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |         |         |
| <b>i</b> Administrative expenses:                                                           |               |         |         |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  |         |         |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  | 37170   |         |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  | 10827   |         |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  | 21000   |         |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 24500   |         |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |         |         |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  | 87750   |         |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  | 27840   |         |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  |         |         |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> |         |         |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> | 55364   |         |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |         | 264451  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |         | 4511801 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 7276152 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  |         |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |         |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **CALIBRE CPA GROUP, PLLC**

(2) EIN: **47-0900880**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 572524.

|                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|-----|
| <div>SCHEDULE R<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>                                                                                                                               |  | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> |  | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div> |     |
| For calendar plan year 2024 or fiscal plan year beginning 08/01/2024 and ending 07/31/2025                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| A Name of plan<br>EAST CENTRAL ILLINOIS PIPE TRADES PENSION FUND                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                  |  | B Three-digit plan number (PN) ▶                                                                | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>EAST CENTRAL ILLINOIS PIPE TRADES PENSION FUND                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                  |  | D Employer Identification Number (EIN)<br>37-6078600                                            |     |
| 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):<br><br>EIN(s): _____<br><br>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)? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A<br>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 _____<br>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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |  |                                                                                                                                                                                                                                                                                                  |  |                                                                                                 |     |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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 **DAVIS HOUK MECHANICAL**

**b** EIN **20-5501978**

**c** Dollar amount contributed by employer **1196559**

**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 **2028**

**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) **9.14**

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

**a** Name of contributing employer **A & R MECHANICAL CONTR.**

**b** EIN **37-1000924**

**c** Dollar amount contributed by employer **978410**

**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 **2028**

**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) **9.14**

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

**a** Name of contributing employer **RELIABLE PLBG AND HTING**

**b** EIN **37-0707522**

**c** Dollar amount contributed by employer **366939**

**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 **2028**

**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) **9.14**

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

**a** Name of contributing employer **UNITED MECHANICAL GROUP**

**b** EIN **82-2483093**

**c** Dollar amount contributed by employer **207702**

**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 **2028**

**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) **9.14**

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

**a** Name of contributing employer **ENTEC SERVICES INC**

**b** EIN **37-1094677**

**c** Dollar amount contributed by employer **120642**

**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 **2028**

**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) **9.14**

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

**a** Name of contributing employer **X-TREME MECHANICAL INC**

**b** EIN **20-8034554**

**c** Dollar amount contributed by employer **106891**

**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 **2028**

**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) **9.14**

(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 MECHANICAL INC.

**b** EIN 36-3677191

**c** Dollar amount contributed by employer 64886

**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 2028

**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) 9.14

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

**a** Name of contributing employer PIPE WORKS, INC

**b** EIN 32-0011040

**c** Dollar amount contributed by employer 49205

**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 2028

**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) 9.14

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

**a** Name of contributing employer CLIMATE PROS INC

**b** EIN 55-0914273

**c** Dollar amount contributed by employer 44694

**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 2028

**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) 9.14

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

**a** Name of contributing employer TOWNCENTER, LLC

**b** EIN 46-4781380

**c** Dollar amount contributed by employer 33645

**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 2028

**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) 9.14

(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**

**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**

**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**

- 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**

0.95

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

**15b**

1.02

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

**a** Enter the number of employers who withdrew during the preceding plan year.....

**16a**

**b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

**16b**

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

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

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

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

**a** Enter the percentage of plan assets held as:

Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%

High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation.....

## Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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



**EAST CENTRAL ILLINOIS PIPE TRADES  
PENSION FUND**

FINANCIAL STATEMENTS

JULY 31, 2025





# **EAST CENTRAL ILLINOIS PIPE TRADES PENSION FUND**

## FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

YEARS ENDED JULY 31, 2025 AND 2024

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## INDEPENDENT AUDITOR'S REPORT

To the Trustees of  
East Central Illinois Pipe Trades Pension Fund  
Indianapolis, Indiana

### Opinion

We have audited the accompanying financial statements of East Central Illinois Pipe Trades Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of July 31, 2025 and 2024, the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the East Central Illinois Pipe Trades Pension Fund as of July 31, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of 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.

### Responsibilities of Management for the Financial Statements

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



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

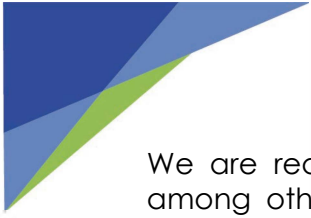
Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining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

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

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

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



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

### **Supplemental Schedule Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedule of assets (held at end of year) is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Plan's 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 audit 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 schedule, we evaluated whether the supplemental schedule, including its form and content, is 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 schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and its form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

### **Other Supplemental Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules of general and administrative expenses are presented for purposes of additional analysis and are not a required part of the financial statements. 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

*Calibre CPA Group, PLLC*

Chicago, IL  
January 13, 2026



## EAST CENTRAL ILLINOIS PIPE TRADES PENSION FUND

### STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JULY 31, 2025 AND 2024

|                                          | <u>2025</u>                  | <u>2024</u>                 |
|------------------------------------------|------------------------------|-----------------------------|
| <b>Assets</b>                            |                              |                             |
| <b>Assets</b>                            |                              |                             |
| Investments, at fair value               | <u>\$ 102,373,617</u>        | <u>\$ 95,326,691</u>        |
| Receivable                               |                              |                             |
| Employer contributions                   | 479,359                      | 369,495                     |
| Due from related parties                 | 5,853                        | 1,336                       |
| Other receivable                         | <u>3,556</u>                 | <u>-</u>                    |
| Total receivables                        | <u>488,768</u>               | <u>370,831</u>              |
| Prepaid expenses                         | <u>29,240</u>                | <u>12,790</u>               |
| Non-interest bearing cash                | <u>505,650</u>               | <u>404,838</u>              |
| Total assets                             | <u>103,397,275</u>           | <u>96,115,150</u>           |
| <b>Liabilities and Net Assets</b>        |                              |                             |
| <b>Liabilities</b>                       |                              |                             |
| Accounts payable                         | 5,301                        | 2,043                       |
| Reciprocity payable                      | <u>4,889</u>                 | <u>2,174</u>                |
| Total liabilities                        | <u>10,190</u>                | <u>4,217</u>                |
| <b>Net assets available for benefits</b> | <u><u>\$ 103,387,085</u></u> | <u><u>\$ 96,110,933</u></u> |

See accompanying notes to financial statements.



## EAST CENTRAL ILLINOIS PIPE TRADES PENSION FUND

### STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED JULY 31, 2025 AND 2024

|                                                 | 2025                  | 2024                 |
|-------------------------------------------------|-----------------------|----------------------|
| <b>Additions to net assets attributed to</b>    |                       |                      |
| Investment income                               |                       |                      |
| Net appreciation in fair value of investments   | \$ 1,594,945          | \$ 6,913,540         |
| Interest and dividend income                    | 6,251,981             | 4,278,002            |
| Investment management expenses                  | (24,500)              | (24,667)             |
| Net investment income                           | <u>7,822,426</u>      | <u>11,166,875</u>    |
| Contribution income                             |                       |                      |
| Employer contributions                          | 4,007,437             | 3,713,863            |
| Less: reciprocity out                           | (66,410)              | (46,704)             |
| Net contribution income                         | <u>3,941,027</u>      | <u>3,667,159</u>     |
| Total additions                                 | <u>11,763,453</u>     | <u>14,834,034</u>    |
| <b>Deductions from net assets attributed to</b> |                       |                      |
| Benefits paid to participants                   | 4,247,350             | 4,167,833            |
| General and administrative expenses             | <u>239,951</u>        | <u>214,921</u>       |
| Total deductions                                | <u>4,487,301</u>      | <u>4,382,754</u>     |
| <b>Net change</b>                               | 7,276,152             | 10,451,280           |
| <b>Net assets available for benefits</b>        |                       |                      |
| Beginning of year                               | <u>96,110,933</u>     | <u>85,659,653</u>    |
| End of year                                     | <u>\$ 103,387,085</u> | <u>\$ 96,110,933</u> |

See accompanying notes to financial statements.



## EAST CENTRAL ILLINOIS PIPE TRADES PENSION FUND

### NOTES TO FINANCIAL STATEMENTS

YEARS ENDED JULY 31, 2025 AND 2024

#### NOTE 1. DESCRIPTION OF THE PLAN

The following description of the East Central Illinois Pipe Trades Pension Fund (the Plan) provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

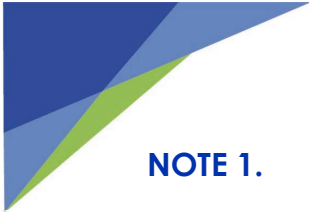
**General** - The Plan is a defined benefit pension plan covering substantially all participating persons under the Plumbers and Pipefitters Local 149 Union's collective bargaining agreement.

**Pension Benefits** - Participants with 5 or more years of service are entitled to monthly pension benefits beginning at normal retirement age of 62 equal to \$10.00 per year of past service, up to a maximum of 10 years, plus 3.25% of total employer contributions through July 31, 1997 and 6.8¢ per hour for all hours worked from August 1, 1997 through July 31, 2003. Effective August 1, 2003, contributions are credited at 3.6¢ per hour. Effective August 1, 2007, contributions are credited at 6.8¢ per hour. Effective August 1, 2023, contributions are credited at 10.2¢ per hour.

Effective August 1, 2019, the Plan was amended to offer future benefit accruals based on a stabilized variable benefit formula. Under the new stabilized variable benefit formula, a participant's benefit will increase if Plan investments exceed an annual rate of return of 5% and will decrease if the return is less than 5%. In years when the Plan's rate of return exceeds 10%, the amount exceeding 10% is set aside into a reserve account that will be used to shore up the variable benefit in years when the rate of return is less than 5%.

This amendment only affects benefits earned on or after August 1, 2019. Benefits earned prior to August 1, 2019 will be calculated under the traditional pension formula and will be considered the participant's "Frozen Benefit." The participant's benefit at retirement will equal the sum of the Frozen Benefit and the stabilized variable benefit.

The Plan permits early retirement at ages 55-61; however, the amounts received are reduced by 1/4 of 1% for each month under the age of 62. Participants with 30 or more years of service as of July 31, 2003 do not have a reduction for retiring early. Effective August 1, 2003, participants who have not yet accrued at least 30 years of service as of July 31, 2003 may continue to accrue years of service in order to meet the 30 years of service requirement. Upon meeting the 30 years of service requirement, the participant will become eligible to receive an early retirement benefit equal to the sum of the unreduced benefit accrued as of July 31, 2003 and the reduced normal benefit for benefits accrued after July 31, 2003. Effective June 1, 2021, the Plan was amended to allow an unreduced early retirement at ages 60-61, provided that the participant was active as of June 1, 2021 or a terminated participant returns to covered employment for at least one year after June 1, 2021.



## NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

**Disability Benefits** - A participant who is totally and permanently disabled prior to reaching normal retirement age, vested, separated from service, and has applied for disability benefits established by the Federal Social Security Act is eligible for a disability benefit. The benefit is equal to the normal retirement benefit as of the date of the disability. This benefit will continue until the participant reaches normal retirement age.

**Death Benefits** - Surviving spouses of vested participants are eligible to receive a 50% joint and survivor benefit. Beneficiaries of non-vested participants, who have not reached early retirement age, are eligible for a lump sum benefit equal to 70% of employer contributions up to a maximum of \$2,000. Other provisions apply to beneficiaries of unmarried participants.

## NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

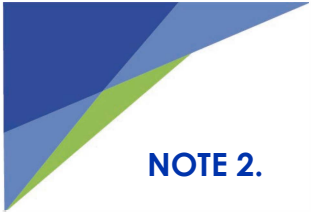
**Basis of Accounting** - The accompanying financial statements have been prepared using the accrual basis of accounting. Under this basis, revenue is recognized when earned and expenses are recognized when incurred.

**Valuation of Investments and Income Recognition** - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Cash and equivalents held by the custodian represents assets held for investment purposes and are reported as investments.

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

**Actuarial Present Value of Accumulated Plan Benefits** - Accumulated plan benefits are those future periodic payments, including lump sum distributions, which are attributed under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries or employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on the employees' total credited services, which is the sum of (a) past service credits and (b) future service credits. Benefits payable under all circumstances - retirement, death, disability and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the latest valuation date of August 1, 2024 were (a) life expectancy for healthy non-retired participant (using the



## NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

95% of the Pri-2012 Blue Collar Mortality Tables (sex-distinct), projected generationally using Scale MP-2021), (b) retirement age assumptions (age 61 as weighted average retirement age), (c) average future annual hours (1,675 hours for each vested participant and 1,000 hours for each non-vested participant), and (d) future rate of net investment return of 7.00%. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

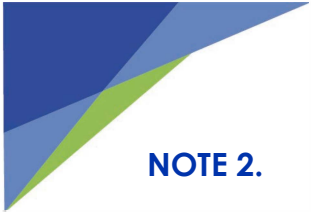
The actuarial assumptions and methods used in this valuation differ from those used in the prior valuation in the following respects:

- The assumed mortality rates were changed from 110% for males and 105% for females of the PRI-2012 Blue Collar Mortality Tables to 95% of the PRI-2012 Blue Collar Employee Mortality Tables (sex-distinct) for healthy non-retired participants and 95% of the PRI-2012 Blue Collar Healthy Retiree Mortality Tables (sex-distinct) for healthy pensioners, disabled pensioners or beneficiaries, projected generationally using the Scale MP-2021.
- The weighted average retirement age changed from 60 to 61.
- The percent married changed from 100% married to 85% married.
- The benefit election changed from all participants elect the life with 60 Month guarantee form of payment to 50% elect the Single Life Annuity with 60 Month Guarantee form of payment and 50% elect the Joint and 50% Survivor Annuity (with pop-up) form of payment.
- The pre-reporting benefit accruals load changed from none to a 1.0% load to normal cost to reflect benefit accruals for employees not yet reported as active participants.
- The assumed operational expenses were increased from \$180,000 to \$214,921 to reflect the estimate of future expenses based on recent plan experience.
- The current liability interest rate was changed from 2.45% to 3.76%. The new rate is within established statutory guidelines.

The actuarial cost method used was the Traditional Unit Credit method.

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

The computation of the actuarial present value of accumulated plan benefits was made as of August 1, 2024. Had the valuation been performed as of July 31, 2024, there would be no material differences. As of August 1, 2024, the actuary certified that the Plan is in the green zone, which indicates the funding of the Plan is meeting retirement benefit liabilities.



## NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Since information on the accumulated plan benefits at July 31, 2025 and the changes therein for the year then ended are not included, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of July 31, 2025 and 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 July 31, 2025. The complete financial status is presented as of July 31, 2024 and for the year then ended.

**Estimates** - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and disclosure of contingent assets and liabilities and changes therein at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**Reciprocity** - The Board of Trustees (Trustees) have entered into reciprocity agreements with other pension funds. Contributions for participants in these funds are transferred to the participant's home fund.

**Contributions Receivable** - Contributions receivable at July 31, 2025 and 2024 represents amounts received subsequent to year end for work performed through July 31. Employer records are subject to audit and additional revenue, if any, that may arise as a result of these audits is recognized when received. Based on review of historical losses, current economic conditions and supportable and reasonable forecast assumptions, management has concluded that any expected credit losses on balances outstanding at year end will be immaterial.

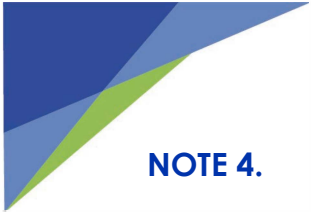
**Payment of Benefits** - Benefit payments to participants are recorded upon distribution.

**Expenses** - The Plan's expenses are paid by the Plan as provided by the Plan Document. Expenses incurred in connection with the general administration of the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits.

## NOTE 3. FUNDING POLICY

The Trustees established a funding policy and method in order to promote the purpose of the Trust Fund and to ensure compliance with the Employee Retirement Income Security Act of 1974 (ERISA). Each employer contributes to the Plan such amounts and at such times as are required by the applicable provisions of the collective bargaining agreement or such other agreements as are approved by the Trustees. The journeyman contribution rate in effect is \$8.89 per hour worked through May 31, 2025. Effective June 1, 2025, the journeyman contribution rate in effect is \$9.14 per hour worked. Lower contribution rates are in effect for first through fifth year apprentices.

The annual contributions for the years ended July 31, 2025 and 2024 exceeded the minimum funding requirements for ERISA.



## **NOTE 4. TAX STATUS**

The Internal Revenue Service has determined and informed the Plan by a letter dated August 17, 2015, that the Plan and related Trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities.

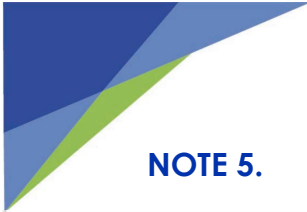
As of July 31, 2025, there were no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

## **NOTE 5. PLAN TERMINATION**

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

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

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pension. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.



## NOTE 5. PLAN TERMINATION (CONTINUED)

Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling in the amount of an individual's monthly benefit that the PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceiling is actuarially adjusted downward. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at the time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

## NOTE 6. RISKS AND UNCERTAINTIES

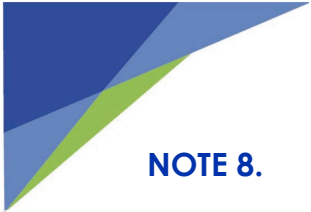
The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that the values of investment securities could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

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

## NOTE 7. INVESTMENTS

Investments are held by TD Ameritrade, Inc. The following schedule represents the fair value of investments as of July 31, 2025 and 2024:

|                                  | <u>2025</u>           | <u>2024</u>          |
|----------------------------------|-----------------------|----------------------|
| Investment cash                  | \$ 60,379             | \$ 57,722            |
| Mutual and exchange-traded funds | <u>102,313,238</u>    | <u>95,268,969</u>    |
| Total investments                | <u>\$ 102,373,617</u> | <u>\$ 95,326,691</u> |



## NOTE 8. FAIR VALUE MEASUREMENTS

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

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include other significant observable inputs including:

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

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

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

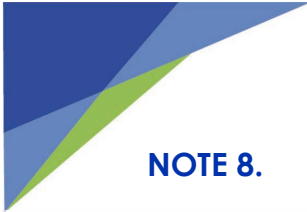
The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at July 31, 2025 and 2024.

*Investment cash:* Valued using amortized cost which approximates fair value.

*Mutual and exchange-traded funds:* Value is determined based on the closing price reported in the active market in which the individual assets are traded.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future 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 fair value of certain financial instruments could result in a different fair value measurement at the reporting date.



## NOTE 8. FAIR VALUE MEASUREMENTS (CONTINUED)

### Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to the total net assets available for benefits. For the year ended July 31, 2025, there were no significant transfers in or out of Levels 1, 2 or 3.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of July 31, 2025 and 2024.

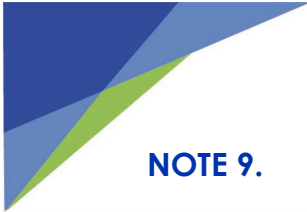
| Assets at Fair Value as of July 31, 2025 |                       |                       |             |             |
|------------------------------------------|-----------------------|-----------------------|-------------|-------------|
|                                          | Total                 | Level 1               | Level 2     | Level 3     |
| Investment cash                          | \$ 60,379             | \$ 60,379             | \$ -        | \$ -        |
| Mutual and exchange-traded funds         | <u>102,313,238</u>    | <u>102,313,238</u>    | <u>-</u>    | <u>-</u>    |
| Total                                    | <u>\$ 102,373,617</u> | <u>\$ 102,373,617</u> | <u>\$ -</u> | <u>\$ -</u> |

| Assets at Fair Value as of July 31, 2024 |                      |                      |             |             |
|------------------------------------------|----------------------|----------------------|-------------|-------------|
|                                          | Total                | Level 1              | Level 2     | Level 3     |
| Investment cash                          | \$ 57,722            | \$ 57,722            | \$ -        | \$ -        |
| Mutual funds                             | <u>95,268,969</u>    | <u>95,268,969</u>    | <u>-</u>    | <u>-</u>    |
| Total                                    | <u>\$ 95,326,691</u> | <u>\$ 95,326,691</u> | <u>\$ -</u> | <u>\$ -</u> |

## NOTE 9. REIMBURSEMENTS FROM RELATED PARTIES AND PARTY-IN-INTEREST TRANSACTIONS

Plumbers and Pipefitters #25 Benefit Fund, LLC (an unrelated party) provides collection services to the Plan, East Central Illinois Pipe Trades Welfare Fund, Plumbers and Pipefitters Local 149 Union and Local 149 Education Fund (related parties to the Plan). Plumbers and Pipefitters #25 Benefit Fund, LLC bills the Plan for the entire amount of the collection services and the Plan then bills the related parties for their share based on allocation approved by the Trustees.

The Plan and East Central Illinois Pipe Trades Welfare Fund are billed directly for payroll audit and legal delinquency fees. The Welfare Fund is billed for their share of the fees and the Plan is billed for the Plumbers and Pipefitters Local 149 Union, the Local 149 Education and their share of the fees based on an allocation approved by the Trustees. The Plan then bills the Plumbers and Pipefitters Local 149 Union and the Local 149 Education for their share of the fees.



## NOTE 9. REIMBURSEMENTS FROM RELATED PARTIES AND PARTY-IN-INTEREST TRANSACTIONS (CONTINUED)

As of July 31, 2025 and 2024, the Plan is due from other related parties \$4,177 and is due to other related parties \$340, respectively, for the collection of payroll audit and legal delinquency fees. As of July 31, 2025 and 2024, the Plan is due from East Central Illinois Pipe Trades 401K Plan (related party) \$1,676 and \$1,676, respectively, for the shared fiduciary insurance expense.

The Plan also pays certain investment and administrative fees directly to service providers. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

## NOTE 10. ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits and changes in accumulated plan benefits as of the most recent actuarial report, August 1, 2024 are:

### Accumulated plan benefits

#### Vested benefits

|                                                       |                  |
|-------------------------------------------------------|------------------|
| Participants currently receiving payments             | \$ 40,449,686    |
| Expenses on participants currently receiving payments | 1,820,236        |
| Other participants                                    | 29,093,936       |
| Expenses on other participants                        | <u>1,309,227</u> |
| Total vested                                          | 72,673,085       |

|                                |               |
|--------------------------------|---------------|
| Non-vested benefits            | 1,392,368     |
| Expenses on nonvested benefits | <u>62,656</u> |

|                                                            |                      |
|------------------------------------------------------------|----------------------|
| Total actuarial present value of accumulated plan benefits | <u>\$ 74,128,109</u> |
|------------------------------------------------------------|----------------------|



## NOTE 10. ACCUMULATED PLAN BENEFITS (CONTINUED)

### Changes in accumulated plan benefits

|                                                                        |                      |
|------------------------------------------------------------------------|----------------------|
| Actuarial present value of accumulated plan benefits at August 1, 2023 | \$ 70,311,418        |
| Increase (decrease) during the year attributable to                    |                      |
| Benefits accumulated and experience gain or loss                       | 3,547,527            |
| Changes in actuarial assumptions                                       | (103,702)            |
| Interest                                                               | 4,755,620            |
| Operational expenses paid                                              | (214,921)            |
| Benefits paid during the plan year beginning August 1, 2023            | <u>(4,167,833)</u>   |
| Net increase                                                           | <u>3,816,691</u>     |
| Actuarial present value of accumulated plan benefits at August 1, 2024 | \$ <u>74,128,109</u> |

## NOTE 11. RECONCILIATION OF FINANCIAL STATEMENT TO FORM 5500

The following is a reconciliation of additions and deductions per the statement of changes in net assets available for benefits to income and expenses per the Form 5500 for the year ended July 31, 2025:

|                                                                                    |                      |
|------------------------------------------------------------------------------------|----------------------|
| Total additions per the statement of changes in net assets available for benefits  | \$ 11,763,453        |
| Investment expenses                                                                | <u>24,500</u>        |
| Total income per the Form 5500                                                     | <u>\$ 11,787,953</u> |
| Total deductions per the statement of changes in net assets available for benefits | \$ 4,487,301         |
| Investment expenses                                                                | <u>24,500</u>        |
| Total expenses per the Form 5500                                                   | <u>\$ 4,511,801</u>  |

## NOTE 12. SUBSEQUENT EVENTS

Subsequent events have been evaluated through January 13, 2026, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.



## **SUPPLEMENTAL INFORMATION**





## EAST CENTRAL ILLINOIS PIPE TRADES PENSION FUND

### SCHEDULES OF GENERAL AND ADMINISTRATIVE EXPENSES

YEARS ENDED JULY 31, 2025 AND 2024

|                                                                                      | 2025              | 2024              |
|--------------------------------------------------------------------------------------|-------------------|-------------------|
| Administrative fees                                                                  | \$ 37,170         | \$ 41,342         |
| Accounting and audit fees                                                            | 32,645            | 29,458            |
| Actuarial fees                                                                       | 87,750            | 48,540            |
| Contribution collection fees                                                         | 12,091            | 10,196            |
| Insurance - general                                                                  | 13,982            | 13,796            |
| Insurance - PBGC                                                                     | 31,783            | 28,805            |
| Legal                                                                                | 27,840            | 38,481            |
| Office, postage and printing                                                         | 11,275            | 8,435             |
| Trustee conference expenses                                                          | <u>-</u>          | <u>7,656</u>      |
| Total general and administrative expenses                                            | 254,536           | 226,709           |
| Less: reimbursements for contribution collection<br>and payroll audit and legal fees | <u>(14,585)</u>   | <u>(11,788)</u>   |
| Net general and administrative expenses                                              | <u>\$ 239,951</u> | <u>\$ 214,921</u> |

## 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**

August 1 through July 31

### **Pension credit year**

August 1 through July 31

### **Plan status**

Ongoing plan

## Normal pension

- **Age Requirement:** 62
- **Service Requirement:** 5 years since participation began and 1 Year of Service
- **Amount:**

Earned prior to August 1, 2019 (Legacy Benefit Accruals):

| Date Range                             | Amount                                        |
|----------------------------------------|-----------------------------------------------|
| December 1, 1966 through July 31, 1997 | 3.25% of total employer contributions         |
| August 1, 1997 through July 31, 2003   | \$0.068 per hour worked in Covered Employment |
| August 1, 2003 through July 31, 2007   | \$0.036 per hour worked in Covered Employment |
| August 1, 2007 through July 31, 2019   | \$0.068 per hour worked in Covered Employment |

Earned on or after August 1, 2019 (Variable Benefit Accruals):

| Date Range                           | Amount                                        |
|--------------------------------------|-----------------------------------------------|
| August 1, 2019 through July 31, 2023 | \$0.068 per hour worked in Covered Employment |
| August 1, 2023 and after             | \$0.102 per hour worked in Covered Employment |

- **Variable Benefit Adjustment:** Each August 1, the Variable Benefit is adjusted by a percentage equal to:  $[(1 + \text{Actual Return, but not more than the Actual Return Cap}) / (1 + \text{Hurdle Rate}) - 1]$ , rounded to one-thousandth of 1%. The adjustment for the Actual Return during the Plan Year ending July 31, 2024 is applied to the benefit accrued as of August 1, 2024 and is effective August 1, 2025.
- **Actual Return:** Market value return calculated for the most recent Form 5500 Schedule MB, rounded to one-thousandth of 1%.
- **Actual Return Cap:** 10%
- **Hurdle Rate:** 5%
- **Delayed Retirement Amount:** Normal Pension accrued at Normal Retirement Age (NRA), increased actuarially using the Unisex Pension 1984 mortality table and 6.5% interest for benefits earned prior to August 1, 2019, and 5% interest for benefits earned on or after August 1, 2019. Participants can opt to elect a Retroactive Annuity Starting Date of NRA and receive the accumulated value of missed payments with applicable interest.

## Variable annuity terminology

- **Legacy Liability:** Liability for benefits accrued prior to August 1, 2019
- **Variable Annuity Liability:** Liability for Variable Benefits, including the assumed utilization of the Stabilization Reserve
- **Variable Benefit:** The sum of Variable Benefit Accruals, reflecting Variable Benefit Adjustments, plus any Shore-up Amount or Release Amount as of the prior valuation date
- **No-Cap Variable Benefit:** The Variable Benefit, reflecting Variable Benefit Adjustments without applying the Actual Return Cap
- **Stabilization Reserve:** The difference between the No-Cap Variable Benefit and the Variable Benefit
- **High Water Mark:** The maximum Variable Benefit as of any prior valuation date
- **Shore-up Amount:** The lesser of 1) the Stabilization Reserve and 2) the High Water Mark less the Variable Benefit
- **Release Amount:**  $25\% \times [(Stabilization\ Reserve - current\ year\ Shore-Up\ Amount) - (2 \times High\ Water\ Mark)]$
- **Stabilization Reserve utilization:** At the beginning of each Plan Year, Variable Benefits in pay status are increased by the Shore-up Amount and the Release Amount, if any.

## Early retirement

- **Age Requirement:** 55
- **Service Requirement:** 5 Years of Service
- **Amount:** Normal pension accrued (excluding any portion payable under Unreduced Early Retirement), reduced by 3% for each year of age less than 60 (62 if terminated prior to June 1, 2021)

## Unreduced early retirement

- **Age Requirement:** 55
- **Service Requirement:** 30 years of service
- **Amount:** Normal pension accrued as of August 1, 2003

## Disability retirement

- **Age Requirement:** Under 62
- **Service Requirement:** 5 Years of Service and has accrued at least 1 Year of Service in either the current or preceding plan year
- **Other Requirement:** Receiving Social Security disability benefits
- **Amount:** Normal pension accrued, payable until age 62, with 60 monthly payments guaranteed for a single participant and a QPSA benefit for a married participant

## Vested retirement

- **Age Requirement:** None
- **Service Requirement:** 5 Years of Service
- **Amount:** Normal or early pension accrued based on plan in effect when last active
- **Normal Retirement Age:** 62

## Qualified preretirement survivor annuity (QPSA)

- **Age Requirement:** None
- **Service Requirement:** 5 Years of Service
- **When Paid:** Benefit is payable immediately upon death of a participant eligible for early retirement, otherwise benefit is deferred to the earliest retirement age for the deceased participant. Surviving spouse may defer commencement, but not beyond the participant's Required Beginning Date.
- **Amount:** 50% of the benefit participant would have received had the participant retired the day before death and elected the Joint and 50% Survivor Annuity.

The spouse of a deceased participant may elect the Five Year Certain Death Benefit in lieu of this benefit.

- **Charge for Coverage:** None

## Pre-retirement lump-sum death benefit

- **Age Requirement:** None
- **Service Requirement:** Less than 5 Years of Service and has accrued at least 1 Year of Service in either the current or preceding plan year
- **Amount:** 70% of employer contributions, up to a maximum of \$2,000.

## Pre-retirement five year certain death benefit

- **Age Requirement:** None
- **Service Requirement:** 5 Years of Service
- **Amount:** Normal pension accrued payable for 60 months guaranteed. Reductions are made for early commencement, if applicable. If the participant dies before age 55, the amount is calculated as if the participant were age 55.

## Normal forms of payment

- **Joint and 50% Survivor Annuity (with pop-up):** If married, pension benefits are paid in the form of a 50% joint and survivor annuity (with pop-up) unless this form is rejected by the participant and spouse. The amount is reduced to be actuarially equivalent to the Single Life Annuity with 60 Month Guarantee.
- **Single Life Annuity with 60 Month Guarantee:** If not married, benefits are payable for the life of the participant without reduction with payments guaranteed for 60 months

## Optional forms of payment

- Single Life Annuity with 60 Month Guarantee, for married participants only
- 75% Joint and Survivor Annuity (with pop-up), for married participants only
- 100% Joint and Survivor Annuity (with pop-up), for married participants only

## Optional forms conversion basis

Actuarial equivalence from a Single Life Annuity with 60 Month Guarantee is based on the Unisex Pension 1984 mortality table, no adjustment for participants and a 5-year setback for joint annuitants, and 6.5% interest for benefits earned prior to August 1, 2019, and 5% interest for benefits earned on or after August 1, 2019. The cost of the pop-up feature is ignored in the conversion factors.

## Participation

Commences on the earlier of 6 months after the employee works 400 hours or the August 1 following a twelve-month period in which the employee works 400 hours

## Year of service

One Year of Service for each credit year after August 1, 1976 in which the employee works 400 Hours of Service in Covered Employment or in non-covered employment that is contiguous with Covered Employment

## Contribution rates

- **Journeyman:** \$8.89 per hour, effective June 1, 2021
- **2<sup>nd</sup> Year Apprentices:** \$4.89 per hour, effective June 1, 2023
- **3<sup>rd</sup> Year Apprentices:** \$5.78 per hour, effective June 1, 2023
- **4<sup>th</sup> Year Apprentices:** \$6.67 per hour, effective June 1, 2023
- **5<sup>th</sup> Year Apprentices:** \$7.56 per hour, effective June 1, 2023

## Changes in plan provisions

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

# EAST CENTRAL ILLINOIS PIPE TRADES PENSION FUND

## SCHEDULE OF ASSETS (HELD AT END OF YEAR)

JULY 31, 2025

Schedule H, Part IV, Line 4(i)

EIN No.: 37-6078600  
Plan No.: 001

|                                         |                                                              | (c) Description of investment including collateral, maturity date,<br>rate of interest, par/maturity value or Shares |            |                  |                     |                                    |               |                      |
|-----------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------|------------------|---------------------|------------------------------------|---------------|----------------------|
| (a)                                     | (b) Identity of issuer, borrower,<br>lessor or similar party | Description                                                                                                          | Collateral | Maturity<br>Date | Rate of<br>Interest | Par/Maturity<br>Value or<br>Shares | (d) Cost      | (e) Current<br>Value |
| <u>Investment cash</u>                  |                                                              |                                                                                                                      |            |                  |                     |                                    |               |                      |
|                                         | Schwab Government Money                                      | Investment cash                                                                                                      | N/A        | N/A              | N/A                 | N/A                                | \$ 60,379     | \$ 60,379            |
| <u>Mutual and exchange-traded funds</u> |                                                              |                                                                                                                      |            |                  |                     |                                    |               |                      |
|                                         | DFA Emerging Markets Small Cap                               | Mutual fund                                                                                                          | N/A        | N/A              | N/A                 | 39,263                             | 758,923       | 1,018,876            |
|                                         | DFA Emerging Markets ex China Core Equity                    | Mutual fund                                                                                                          | N/A        | N/A              | N/A                 | 627,482                            | 6,628,603     | 6,977,597            |
|                                         | DFA International Small Cap Value                            | Mutual fund                                                                                                          | N/A        | N/A              | N/A                 | 10,583                             | 203,735       | 292,188              |
|                                         | DFA International Value Portfolio Institutional Class        | Mutual fund                                                                                                          | N/A        | N/A              | N/A                 | 199,130                            | 3,545,026     | 4,964,321            |
|                                         | DFA U.S. Small Cap Portfolio Institutional Class             | Mutual fund                                                                                                          | N/A        | N/A              | N/A                 | 80,688                             | 2,638,403     | 3,927,097            |
|                                         | Dodge & Cox Stock Fund Class I                               | Mutual fund                                                                                                          | N/A        | N/A              | N/A                 | 65,172                             | 10,907,095    | 17,451,856           |
|                                         | Fidelity Advisor International Capital Appreciation Fd       | Mutual fund                                                                                                          | N/A        | N/A              | N/A                 | 92,585                             | 3,446,714     | 3,455,286            |
|                                         | Fidelity Growth Company                                      | Mutual fund                                                                                                          | N/A        | N/A              | N/A                 | 111,871                            | 3,168,540     | 4,930,157            |
|                                         | Fidelity Low-Priced Stock Fund                               | Mutual fund                                                                                                          | N/A        | N/A              | N/A                 | 191,536                            | 8,450,666     | 8,389,283            |
|                                         | Invesco International Small-Mid Company Fund Class R6        | Mutual fund                                                                                                          | N/A        | N/A              | N/A                 | 1,849                              | 74,414        | 77,304               |
|                                         | Invesco International Small-Mid Company Fund Class Y         | Mutual fund                                                                                                          | N/A        | N/A              | N/A                 | 5,726                              | 228,417       | 237,848              |
|                                         | Oberweis International Opportunities Fund                    | Mutual fund                                                                                                          | N/A        | N/A              | N/A                 | 13,252                             | 282,301       | 307,589              |
|                                         | Schwab S&P 500 Index Fund                                    | Mutual fund                                                                                                          | N/A        | N/A              | N/A                 | 21,242                             | 1,503,583     | 2,081,931            |
|                                         | T. Rowe Price Blue Chip Growth Fund I Class                  | Mutual fund                                                                                                          | N/A        | N/A              | N/A                 | 12,545                             | 1,272,428     | 2,627,955            |
|                                         | Vanguard Short-Term Inflation Protect                        | Mutual fund                                                                                                          | N/A        | N/A              | N/A                 | 481,928                            | 11,489,818    | 12,086,751           |
|                                         | Vanguard Windsor II Fund Admiral Shares                      | Mutual fund                                                                                                          | N/A        | N/A              | N/A                 | 211,306                            | 13,302,380    | 17,652,472           |
|                                         | Vanguard Small-Cap Index Fund Admiral Shares                 | Mutual fund                                                                                                          | N/A        | N/A              | N/A                 | 33,338                             | 1,568,348     | 3,857,488            |
|                                         | Vanguard Short-Term Corporate Bond ETF                       | Exchange Traded Fund                                                                                                 | N/A        | N/A              | N/A                 | 151,075                            | 11,445,649    | 11,977,239           |
|                                         | Total mutual funds and exchange-traded funds                 |                                                                                                                      |            |                  |                     |                                    | 80,915,043    | 102,313,238          |
|                                         | Total assets (held at end of year)                           |                                                                                                                      |            |                  |                     |                                    | \$ 80,975,422 | \$ 102,373,617       |

## Schedule of active participant data

(Schedule MB, Line 8b(2))

The participant data is for the year ended July 31, 2024.

### Years of Service

| Age          | Total      | Under 1   | 1 - 4     | 5 - 9     | 10 - 14   | 15 - 19   | 20 - 24   | 25 - 29   | 30 - 34  | 35 - 39  | 40 & up  |
|--------------|------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|----------|----------|----------|
| Under 25     | 27         | 9         | 17        | 1         | —         | —         | —         | —         | —        | —        | —        |
| 25 - 29      | 37         | 3         | 19        | 15        | —         | —         | —         | —         | —        | —        | —        |
| 30 - 34      | 44         | 7         | 13        | 18        | 6         | —         | —         | —         | —        | —        | —        |
| 35 - 39      | 46         | 6         | 13        | 17        | 6         | 4         | —         | —         | —        | —        | —        |
| 40 - 44      | 46         | 2         | 7         | 13        | 8         | 10        | 4         | 2         | —        | —        | —        |
| 45 - 49      | 37         | 2         | 5         | 7         | 6         | 5         | 7         | 5         | —        | —        | —        |
| 50 - 54      | 30         | 2         | 2         | 5         | 5         | 7         | 3         | 3         | 3        | —        | —        |
| 55 - 59      | 18         | —         | 2         | 1         | 2         | 4         | 4         | 2         | 2        | 1        | —        |
| 60 - 64      | 7          | 1         | —         | 1         | —         | 1         | 1         | 1         | —        | 2        | —        |
| 65 - 69      | 3          | —         | 1         | 1         | —         | —         | —         | —         | —        | —        | 1        |
| 70 & up      | —          | —         | —         | —         | —         | —         | —         | —         | —        | —        | —        |
| Unknown      | 3          | 3         | —         | —         | —         | —         | —         | —         | —        | —        | —        |
| <b>Total</b> | <b>298</b> | <b>35</b> | <b>79</b> | <b>79</b> | <b>33</b> | <b>31</b> | <b>19</b> | <b>13</b> | <b>5</b> | <b>3</b> | <b>1</b> |

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

| Type of Base          | Date Established | Outstanding Balance | Years Remaining | Amortization Amount |
|-----------------------|------------------|---------------------|-----------------|---------------------|
| Plan Amendment        | 08/01/1980       | \$16,131            | 1               | \$16,131            |
| Change in Assumptions | 08/01/1991       | 44,007              | 2               | 22,748              |
| Change in Assumptions | 08/01/1993       | 279,405             | 4               | 77,092              |
| Change in Assumptions | 08/01/1994       | 74,679              | 5               | 17,022              |
| Change in Assumptions | 08/01/1995       | 572,485             | 6               | 112,248             |
| Change in Assumptions | 08/01/1996       | 399,326             | 7               | 69,249              |
| Plan Amendment        | 08/01/1997       | 1,507,539           | 8               | 235,948             |
| Change in Assumptions | 08/01/1998       | 46,606              | 9               | 6,685               |
| Change in Assumptions | 08/01/2000       | 110,612             | 11              | 13,786              |
| Change in Assumptions | 08/01/2003       | 220,086             | 14              | 23,519              |
| Experience Loss       | 08/01/2005       | 106,478             | 1               | 106,478             |
| Change in Assumptions | 08/01/2006       | 16,490              | 17              | 1,578               |
| Experience Loss       | 08/01/2006       | 27,000              | 2               | 13,957              |
| Plan Amendment        | 08/01/2007       | 131,349             | 18              | 12,204              |
| Plan Amendment        | 08/01/2008       | 164,791             | 4               | 45,468              |
| Experience Loss       | 08/01/2009       | 368,107             | 5               | 83,905              |
| Experience Loss       | 08/01/2010       | 215,080             | 6               | 42,171              |
| Experience Loss       | 08/01/2011       | 108,517             | 7               | 18,818              |
| Change in Assumptions | 08/01/2011       | 242,456             | 2               | 125,327             |
| Experience Loss       | 08/01/2012       | 284,498             | 3               | 101,316             |
| Change in Assumptions | 08/01/2012       | 408,753             | 3               | 145,566             |
| Change in Assumptions | 08/01/2014       | 263,986             | 5               | 60,172              |
| Experience Loss       | 08/01/2015       | 127,142             | 6               | 24,929              |
| Experience Loss       | 08/01/2016       | 1,199,389           | 7               | 207,991             |

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

| Type of Base          | Date Established | Outstanding Balance | Years Remaining | Amortization Amount |
|-----------------------|------------------|---------------------|-----------------|---------------------|
| Experience Loss       | 08/01/2017       | 1,503,032           | 8               | 235,242             |
| Experience Loss       | 08/01/2018       | 1,750,001           | 9               | 251,029             |
| Experience Loss       | 08/01/2019       | 1,612,568           | 10              | 214,573             |
| Experience Loss       | 08/01/2020       | 1,383,060           | 11              | 172,374             |
| Plan Amendment        | 08/01/2021       | 1,138,661           | 12              | 133,981             |
| Change in Assumptions | 08/01/2022       | 616,500             | 13              | 68,939              |
| Experience Loss       | 08/01/2023       | 1,335,134           | 14              | 142,678             |
| <b>Total</b>          |                  | <b>\$16,273,868</b> |                 | <b>\$2,803,124</b>  |

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

| Type of Base          | Date Established | Outstanding Balance | Years Remaining | Amortization Amount |
|-----------------------|------------------|---------------------|-----------------|---------------------|
| Change in Assumptions | 08/01/2010       | \$1,586             | 1               | \$1,586             |
| Experience Gain       | 08/01/2013       | 159,035             | 4               | 43,880              |
| Experience Gain       | 08/01/2014       | 791,050             | 5               | 180,308             |
| Change in Assumptions | 08/01/2021       | 49,232              | 12              | 5,793               |
| Experience Gain       | 08/01/2021       | 13,016,897          | 12              | 1,531,639           |
| Experience Gain       | 08/01/2022       | 737,059             | 13              | 82,420              |
| Change in Assumptions | 08/01/2023       | 754,736             | 14              | 80,654              |
| Change in Assumptions | 08/01/2024       | 99,236              | 15              | 10,183              |
| Experience Gain       | 08/01/2024       | 170,125             | 15              | 17,457              |
| <b>Total</b>          |                  | <b>\$15,778,956</b> |                 | <b>\$1,953,920</b>  |

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

- For purposes of determining current liability, the current liability interest rate was changed from 2.45% to 3.76% 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 August 1, 2024 for funding purposes and as of July 31, 2024 for withdrawal liability purposes:
  - Mortality adjustment factor (previously, 110% for male and 105% for female)
  - Active retirement, previously

| Age     | Annual Retirement Rates |
|---------|-------------------------|
| 55 – 57 | 10%                     |
| 58      | 20%                     |
| 59      | 25%                     |
| 60      | 30%                     |
| 61      | 25%                     |
| 62      | 30%                     |
| 63      | 15%                     |
| 64      | 60%                     |
| 65+     | 100%                    |

- Inactive vested retirement (previously, age 60)
- Percent married (previously, 100%)
- Benefit election (previously, all participants elect the life with 60 month guarantee form of payment and a 0.8% loading factor for the pop-up feature was applied)
- Pre-reporting benefit accruals load (previously, none)
- Annual administrative expenses (previously, \$180,000)

## Statement of actuarial assumptions, methods and models

(Schedule MB, Line 6)

### Mortality rates

**Healthy Non-Retired Participant:** 95% of the Pri-2012 Blue Collar Employee Mortality Tables (sex-distinct), projected generationally using scale MP-2021

**Healthy Pensioner, Disabled Pensioner, or Beneficiary:** 95% of the Pri-2012 Blue Collar Healthy Retiree Mortality Tables (sex-distinct), projected generationally using scale MP-2021

The above tables, projected generationally to the valuation date, reasonably reflect the projected mortality experience of the Plan as of the valuation date. The resulting mortality tables were then adjusted to future years using generational projection to reflect future mortality improvement between the valuation date and those years.

The mortality rates were based on historical and current demographic data, adjusted to reflect health characteristics of the industry, estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of deaths and the actual liability change and the expected number of deaths and the expected liability change based on the prior year's assumption over the most recent year (i.e. the period of time since Segal matched the prior actuary's valuation).

## Termination rates

| Age | Disability <sup>1</sup> | Withdrawal <sup>2</sup> |
|-----|-------------------------|-------------------------|
| 20  | 0.03%                   | 6.58%                   |
| 25  | 0.04%                   | 5.27%                   |
| 30  | 0.06%                   | 4.83%                   |
| 35  | 0.07%                   | 4.47%                   |
| 40  | 0.11%                   | 3.84%                   |
| 45  | 0.18%                   | 3.21%                   |
| 50  | 0.30%                   | 1.52%                   |
| 55  | 0.50%                   | 0.33%                   |
| 60  | 0.81%                   | 0.00%                   |

The withdrawal rates and disability rates were based on the prior actuary's assumption as of August 1, 2023. As part of the analysis, a comparison was made between the actual number of withdrawals and disability retirements by age and the projected number based on the prior year's assumption over the most recent year (i.e. the period of time since Segal matched the prior actuary's valuation).

<sup>1</sup> Disability rates do not apply at or beyond age 60

<sup>2</sup> Withdrawal rates do not apply at or beyond early retirement age. Assumed rate during second year of employment is 40% and 30% in third year of employment. All newly reported participants are considered to have already worked their first year of employment.

## Retirement rates for active participants

| Age     | Annual Retirement Rates |
|---------|-------------------------|
| 55 – 57 | 5%                      |
| 58      | 15%                     |
| 59 – 60 | 10%                     |
| 61      | 25%                     |
| 62      | 30%                     |
| 63      | 15%                     |
| 64      | 60%                     |
| 65+     | 100%                    |

The retirement rates for active participants were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior year's assumption over the most recent year (i.e. the period of time since Segal matched the prior actuary's valuation).

## Description of weighted average retirement age

Age 61, determined as follows: The weighted-average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted-average retirement age is the average of the individual weighted-average retirement ages based on all the active participants included in the August 1, 2024 actuarial valuation.

## Retirement rates for inactive vested participants

| Age     | Annual Retirement Rates |
|---------|-------------------------|
| 55 – 57 | 5%                      |
| 58      | 10%                     |
| 59      | 12.5%                   |
| 60      | 15%                     |
| 61      | 12.5%                   |
| 62      | 15%                     |
| 63      | 7.5%                    |
| 64      | 30%                     |
| 65+     | 100%                    |

The retirement rates for inactive vested participants were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment. As part of the analysis, a comparison was made between the actual number of retirements by age and the projected number based on the prior year's assumption over the most recent year (i.e. the period of time since Segal matched the prior actuary's valuation).

## Future benefit accruals

Based on 1,675 hours of contributions per year for vested participants and 1,000 hours of contributions per year for non-vested participants.

The future benefit accruals were based on the prior actuary's assumption as of August 1, 2023. As part of the analysis, a comparison was made between the assumed and the actual benefit accruals over the most recent year (i.e. the period of time since Segal matched the prior actuary's valuation).

## Unknown data for participants

Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male.

## Definition of active participants

Active participants are defined as those with at least 1 hour in the most recent plan year, excluding those who have retired as of the valuation date.

## Exclusion of inactive vested participants

Inactive vested participants over age 74 never return and apply for a benefit.

The exclusion of inactive vested participants over the selected age was based on historical and current demographic data, estimated future experience and professional judgment. As part of the analysis, the ages of new retirees from inactive vested status over the most recent year were reviewed.

## Pre-reporting benefit accruals load

A 1.0% load to normal cost to reflect current year benefit accruals for employees not yet reported as active participants.

The load for pre-reporting benefit accruals was based on historical and current demographic data, estimated future experience and professional judgement. As part of the analysis, a comparison was made between the assumed and the actual liability losses on newly reported active participants over the most recent year (i.e. the period of time since Segal matched the prior actuary's valuation).

## Percent married

85% of active and inactive vested participants are assumed to be married.

## Age and sex of spouse

Spouses of male participants are three years younger and spouses of female participants are three years older. If not specified, spouses are assumed to be the opposite sex of the participant.

## **Benefit election**

50% elect the Single Life Annuity With 60 Month Guarantee form of payment and 50% elect the Joint and 50% Survivor Annuity (with pop-up) form of payment.

The benefit elections were based on historical and current demographic data, adjusted to reflect the plan design, and estimated future experience and professional judgment.

## **Delayed retirement increases**

Active participants are assumed to work enough hours each month to have their benefit suspended and, therefore, to be ineligible for delayed retirement increases. Inactive vested participants who are assumed to commence receipt of benefits after attaining Normal Retirement Age are eligible for delayed retirement increases.

## **Inactive vested university participants**

Inactive vested participants working at the university are assumed to earn 30 years of service prior to retirement. The university service list was last updated as of August 1, 2021.

## **Stabilization reserve utilization**

90% of the stabilization reserve is assumed to be used up over the course of a participant's lifetime.

The stabilization reserve utilization assumption is based on the prior actuary's assumption as of August 1, 2023.

## **Net investment return**

7.00%

The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. An analysis was prepared that reflects inflation expectations and anticipated risk premiums for each of the portfolio's asset classes as provided by Segal Marco Advisors, as well as the Plan's target asset allocation.

## **Future Variable Benefit Adjustments**

1.905% per year

The future Variable Benefit Adjustments assumption is a long-term estimate based on the net investment return assumption and the Hurdle Rate.

## **Annual administrative expenses**

\$200,000 for the year beginning August 1, 2024 (equivalent to \$192,840 payable at the beginning of the year)

The annual administrative expenses were based on historical and current data, adjusted to reflect estimated future experience and professional judgment.

## **Actuarial value of assets**

The market value of assets less unrecognized returns in each of the last five years. Unrecognized return is equal to the difference between the actual market return and the projected return on the market value and is recognized over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.

## **Actuarial cost method**

Unit Credit Actuarial Cost Method. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis.

## **Decrement timing**

Middle of year

## **Benefits valued**

Unless otherwise indicated, includes all benefits summarized in Exhibit L.

## Current liability assumptions

- **Interest:** 3.76%, within the permissible range prescribed under IRC Section 431(c)(6)(E)
- **Mortality:** Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(1): Pri-2012 employee and retiree mortality tables, projected generationally using the 2024 Adjusted Scale MP-2021.

## Actuarial models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

## **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 February 1 contribution date.

|                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security<br>Administration<br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4085 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1510 - 0110<br>1510 - 0089<br><b>2024</b><br>This Form is Open to<br>Public Inspection |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                         |
| For calendar plan year 2024 or fiscal plan year beginning <b>08/01/2024</b> and ending <b>07/31/2025</b> |                                                                                                                                                                                                                                                                                                                                         |
| A This return/report is for:                                                                             | <input checked="" type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)                                                                                                         |
| B This return/report is:                                                                                 | <input type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____<br><input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months) |
| C If the plan is a collectively-bargained plan, check here                                               | <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                     |
| D Check box if filing under:                                                                             | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                  |
| E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here                | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                |

|                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                                                             | <b>Basic Plan Information</b> - enter all requested information                                                                                                                   |
| 1a Name of plan<br><b>EAST CENTRAL ILLINOIS PIPE TRADES PENSION FUND</b>                                                                                                                                                                                                                                                                                                                   | 1b Three-digit plan number (PN) ► <b>001</b>                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                            | 1c Effective date of plan<br><b>12/01/1966</b>                                                                                                                                    |
| 2a Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><b>EAST CENTRAL ILLINOIS PIPE TRADES PENSION FUND</b><br><br><b>7440 WOODLAND DRIVE</b><br><br><b>INDIANAPOLIS IN 46278-1720</b> | 2b Employer Identification Number (EIN)<br><b>37-6078600</b><br>2c Plan Sponsor's telephone number<br><b>800-398-1057</b><br>2d Business code (see instructions)<br><b>238220</b> |

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 | <i>Charles Deakin Jr.</i>          | 3/31/26 | Charles Deakin Jr.                                           |
|           | Signature of plan administrator    | Date    | Enter name of individual signing as plan administrator       |
| SIGN HERE | <i>Joe Kulick</i>                  | 4/27/26 | Joe Kulick                                                   |
|           | 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

|                                                                                                          |                                                                                                                                                                  |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                        |                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name | <b>4b</b> EIN<br><br><b>4d</b> PN |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                                                                                                           |              |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                   | <b>5</b>     | 859 |
| <b>6</b> 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).  |              |     |
| <b>a (1)</b> Total number of active participants at the beginning of the plan year .....                                                                  | <b>6a(1)</b> | 362 |
| <b>a (2)</b> Total number of active participants at the end of the plan year .....                                                                        | <b>6a(2)</b> | 383 |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                       | <b>6b</b>    | 312 |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                        | <b>6c</b>    | 108 |
| <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c .....                                                                                                      | <b>6d</b>    | 803 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....                                                | <b>6e</b>    | 54  |
| <b>f</b> Total. Add lines 6d and 6e .....                                                                                                                 | <b>6f</b>    | 857 |
| <b>g (1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... | <b>6g(1)</b> |     |
| <b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....         | <b>6g(2)</b> |     |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....                | <b>6h</b>    |     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                      | <b>7</b>     | 34  |

**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:

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

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

**a Pension Schedules**

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

**b General Schedules**

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <b>SCHEDULE MB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small>                                                                                                                                                                                                                                                                                      | <b>Multiemployer Defined Benefit Plan and Certain<br/>Money Purchase Plan Actuarial Information</b><br><br><p style="text-align: center;">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).</p> <p style="text-align: center;">▶ <b>File as an attachment to Form 5500 or 5500-SF.</b></p> | OMB No. 1210-0110<br><br><b>2024</b><br><br><b>This Form is Open to Public<br/>Inspection</b> |
| For calendar plan year 2024 or fiscal plan year beginning 08/01/2024 and ending 07/31/2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               |
| ▶ <b>Round off amounts to nearest dollar.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               |
| ▶ <b>Caution:</b> A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               |
| <b>A</b> Name of plan<br>East Central Illinois Pipe Trades Pension Fund                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>B</b> Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                                                                                                               |                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>East Central Illinois Pipe Trades Pension Fund                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>D</b> Employer Identification Number (EIN)<br>37-6078600                                                                                                                                                                                                                                                                                                                                                               |                                                                                               |
| <b>E</b> Type of plan: (1) <input checked="" type="checkbox"/> Multiemployer Defined Benefit (2) <input type="checkbox"/> Money Purchase (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               |
| <b>1a</b> Enter the valuation date: Month 08 Day 01 Year 2024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               |
| <b>b</b> Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               |
| (1) Current value of assets .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1b(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                              | 96,110,933                                                                                    |
| (2) Actuarial value of assets for funding standard account .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1b(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                              | 93,888,664                                                                                    |
| <b>c</b> (1) Accrued liability for plan using immediate gain methods .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1c(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                              | 70,935,990                                                                                    |
| (2) Information for plans using spread gain methods:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               |
| (a) Unfunded liability for methods with bases .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(2)(a)</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               |
| (b) Accrued liability under entry age normal method .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(2)(b)</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               |
| (c) Normal cost under entry age normal method .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(2)(c)</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               |
| (3) Accrued liability under unit credit cost method .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(3)</b>                                                                                                                                                                                                                                                                                                                                                                                                              | 70,935,990                                                                                    |
| <b>d</b> Information on current liabilities of the plan:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               |
| (1) Amount excluded from current liability attributable to pre-participation service (see instructions) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>1d(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                               |
| (2) "RPA '94" information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               |
| (a) Current liability .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1d(2)(a)</b>                                                                                                                                                                                                                                                                                                                                                                                                           | 114,974,539                                                                                   |
| (b) Expected increase in current liability due to benefits accruing during the plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1d(2)(b)</b>                                                                                                                                                                                                                                                                                                                                                                                                           | 6,344,728                                                                                     |
| (c) Expected release from "RPA '94" current liability for the plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>1d(2)(c)</b>                                                                                                                                                                                                                                                                                                                                                                                                           | 4,360,458                                                                                     |
| (3) Expected plan disbursements for the plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1d(3)</b>                                                                                                                                                                                                                                                                                                                                                                                                              | 4,560,458                                                                                     |
| <b>Statement by Enrolled Actuary</b><br><small>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.</small> |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               |
| <b>SIGN HERE</b> Jeremy C. Roberts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                           | 02/23/2026                                                                                    |
| Signature of actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                           | Date                                                                                          |
| JEREMY C. ROBERTS, FSA, MAAA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                           | 2306462                                                                                       |
| Type or print name of actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                           | Most recent enrollment number                                                                 |
| SEGAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                           | 312-984-8500                                                                                  |
| Firm name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                           | Telephone number (including area code)                                                        |
| 101 North Wacker Drive, Suite 1800<br>Chicago IL 60606-1722                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               |
| 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 <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                           | Schedule MB (Form 5500) 2024 v. 240311                                                        |

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

|                                                                                                                                     |                                   |                              |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Current value of assets (see instructions) .....                                                                           | <b>2a</b>                         | 96,110,933                   |
| <b>b</b> "RPA '94" current liability/participant count breakdown:                                                                   |                                   |                              |
|                                                                                                                                     | <b>(1) Number of participants</b> | <b>(2) Current liability</b> |
| <b>(1)</b> For retired participants and beneficiaries receiving payment .....                                                       | 373                               | 53,135,642                   |
| <b>(2)</b> For terminated vested participants .....                                                                                 | 145                               | 16,294,345                   |
| <b>(3)</b> For active participants:                                                                                                 |                                   |                              |
| <b>(a)</b> Non-vested benefits .....                                                                                                |                                   | 3,503,035                    |
| <b>(b)</b> Vested benefits .....                                                                                                    |                                   | 42,041,517                   |
| <b>(c)</b> Total active .....                                                                                                       | 298                               | 45,544,552                   |
| <b>(4)</b> Total .....                                                                                                              | 816                               | 114,974,539                  |
| <b>c</b> If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage ..... | <b>2c</b>                         | %                            |

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

| (a) Date<br>(MM/DD/YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM/DD/YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 02/01/2025               | 3,941,027                         | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
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|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>3(b)</b>              | 3,941,027                         | <b>3(c)</b> 0                   |

(d) Total withdrawal liability amounts included in line 3(b) total ..... **3(d)** 0**4** Information on plan status:

|                                                                                                                                                                            |           |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------|
| <b>a</b> Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3)) .....                                                                           | <b>4a</b> | 132.3 %                                                  |
| <b>b</b> Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status).<br>If entered code is "N," go to line 5 .....     | <b>4b</b> | N                                                        |
| <b>c</b> Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? .....                                                  |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>d</b> If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time<br>(see instructions)? ..... |           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>e</b> If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions),<br>measured as of the valuation date .....      | <b>4e</b> |                                                          |
| <b>f</b> If the plan is in critical status or critical and declining status, and is:                                                                                       | <b>4f</b> |                                                          |
| • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to<br>emerge;                                                     |           |                                                          |
| • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and<br>check here .....                                               |           |                                                          |
| • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."                                                                     |           |                                                          |

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

|                                                                             |                                                            |                                                                            |                                             |
|-----------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------|
| <b>a</b> <input type="checkbox"/> Attained age normal                       | <b>b</b> <input type="checkbox"/> Entry age normal         | <b>c</b> <input checked="" type="checkbox"/> Accrued benefit (unit credit) | <b>d</b> <input type="checkbox"/> Aggregate |
| <b>e</b> <input type="checkbox"/> Frozen initial liability                  | <b>f</b> <input type="checkbox"/> Individual level premium | <b>g</b> <input type="checkbox"/> Individual aggregate                     | <b>h</b> <input type="checkbox"/> Shortfall |
| <b>i</b> <input type="checkbox"/> Other (specify):                          |                                                            |                                                                            |                                             |
| <b>j</b> If box h is checked, enter period of use of shortfall method ..... |                                                            |                                                                            | <b>5j</b>                                   |

**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:

|                                                                                                                               |                                                                                                  |                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Interest rate for "RPA '94" current liability.....                                                                   | <b>6a</b>                                                                                        | 3.76 %                                                                                                                                          |
|                                                                                                                               | Pre-retirement                                                                                   | Post-retirement                                                                                                                                 |
| <b>b</b> Rates specified in insurance or annuity contracts .....                                                              | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A                                                |
| <b>c</b> Mortality table code for valuation purposes:                                                                         |                                                                                                  |                                                                                                                                                 |
| <b>(1)</b> Males.....                                                                                                         | <b>6c(1)</b>                                                                                     | A                                                                                                                                               |
| <b>(2)</b> Females .....                                                                                                      | <b>6c(2)</b>                                                                                     | A                                                                                                                                               |
| <b>d</b> Valuation liability interest rate .....                                                                              | <b>6d</b>                                                                                        | 7.00 %                                                                                                                                          |
| <b>e</b> Salary scale .....                                                                                                   | <b>6e</b>                                                                                        | % <input checked="" type="checkbox"/> N/A                                                                                                       |
| <b>f</b> Withdrawal liability interest rate:                                                                                  |                                                                                                  |                                                                                                                                                 |
| <b>(1)</b> Type of interest rate .....                                                                                        | <b>6f(1)</b>                                                                                     | <input checked="" type="checkbox"/> Single rate <input type="checkbox"/> ERISA 4044 <input type="checkbox"/> Other <input type="checkbox"/> N/A |
| <b>(2)</b> If "Single rate" is checked in (1), enter applicable single rate .....                                             | <b>6f(2)</b>                                                                                     | 7.00 %                                                                                                                                          |
| <b>g</b> Estimated investment return on actuarial value of assets for year ending on the valuation date.....                  | <b>6g</b>                                                                                        | 7.9 %                                                                                                                                           |
| <b>h</b> Estimated investment return on current value of assets for year ending on the valuation date .....                   | <b>6h</b>                                                                                        | 13.1 %                                                                                                                                          |
| <b>i</b> Expense load included in normal cost reported in line 9b .....                                                       | <b>6i</b>                                                                                        | <input type="checkbox"/> N/A                                                                                                                    |
| <b>(1)</b> If expense load is described as a percentage of normal cost, enter the assumed percentage .....                    | <b>6i(1)</b>                                                                                     | %                                                                                                                                               |
| <b>(2)</b> If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b..... | <b>6i(2)</b>                                                                                     | 192,840                                                                                                                                         |
| <b>(3)</b> If neither (1) nor (2) describes the expense load, check the box .....                                             | <b>6i(3)</b>                                                                                     | <input type="checkbox"/>                                                                                                                        |

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

| (1) Type of base | (2) Initial balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1                | -170,125            | -17,457                        |
| 4                | -99,236             | -10,183                        |
|                  |                     |                                |
|                  |                     |                                |
|                  |                     |                                |
|                  |                     |                                |

**8** Miscellaneous information:

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

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

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

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

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

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

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

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

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

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

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

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

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

|                                                                                                                                                                                                                                                                                                                                                                          |           |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>e</b> If box 5h is checked or 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). | <b>8e</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|

|                                                                         |           |           |
|-------------------------------------------------------------------------|-----------|-----------|
| <b>9 Funding standard account statement for this plan year:</b>         |           |           |
| <b>Charges to funding standard account:</b>                             |           |           |
| <b>a</b> Prior year funding deficiency, if any.....                     | <b>9a</b> | 0         |
| <b>b</b> Employer's normal cost for plan year as of valuation date..... | <b>9b</b> | 2,828,551 |

|                                                                                                                        |              |                     |           |
|------------------------------------------------------------------------------------------------------------------------|--------------|---------------------|-----------|
| <b>c</b> Amortization charges as of valuation date:                                                                    |              | Outstanding balance |           |
| <b>(1)</b> All bases except funding waivers and certain bases for which the amortization period has been extended..... | <b>9c(1)</b> | 16,273,868          | 2,803,124 |
| <b>(2)</b> Funding waivers.....                                                                                        | <b>9c(2)</b> |                     |           |
| <b>(3)</b> Certain bases for which the amortization period has been extended.....                                      | <b>9c(3)</b> |                     |           |

|                                                               |           |           |
|---------------------------------------------------------------|-----------|-----------|
| <b>d</b> Interest as applicable on lines 9a, 9b, and 9c ..... | <b>9d</b> | 394,217   |
| <b>e</b> Total charges. Add lines 9a through 9d.....          | <b>9e</b> | 6,025,892 |

|                                                                       |           |            |
|-----------------------------------------------------------------------|-----------|------------|
| <b>Credits to funding standard account:</b>                           |           |            |
| <b>f</b> Prior year credit balance, if any.....                       | <b>9f</b> | 23,447,586 |
| <b>g</b> Employer contributions. Total from column (b) of line 3..... | <b>9g</b> | 3,941,027  |

|                                                         |           |                     |           |
|---------------------------------------------------------|-----------|---------------------|-----------|
|                                                         |           | Outstanding balance |           |
| <b>h</b> Amortization credits as of valuation date..... | <b>9h</b> | 15,778,956          | 1,953,920 |

|                                                                                   |           |           |
|-----------------------------------------------------------------------------------|-----------|-----------|
| <b>i</b> Interest as applicable to end of plan year on lines 9f, 9g, and 9h ..... | <b>9i</b> | 1,916,041 |
|-----------------------------------------------------------------------------------|-----------|-----------|

|                                                                 |              |            |   |
|-----------------------------------------------------------------|--------------|------------|---|
| <b>j</b> Full funding limitation (FFL) and credits:             |              |            |   |
| <b>(1)</b> ERISA FFL (accrued liability FFL).....               | <b>9j(1)</b> | 3,556,105  |   |
| <b>(2)</b> "RPA '94" override (90% current liability FFL) ..... | <b>9j(2)</b> | 13,559,705 |   |
| <b>(3)</b> FFL credit .....                                     | <b>9j(3)</b> |            | 0 |

|                                                    |              |  |
|----------------------------------------------------|--------------|--|
| <b>k</b> <b>(1)</b> Waived funding deficiency..... | <b>9k(1)</b> |  |
| <b>(2)</b> Other credits.....                      | <b>9k(2)</b> |  |

|                                                                                |           |            |
|--------------------------------------------------------------------------------|-----------|------------|
| <b>l</b> Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2) ..... | <b>9l</b> | 31,258,574 |
|--------------------------------------------------------------------------------|-----------|------------|

|                                                                                         |           |            |
|-----------------------------------------------------------------------------------------|-----------|------------|
| <b>m</b> Credit balance: If line 9l is greater than line 9e, enter the difference ..... | <b>9m</b> | 25,232,682 |
|-----------------------------------------------------------------------------------------|-----------|------------|

|                                                                                             |           |  |
|---------------------------------------------------------------------------------------------|-----------|--|
| <b>n</b> Funding deficiency: If line 9e is greater than line 9l, enter the difference ..... | <b>9n</b> |  |
|---------------------------------------------------------------------------------------------|-----------|--|

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

|                                                                                                       |           |  |
|-------------------------------------------------------------------------------------------------------|-----------|--|
| <b>10</b> Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)..... | <b>10</b> |  |
|-------------------------------------------------------------------------------------------------------|-----------|--|

|                                                                                                                           |                                                                            |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <b>11</b> Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions ..... | <input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No |
|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|