

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>09/01/2021</u> and ending <u>08/31/2022</u>	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>LUMBER EMPLOYEES LOCAL 786 RETIREMENT FUND</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>06/01/1964</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>06/01/1964</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>06/01/1964</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRUSTEES OF LUMBER EMPLOYEES 786 RETIREMENT FUND</u> <u>300 S ASHLAND AVE - SUITE 500</u> <u>CHICAGO, IL 60607-2701</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>51-6067407</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>312-666-1875</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>321210</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>51-6067407</u>	2c Plan Sponsor's telephone number <u>312-666-1875</u>	2d Business code (see instructions) <u>321210</u>	
2b Employer Identification Number (EIN) <u>51-6067407</u>					
2c Plan Sponsor's telephone number <u>312-666-1875</u>					
2d Business code (see instructions) <u>321210</u>					

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.	02/24/2023	EDDIE RIZZO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	02/24/2023	MICHAEL PHILIPP
	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.

3a Plan administrator's name and address ☐ Same as Plan Sponsor TRUSTEES OF LUMBER EMPLOYEES 786 RETIREMENT FUND 300 S ASHLAND AVE - SUITE 500 CHICAGO, IL 60607-2701		3b Administrator's EIN 51-6067407																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		3c Administrator's telephone number 312-666-1875																				
5 Total number of participants at the beginning of the plan year		4b EIN 4d PN																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 90%;"></td> </tr> <tr> <td>6a(1)</td> <td style="text-align: right;">116</td> </tr> <tr> <td>6a(2)</td> <td style="text-align: right;">122</td> </tr> <tr> <td>6b</td> <td style="text-align: right;">446</td> </tr> <tr> <td>6c</td> <td style="text-align: right;">179</td> </tr> <tr> <td>6d</td> <td style="text-align: right;">747</td> </tr> <tr> <td>6e</td> <td style="text-align: right;">140</td> </tr> <tr> <td>6f</td> <td style="text-align: right;">887</td> </tr> <tr> <td>6g</td> <td></td> </tr> <tr> <td>6h</td> <td></td> </tr> </table>			6a(1)	116	6a(2)	122	6b	446	6c	179	6d	747	6e	140	6f	887	6g		6h	
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6h																						
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 90%;"></td> </tr> <tr> <td>7</td> <td style="text-align: right;">27</td> </tr> </table>			7	27																
7	27																					
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B																						
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:																						
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor																					
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	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 09/01/2021 and ending 08/31/2022

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

A Name of plan LUMBER EMPLOYEES LOCAL 786 RETIREMENT FUND	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRUSTEES OF LUMBER EMPLOYEES 786 RETIREMENT FUND	D Employer Identification Number (EIN) 51-6067407

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

1a Enter the valuation date: Month 09 Day 01 Year 2021	
b Assets	
(1) Current value of assets	1b(1) 45318431
(2) Actuarial value of assets for funding standard account	1b(2) 41853953
c (1) Accrued liability for plan using immediate gain methods	1c(1) 44848161
(2) Information for plans using spread gain methods:	
(a) Unfunded liability for methods with bases	1c(2)(a)
(b) Accrued liability under entry age normal method	1c(2)(b)
(c) Normal cost under entry age normal method	1c(2)(c)
(3) Accrued liability under unit credit cost method	1c(3) 44433054
d Information on current liabilities of the plan:	
(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)
(2) "RPA '94" information:	
(a) Current liability	1d(2)(a) 77779384
(b) Expected increase in current liability due to benefits accruing during the plan year	1d(2)(b) 1176380
(c) Expected release from "RPA '94" current liability for the plan year	1d(2)(c) 4166039
(3) Expected plan disbursements for the plan year	1d(3) 4666039

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

SIGN HERE	01/20/2023
Signature of actuary GEOFF BRIDGES, FSA, MAAA	Date 20-06597
Type or print name of actuary SEGAL	Most recent enrollment number 312-984-8500
Firm name 101 NORTH WACKER DRIVE, SUITE 500, CHICAGO, IL 60606	Telephone number (including area code)
Address of the firm	

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)	2a	45318431
b "RPA '94" current liability/participant count breakdown:	(1) Number of participants	(2) Current liability
(1) For retired participants and beneficiaries receiving payment	616	50007708
(2) For terminated vested participants	184	20338675
(3) For active participants:		
(a) Non-vested benefits.....		1868586
(b) Vested benefits.....		5564415
(c) Total active	123	7433001
(4) Total	923	77779384
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	2c	58.26 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/28/2022	1251212	0			
02/28/2022	345245	0			
Totals ▶			3(b)	1596457	3(c) 0
(d) Total withdrawal liability amounts included in line 3(b) total					3(d) 345245

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	4a	94.2 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	4b	N
c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan?		☐ Yes ☐ No
d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)?		☐ Yes ☐ No
e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	4e	
f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge. If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here	4f	

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

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

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability.....			6a	2.30 %
b Rates specified in insurance or annuity contracts.....	Pre-retirement ☐ Yes ☐ No ☒ N/A		Post-retirement ☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:				
(1) Males	6c(1)	A	A	
(2) Females	6c(2)	A	A	
d Valuation liability interest rate	6d	7.00 %	7.00 %	
e Expense loading	6e	93.4 %	☐ N/A	☒ N/A
f Salary scale	6f	%	☒ N/A	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	8.9 %		
h Estimated investment return on current value of assets for year ending on the valuation date	6h	20.1 %		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
4	1302214	133623
1	-835792	-85762

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(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule.....	☒ Yes ☐ No	
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the 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)	5
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☒ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)).....	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	0

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

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	998099
c Amortization charges as of valuation date:	Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	18515879
(2) Funding waivers	9c(2)	
(3) Certain bases for which the amortization period has been extended	9c(3)	
d Interest as applicable on lines 9a, 9b, and 9c.....	9d	250117
e Total charges. Add lines 9a through 9d.....	9e	3823214

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	14685879
g Employer contributions. Total from column (b) of line 3.....	9g	1596457
	Outstanding balance	
h Amortization credits as of valuation date.....	9h	835792
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h.....	9i	1089891
j Full funding limitation (FFL) and credits:		
(1) ERISA FFL (accrued liability FFL).....	9j(1)	19985659
(2) "RPA '94" override (90% current liability FFL)	9j(2)	28954543
(3) FFL credit	9j(3)	0
k (1) Waived funding deficiency	9k(1)	
(2) Other credits	9k(2)	
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	17457989
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	13634775
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	

9o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2021 plan year	9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0

10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2021
		This Form is Open to Public Inspection.
For calendar plan year 2021 or fiscal plan year beginning 09/01/2021 and ending 08/31/2022		
A Name of plan LUMBER EMPLOYEES LOCAL 786 RETIREMENT FUND	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF LUMBER EMPLOYEES 786 RETIREMENT FUND	D Employer Identification Number (EIN) 51-6067407	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
BLOOM TREE PARTNERS, LLC	101 PARK AVENUE NEW YORK, NY 10178

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
CAUSEWAY CAPITAL MANAGEMENT	1111 SANTA MONICA BLVD 15TH FLOOR LOS ANGELES, CA 90025

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
HARDING LOEVNER	400 CROSSING BLVD 4TH FLOOR BRIDGEWATER, NJ 08807

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
LIGHTHOUSE V FUND LIMITED	3801 PGA BLVD SUITE 500 PALM BEACH GADENS, FL 33410

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

RENAISSANCE TECHNOLOGY CORP

800 3RD AVE
35TH FLOOR
NEW YORK, NY 10022

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

VANGUARD

455 DEVON PARK DRIVE
WAYNE, PA 19087-1815

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

WCM INVESTMENT MANAGEMENT

281 BROOKS STREET
LAGUNA BEACH, CA 92651

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

RBC GLOBAL ASSET MANAGEMENT

PO BOX 7500 STATION A
TORONTO, ON M5W1P9 CA

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

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

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

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

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

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

LANER MUCHIN

515 N. STATE STREET, SUITE 2800
CHICAGO, IL 60654

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	390299	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JEFFREY HOFF

300 S. ASHLAND AVE
SUITE 500
CHICAGO, IL 60607

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	66829	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROSANNE LACALAMITA

300S. ASHLAND AVE., SUITE 500
CHICAGO, IL 60607

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	51508	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MARY DELANEY CERETTO

300 S ASHLAND AVE, SUITE 500
CHICAGO, IL 60607

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	50796	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL CONSULTING

101 N. WACKER DRIVE
CHICAGO, IL 60606

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	47000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LEGACY PROFESSIONALS, LLP

311 S. WACKER DRIVE, SUITE 4000
CHICAGO, IL 60606

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	36254	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

VITECH SYSTEMS GROUP, INC

401 PARK AVENUE SOUTH
NEW YORK, NY 10016

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	31303	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERCER

155 N. WACKER DRIVE, SUITE 1500
CHICAGO, IL 60606

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	27400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RIVERBRIDGE PARTNERS, LLC

1200 IDS CENTER
80 S. 8TH STREET
MINNEAPOLIS, MN 55402

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52 68	NONE	23295	Yes ☒ No ☐	Yes ☒ No ☐	1000	Yes ☐ No ☒

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

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

WESTERN ASSET MANAGEMENT

385 E COLORADO BLVD
PASADENA, CA 91101

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	22726	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SILVERCREST ASSET MANAGEMENT GROUP

1330 AVENUE OF THE AMERICAS
38TH FLOOR
NEW YORK, NY 10019

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52 68	NONE	18687	Yes ☒ No ☐	Yes ☒ No ☐	195	Yes ☐ No ☒

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

BMO HARRIS BANK

36-2085229

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 62 31 49 51 68	NONE	18450	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

BURKE, BURNS & PINELLI, LTD

70 W MADISON ST
SUITE 4300
CHICAGO, IL 60602

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	14488	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ELITE ADMINISTRATION

36-2238689

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22 53	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	10600	Yes ☐ No ☒

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

LASALLE CONSULTING PARTNERS INC

200 WEST MADISON ST, SUITE 940
CHICAGO, IL 60606

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	8696	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PRUDENTIAL TRUST CO.

81-6441799

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	6732	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

GAIDO AND FINTZEN

30 S LASALLE
SUITE 2727
CHICAGO, IL 60602

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	6431	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 09/01/2021 and ending 08/31/2022

A Name of plan <u>LUMBER EMPLOYEES LOCAL 786 RETIREMENT FUND</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRUSTEES OF LUMBER EMPLOYEES 786 RETIREMENT FUND</u>	D Employer Identification Number (EIN) <u>51-6067407</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WESTERN ASSET US CORE PLUS LLC</u>		
b Name of sponsor of entity listed in (a): <u>WESTERN ASSET MANAGEMENT COMPANY</u>		
c EIN-PN <u>20-1575788-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6883843</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PGIM ABSOLUTE TOTAL RETURN BD</u>		
b Name of sponsor of entity listed in (a): <u>PRUDENTIAL TRUST CO.</u>		
c EIN-PN <u>81-6441799-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2156011</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 09/01/2021 and ending 08/31/2022		
A Name of plan LUMBER EMPLOYEES LOCAL 786 RETIREMENT FUND	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF LUMBER EMPLOYEES 786 RETIREMENT FUND	D Employer Identification Number (EIN) 51-6067407	

Part I	Asset and Liability Statement	
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.		
	Assets	
a Total noninterest-bearing cash.....	1a	(a) Beginning of Year 95453 (b) End of Year 66813
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	4801767
(2) Participant contributions.....	1b(2)	4609143
(3) Other	1b(3)	117460
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	194359
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	4864317
(5) Partnership/joint venture interests	1c(5)	4710028
(6) Real estate (other than employer real property)	1c(6)	10637415
(7) Loans (other than to participants)	1c(7)	3076145
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts.....	1c(9)	2429287
(10) Value of interest in pooled separate accounts	1c(10)	2156011
(11) Value of interest in master trust investment accounts.....	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	7674110
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6883843
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	19422516
(15) Other.....	1c(15)	18417907

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	996 2072
f	Total assets (add all amounts in lines 1a through 1e)	1f	50043321 40116321
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	42668 38770
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	25556 28774
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	68224 67544
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l	49975097 40048777

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	1251212
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	1251212
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	
	(B) U.S. Government securities	2b(1)(B)	
	(C) Corporate debt instruments	2b(1)(C)	
	(D) Loans (other than to participants)	2b(1)(D)	
	(E) Participant loans.....	2b(1)(E)	
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	0
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	40079
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	288029
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	328108
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	7898226
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	7905325
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	-7099
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	-3446141
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	-3446141

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		-39102
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-3652761
c Other income.....	2c		230775
d Total income. Add all income amounts in column (b) and enter total.....	2d		-5335008
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3706216	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		3706216
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	416040	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	107770	
(4) Other.....	2i(4)	361286	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		885096
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4591312
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-9926320
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **LEGACY PROFESSIONALS**

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

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year <u>460180</u> .			

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 09/01/2021 and ending 08/31/2022

A Name of plan LUMBER EMPLOYEES LOCAL 786 RETIREMENT FUND	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF LUMBER EMPLOYEES 786 RETIREMENT FUND	D Employer Identification Number (EIN) 51-6067407

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 36-2085229		
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	7

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

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

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer STANDARD LUMBER CO.

b EIN 36-1812404

c Dollar amount contributed by employer 105325

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 2023

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) 295.00

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

a Name of contributing employer TRUCK KING HAULING

b EIN 35-2171330

c Dollar amount contributed by employer 197910

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 2019

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

(1) Contribution rate (in dollars and cents) 270.00

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

a Name of contributing employer FOX HOME CENTER

b EIN 36-2482198

c Dollar amount contributed by employer 86989

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 2023

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) 295.00

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

a Name of contributing employer UTILITY TRANSPORT SREVICE

b EIN 43-4398165

c Dollar amount contributed by employer 352560

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 06 Day 30 Year 2023

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) 260.00

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

a Name of contributing employer CSI 3000 INC

b EIN 27-0178736

c Dollar amount contributed by employer 95160

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 2019

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

(1) Contribution rate (in dollars and cents) 270.00

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

a Name of contributing employer LOCAL UNION 786

b EIN 36-0852820

c Dollar amount contributed by employer 77090

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 01 Day 01 Year 2022

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) 280.00

(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 contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer WALLS TRUCKING

b EIN 20-8767144

c Dollar amount contributed by employer 82210

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 2019

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

(1) Contribution rate (in dollars and cents) 270.00

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☒ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

0

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

0

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

3

- 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

0.00

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

15b

0.00

- 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

0

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) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 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 _____

LUMBER EMPLOYEES LOCAL 786 RETIREMENT FUND

FINANCIAL STATEMENTS

AUGUST 31, 2022

LUMBER EMPLOYEES LOCAL 786 RETIREMENT FUND
FINANCIAL STATEMENTS WITH SUPPLEMENTARY INFORMATION
AUGUST 31, 2022 AND 2021

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REPORT OF INDEPENDENT AUDITORS

To the Participants and Trustees of
Lumber Employees Local 786
Retirement Fund

Opinion

We have audited the financial statements of Lumber Employees Local 786 Retirement 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 August 31, 2022 and 2021, and 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 accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Lumber Employees Local 786 Retirement Fund as of August 31, 2022 and 2021, and the changes in its net assets available for benefits for the years then ended, and the accumulated plan benefits as of August 31, 2021, and the changes in its accumulated plan benefits for the year then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

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

Responsibilities of Management for the Financial Statements (continued)

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

Legacy Professionals LLP

Westchester, Illinois

January 12, 2023

LUMBER EMPLOYEES LOCAL 786 RETIREMENT FUND**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

AUGUST 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ASSETS		
INVESTMENTS - at fair value		
Corporate stocks	\$ 4,710,028	\$ 4,864,317
Mutual funds	17,854,531	18,112,866
Pooled investment funds	12,115,999	20,740,812
Short-term investment fund	563,376	1,309,650
Total investments	<u>35,243,934</u>	<u>45,027,645</u>
RECEIVABLES		
Employer contributions	177,180	190,872
Withdrawal liability assessments - net	4,544,406	4,656,666
Accrued investment income	3,112	2,109
Due from related organizations	13,845	10,718
Total receivables	<u>4,738,543</u>	<u>4,860,365</u>
PROPERTY AND EQUIPMENT - net	<u>2,072</u>	<u>996</u>
PREPAID EXPENSES	<u>64,960</u>	<u>58,862</u>
CASH	<u>66,813</u>	<u>95,453</u>
Total assets	<u>40,116,322</u>	<u>50,043,321</u>
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable	38,771	42,668
Due to related organizations	28,774	25,556
Total liabilities	<u>67,545</u>	<u>68,224</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 40,048,777</u>	<u>\$ 49,975,097</u>

See accompanying notes to financial statements.

LUMBER EMPLOYEES LOCAL 786 RETIREMENT FUND
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED AUGUST 31, 2022 AND 2021

	<u>2022</u>	<u>2021</u>
ADDITIONS		
Investment income (loss)		
Net appreciation (depreciation) in fair value of investments	\$ (7,138,447)	\$ 7,560,687
Interest and dividends	<u>321,908</u>	<u>279,954</u>
	(6,816,539)	7,840,641
Less investment expenses	<u>(107,770)</u>	<u>(99,514)</u>
Investment income (loss) - net	(6,924,309)	7,741,127
Employer contributions	1,251,212	1,223,138
Withdrawal liability assessments/adjustments	<u>232,985</u>	<u>(106,278)</u>
	<u>(5,440,112)</u>	<u>8,857,987</u>
 DEDUCTIONS		
Pension benefits	3,706,216	3,760,959
Administrative expenses	<u>779,992</u>	<u>698,994</u>
Total deductions	<u>4,486,208</u>	<u>4,459,953</u>
 NET INCREASE (DECREASE)	(9,926,320)	4,398,034
 NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>49,975,097</u>	<u>45,577,063</u>
End of year	<u>\$ 40,048,777</u>	<u>\$ 49,975,097</u>

See accompanying notes to financial statements.

LUMBER EMPLOYEES LOCAL 786 RETIREMENT FUND

NOTES TO FINANCIAL STATEMENTS

AUGUST 31, 2022 AND 2021

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Method of Accounting - The accompanying financial statements of Lumber Employees Local 786 Retirement Fund (the Plan) have been prepared using the accrual basis of accounting.

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

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

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

Employer Contributions Receivable - Employer contributions due and not paid prior to year end are recorded as contributions receivable. Employer contributions owed as a result of payroll compliance audits are recorded when collection is considered probable. Allowance for uncollectible accounts is considered unnecessary and is not provided. The Trustees pursue collection on all payroll compliance audit deficiencies.

Withdrawal Liability - The Plan complies with the provisions of the Multiemployer Pension Plan Amendments Act of 1980 that require imposition of withdrawal liability on a contributing employer that partially or totally withdraws from the Plan. The Trustees adopted the first alternative method set forth in the Employee Retirement Income Security Act of 1974 (ERISA) to allocate potential employers' liabilities. Basically, a portion of the Plan's actuarially determined unfunded vested liability is allocated to a withdrawing employer in proportion to the employer's contributions in the ten years before withdrawal compared with employers' contributions during the same period. Withdrawal liability assessments are recorded as income when entitlement has been determined. Interest income resulting from payment plans on withdrawal liability balances is included in withdrawal liability assessments income. An allowance for uncollectible accounts of \$116,906 has been estimated at both August 31, 2022 and 2021.

NOTE 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Property and Equipment - Property and equipment, which consists of office furniture and equipment, are recorded at cost. Major additions are capitalized while replacements, maintenance and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation is computed by the straight-line method over estimated useful lives of five years.

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

Benefit Payments - Benefits to participants are recorded upon distribution.

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

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

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

Subsequent Events - Subsequent events have been evaluated through January 12, 2023, which is the date the financial statements were available to be issued.

NOTE 2. DESCRIPTION OF THE PLAN

The Plan was established during 1964 as a result of collective bargaining agreements between the union and various employer associations to provide retirement and disability benefits for eligible participants. The Plan is primarily funded by employer contributions as specified in the collective bargaining agreements. The Plan is a multiemployer defined benefit pension plan and is subject to the provisions of ERISA, as amended.

Under current provisions, participants are eligible for a regular pension after attaining age 62 and having at least ten pension credits or five years of vesting service. Credited service of a participant is interrupted at the end of any consecutive 12 month period during which at least one-quarter year of pension credit is not earned. A supplemental lump-sum benefit of \$1,100 per person credit earned is available for certain participants retiring from active service.

NOTE 2. DESCRIPTION OF THE PLAN (CONTINUED)

Certain participants from a merged plan are eligible for a normal pension after attaining age 55 and having 10 or more years of pension credits. Such participants vest when five or more years of service credit are earned, and, if retired after October 1, 2004, are eligible for a lump-sum benefit of \$6,000 for every five pension credits earned after October 1, 1995, provided that the participant has contributions paid on their behalf prior to October 1, 2010.

Participants should refer to the summary plan description for more complete information.

NOTE 3. PRIORITIES UPON TERMINATION

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

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

NOTE 4. TAX STATUS

The Plan received its latest determination letter dated September 11, 2015, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements under Section 401(a) of the Internal Revenue Code and was, therefore, exempt from federal income taxes under the provisions of Section 501(a). The Plan has been amended since receiving the determination letter. The Plan's administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code, and therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

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

NOTE 5. ACTUARIAL INFORMATION

An actuarial valuation of the Plan was made by Segal as of August 31, 2021. Information in the report included the following:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving benefits	\$ 31,654,832
Other vested benefits	<u>12,134,537</u>
	43,789,369

Nonvested benefits	643,685
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Administrative expenses	<u>7,907,000</u>
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Total actuarial present value of accumulated plan benefits	<u><u>\$ 52,340,054</u></u>
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As reported by the actuary, the changes in the actuarial present value of the accumulated plan benefits during the year ended August 31, 2021 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 51,736,323
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Increase (decrease) during the year attributable to:

Benefits accumulated, net experience gain or loss and changes in data	\$ 166,073
Interest	2,925,450
Change in actuarial assumptions	1,273,167
Benefits paid	<u>(3,760,959)</u>

Net increase	<u>603,731</u>
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Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 52,340,054</u></u>
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NOTE 5. ACTUARIAL INFORMATION (CONTINUED)

The actuarial valuation was prepared using the entry age normal actuarial cost method.

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

Net investment return:

7.00%

Retirement:

Age 62 or completion of service requirement, if later for Lumber active participants and varying percentages from ages 57 to 65 for Vending active participants.

Mortality:

Healthy: 111% of the Pri-2012 Employee Blue Collar Mortality Tables (sex-distinct), projected generationally using scale MP-2021

Disabled: 111% of the Pri-2012 Disabled Retiree Mortality Tables (sex-distinct), projected generationally using scale MP-2021

Changes in actuarial assumptions include updates to mortality, marriage and benefit election assumptions.

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

Since information on the accumulated plan benefits at August 31, 2022 and the changes therein for the year then ended are not included above, these financial statements do not purport to present a complete presentation of the financial status of the Plan as of August 31, 2022 and the changes in its financial status for the year then ended, but a presentation of the net assets available for benefits and the changes therein as of and for the year ended August 31, 2022. The complete financial status is presented as of August 31, 2021.

As of September 1, 2022, the Plan's actuary has certified that the Plan is in neither critical nor endangered status ("green zone"), within the meaning of the Pension Protection Act of 2006, as amended.

NOTE 6. FUNDING POLICY

The participating employers contribute such amounts as specified in their collective bargaining agreements. During the years ended August 31, 2022 and 2021, weekly contribution rates ranged from \$260 to \$295 and monthly contribution rates ranged from \$230 to \$240.

The Plan's actuary has indicated that the minimum funding requirements of ERISA were being met through September 1, 2021.

NOTE 7. FAIR VALUE MEASUREMENTS

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

Basis of Fair Value Measurement

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

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

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of August 31, 2022 and 2021. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

Fair Value Measurements at 8/31/22 Using				
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Corporate stocks	\$ 4,710,028	\$ 4,710,028	\$ -	\$ -
Mutual funds	17,854,531	17,854,531	-	-
Short-term investment fund	563,376	-	563,376	-
	23,127,935	<u>\$ 22,564,559</u>	<u>\$ 563,376</u>	<u>\$ -</u>
Investments measured at net asset value:				
Pooled investment funds	12,115,999			
Total	<u>\$ 35,243,934</u>			

Fair Value Measurements at 8/31/21 Using				
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable inputs (Level 2)	Significant Unobservable inputs (Level 3)
Corporate stocks	\$ 4,864,317	\$ 4,864,317	\$ -	\$ -
Mutual funds	18,112,866	18,112,866	-	-
Short-term investment fund	1,309,650	-	1,309,650	-
	24,286,833	<u>\$ 22,977,183</u>	<u>\$ 1,309,650</u>	<u>\$ -</u>
Investments measured at net asset value:				
Pooled investment funds	20,740,812			
Total	<u>\$ 45,027,645</u>			

NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

Level 1 Measurements

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

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

Level 2 Measurements

The short-term investment fund and collateral held for securities on loan are carried at cost, which approximates fair value.

Measurements Using Net Asset Value as a Practical Expedient

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

Two of the pooled investment funds with a combined fair value of \$9,039,854 and \$10,103,397 at August 31, 2022 and 2021, respectively, are direct filing entities (DFEs) and file a Form 5500 annual report with the U.S. Department of Labor. The Plan is not required to disclose the significant investment strategies of these DFE investments. Redemptions for both pooled investment funds are available on a daily basis without notice.

The following table summarizes information regarding investments measured at fair value based on net asset value per share other than DFEs, as of August 31, 2022 and 2021:

Description	Fair Value		Underlying Assets	Remaining Commitment	Redemption	
	8/31/2022	8/31/2021	Type		Frequency	Notice Period
Limited Partnership	\$ -	\$ 1,545,989	Global Equity Securities	N/A	Monthly	2 Months Written Notice
Hedge Fund	\$ -	\$ 2,289,320	Equity Driven Market Securities	N/A	Quarterly	45 Days Written Notice
Hedge Fund	\$ -	\$ 2,786,359	Diversified Multi-strategy	N/A	Quarterly	91 Days Written Notice
Limited Partnership	\$ 3,076,145	\$ 4,015,747	International Equity Securities	N/A	Monthly	5 Days Written Notice

NOTE 8. MAJOR EMPLOYERS

During the years ended August 31, 2022 and 2021, contributions from two employers accounted for approximately 43% and 49%, respectively, of total employer contributions. In the event these employers suspend contributions, the Plan would retain the risk of meeting current fixed administrative expenses until the appropriate adjustments were made.

NOTE 9. RELATED ORGANIZATIONS

The Plan has four related tax-exempt organizations including one health and welfare plan, one pension plan, a severance plan, and a union.

NOTE 10. COMMON ADMINISTRATIVE EXPENSES

The Plan shares joint facilities and staff and incurs common administrative expenses with certain related organizations. These expenses are allocated based on estimated time and space prorations.

Administrative expenses allocated by the Plan for the years ended August 31, 2022 and 2021 totaled \$130,424 and \$111,854 respectively.

NOTE 11. RETIREMENT PLAN

Retirement plan contributions during the years ended August 31, 2022 and 2021 totaled \$50,965 and \$33,334 respectively, and are made monthly under the terms of a participation agreement.

NOTE 12. PROPERTY AND EQUIPMENT

Property and equipment at August 31, 2022 and 2021 consisted of the following:

	<u>2022</u>	<u>2021</u>
Office furniture and equipment	\$ 4,932	\$ 4,932
Computers	<u>105,718</u>	<u>103,764</u>
	110,650	108,696
Less accumulated depreciation	<u>(108,578)</u>	<u>(107,700)</u>
Net property and equipment	<u>\$ 2,072</u>	<u>\$ 996</u>

Depreciation expense during the years ended August 31, 2022 and 2021 was \$878 and \$664 respectively.

NOTE 13. RISKS AND UNCERTAINTIES

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

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

The Plan has a significant portion of its assets invested in one equity investment fund, which represented approximately 27% and 22% of the Plan's net assets available for benefits as of August 31, 2022 and 2021, respectively. It is reasonably possible that changes in the fair values of these pooled investment funds could materially affect the amounts reported in the statements of net assets available for benefits.

NOTE 14. WITHDRAWAL LIABILITY ASSESSMENTS

Under federal law, employers who partially or completely withdraw from a multiemployer plan are assessed a withdrawal liability for their proportionate share of the Plan's unfunded vested liabilities as of the beginning of the year in which they withdraw. Withdrawal liability is usually paid in quarterly installments as determined by a statutory formula over a maximum of 20 years. At August 31, 2022 and 2021, a receivable of \$4,661,312 and \$4,773,572 respectively, represents the present value of future quarterly payments for employers who have withdrawn from the Plan. The receivable amount is the present value of the remaining payments using discount rates of either 5% or 6%. The following is a summary by year of the employer withdrawal liability assessments to be received by the Plan:

Year ending August 31,	
2023	\$ 324,977
2024	223,456
2025	234,703
2026	246,516
2027	258,925
Thereafter	<u>3,372,735</u>
	4,661,312
Allowance for uncollectible accounts	<u>(116,906)</u>
Withdrawal liability assessments - net	<u>\$ 4,544,406</u>

NOTE 15. IMPACT OF COVID-19 AND NEWLY ENACTED LEGISLATION

As a result of the spread of the COVID-19 coronavirus, economic uncertainties have arisen which may negatively impact the Plan, though the potential impact and duration is unknown as of the date the financial statements were available to be issued.

Several major legislative relief packages were enacted in response to the coronavirus outbreak, containing numerous tax, emergency funding and other regulatory provisions affecting retirement plans. The Plan continues to evaluate the impact of newly enacted legislation on its provisions, operations and cash flows.

SUPPLEMENTARY INFORMATION

LEGACY
PROFESSIONALS LLP
CERTIFIED PUBLIC ACCOUNTANTS

REPORT OF INDEPENDENT AUDITORS ON SUPPLEMENTAL SCHEDULES

To the Participants and Trustees of
Lumber Employees Local 786
Retirement Fund

We have audited the financial statements of Lumber Employees Local 786 Retirement Fund (the Plan) as of and for the years ended August 31, 2022 and 2021 and our report thereon dated January 12, 2023, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedules 1 and 2 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

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

Legacy Professionals LLP

Westchester, Illinois

January 12, 2023

Schedule of Active Participant Data

(Schedule MB, Line 8b(2))

The participant data is for the year ended August 31, 2021.

Age	Pension Credits								
	Total	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34
25 - 29	11	8	3	–	–	–	–	–	–
30 - 34	16	2	13	1	–	–	–	–	–
35 - 39	16	–	13	3	–	–	–	–	–
40 - 44	15	3	7	4	1	–	–	–	–
45 - 49	20	2	12	5	–	–	1	–	–
50 - 54	14	3	7	3	–	–	1	–	–
55 - 59	18	1	6	7	–	1	–	1	2
60 - 64	10	1	4	4	–	–	1	–	–
65 - 69	2	–	–	–	–	–	–	1	1
70 & Over	1	–	1	–	–	–	–	–	–
Total	123	20	66	27	1	1	3	2	3

Statement of Actuarial Assumptions, Methods and Models

(Schedule MB, Line 6)

Mortality Rates	Pre-Retirement: 111% of the Pri-2012 Employee Blue Collar Mortality Tables (sex-distinct), projected generationally using Scale MP-2021						
	Post-Retirement: 111% of the Pri-2012 Retiree Blue Collar Mortality Tables (sex-distinct), projected generationally using Scale MP-2021						
	Disabled Pensioner: 111% of the Pri-2012 Disabled Retiree Mortality Tables (sex-distinct), projected generationally using Scale MP-2021						
	Survivor: 111% of the Pri-2012 Contingent Survivor Blue Collar Mortality Tables (sex-distinct), projected generationally using Scale MP-2021						
	The underlying mortality tables with projection to the ages of the participants as of the measurement date reasonably reflect the mortality experience of the Plan for the respective group of participants as of the measurement date. The mortality tables are then adjusted to future years using generational projections using Scale MP-2021 to anticipate future mortality improvement.						
	The mortality rates are 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 deaths and the projected number based on the prior years' assumption over the most recent five years.						
Annuitant Mortality Rates	Rate (%) ¹						
		Healthy		Disabled		Survivor	
	Age	Male	Female	Male	Female	Male	Female
	55	0.71	0.54	2.41	1.63	1.87	0.91
	60	1.03	0.79	2.61	1.90	2.28	1.21
	65	1.41	1.20	3.18	2.37	2.88	1.70
	70	2.28	1.82	4.37	3.15	3.8	2.42
	75	3.70	2.90	6.44	4.48	5.23	3.56
	80	6.35	4.83	9.90	6.83	7.53	5.35
	85	10.86	8.31	15.22	10.95	11.32	8.52
90	18.36	14.48	22.78	17.89	18.12	14.48	
¹ Mortality rates shown for base table with 111% load applied.							

Termination Rates

Age	Rate (%)				
	Mortality ¹		Withdrawal ²		
	Male	Female	Vending Males	Vending Females	All Lumber Participants
20	0.07	0.02	18.00	38.00	7.94
25	0.07	0.03	14.94	28.45	7.72
30	0.07	0.03	10.42	17.94	7.40
35	0.08	0.04	7.38	12.22	6.86
40	0.10	0.06	4.33	8.60	6.11
45	0.13	0.10	2.70	5.55	5.16
50	0.20	0.15	0.95	3.36	3.62
55	0.31	0.22	0.00	1.66	1.37
60	0.49	0.33	N/A	N/A	N/A

¹ Mortality rates shown for base table with 111% load applied.

² Withdrawal rates do not apply when the participant is eligible for an immediate retirement pension.

Age	Rate (%)		
	Disability ³		
	Vending Males	Vending Females	All Lumber Participants
20	0.06	0.05	0.13
25	0.06	0.05	0.13
30	0.07	0.05	0.13
35	0.09	0.07	0.15
40	0.13	0.08	0.22
45	0.20	0.11	0.45
50	0.34	0.17	1.00
55	0.65	0.28	2.13
60	1.00	0.50	4.35

³ Disability rates do not apply when the participant is not eligible for a disability pension or is eligible for an immediate retirement pension. The termination rates and disability rates are based on general characteristics of the industry and the assumptions adopted by the prior actuary.

The termination rates and disability rates shown are based on the information provided by the prior actuary during the transition period. They may not match those disclosed in prior valuation reports.

Retirement Rates ¹	Retirement rates for active participants are assigned based on type of participants:																																								
	Lumber active participants are assumed to retire at their Normal Retirement Age.																																								
	Vending active participants joining the plan at age 60 or above are assumed to retire immediately after earning 5 pension credits. Other participants are assumed to retire according to the following rates:																																								
	<table><tr><th>Age</th><th>Entry Age Before 45</th><th>Entry Age Between 45-49</th><th>Entry Age Between 50-59</th></tr><tr><td>57</td><td>1%</td><td>0%</td><td>0%</td></tr><tr><td>58</td><td>1%</td><td>0%</td><td>0%</td></tr><tr><td>59</td><td>5%</td><td>0%</td><td>0%</td></tr><tr><td>60</td><td>5%</td><td>0%</td><td>0%</td></tr><tr><td>61</td><td>5%</td><td>0%</td><td>0%</td></tr><tr><td>62</td><td>20%</td><td>20%</td><td>0%</td></tr><tr><td>63</td><td>20%</td><td>20%</td><td>0%</td></tr><tr><td>64</td><td>20%</td><td>20%</td><td>0%</td></tr><tr><td>65</td><td>100%</td><td>100%</td><td>100%</td></tr></table>	Age	Entry Age Before 45	Entry Age Between 45-49	Entry Age Between 50-59	57	1%	0%	0%	58	1%	0%	0%	59	5%	0%	0%	60	5%	0%	0%	61	5%	0%	0%	62	20%	20%	0%	63	20%	20%	0%	64	20%	20%	0%	65	100%	100%	100%
	Age	Entry Age Before 45	Entry Age Between 45-49	Entry Age Between 50-59																																					
	57	1%	0%	0%																																					
	58	1%	0%	0%																																					
	59	5%	0%	0%																																					
	60	5%	0%	0%																																					
	61	5%	0%	0%																																					
	62	20%	20%	0%																																					
63	20%	20%	0%																																						
64	20%	20%	0%																																						
65	100%	100%	100%																																						
The retirement rates are based on general characteristics of the industry, professional judgment on plan design, and the assumption adopted by the prior actuary.																																									
Description of Weighted Average Retirement Age	Age 63, 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 retirement age is the average of the individual retirement ages based on all the active participants included in the September 1, 2021 actuarial valuation.																																								
Retirement Age for Inactive Vested Participants ¹	Lumber inactive vested participants are assumed to retire at Normal Retirement Age. Vending inactive vested participants are assumed to retire at age 56, if eligible, otherwise at Normal Retirement Age. The retirement age for inactive vested participants was based on professional judgment on plan design and the assumption adopted by the prior actuary.																																								
Future Benefit Accruals	One pension credit per year per active participant included in the valuation. The future benefit accruals were based on professional judgment on plan design, historical employment levels, and the assumption adopted by the prior actuary.																																								
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 10 weeks in the most recent plan year and have joined or eligible to join the Plan on the valuation date, excluding those who have retired as of the valuation date.																																								

¹ The rates shown were based on the information provided by the prior actuary during the transition period. They may not match those disclosed in prior valuation

Exclusion of Inactive Vested Participants¹	Lumber inactive vested participants over age 75 and Vending inactive vested participants over age 70 are assumed to be deceased and therefore are excluded from the valuation.
Percent Married	60%
Age of Spouse	Spouses of male participants are four years younger and spouses of female participants are four years older.
Benefit Election	100% of non-married participants and 20% of married participants are assumed to elect the 3-year certain & life annuity. The other 80% of married participants are assumed to elect the 50% joint & survivor annuity.
Delayed Retirement Factors¹	Active participants over Normal Retirement Age are assumed to work enough hours each month and do not qualify for delayed retirement adjustments. Lumber inactive vested participants who are assumed to commence receipt of benefits after attaining Normal Retirement Age qualify for delayed retirement adjustments. Vending inactive vested participants over Normal Retirement Age are assumed to work enough hours each month in disqualifying employment with previously withdrawn employers and do not qualify for delayed retirement adjustments.
Net Investment Return	7.00%, net of investment expenses The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. As part of the analysis, a building block approach was used 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.
Annual Administrative Expenses	\$500,000 for the year beginning September 1, 2021 (equivalent to \$482,099 payable at the beginning of the year) or 93.4% of Normal Cost. 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 (20% per year) over a five-year period. The actuarial value is further adjusted, if necessary, to be within 20% of the market value.
Actuarial Cost Method	Entry Age Normal Actuarial Cost Method. Entry Age is the age at date of employment or, if date is unknown, current age minus pension credits. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service.
Benefits Valued	Unless otherwise indicated, includes all benefits summarized in Exhibits L1 and L2.
Current Liability Assumptions	<i>Interest:</i> 2.30%, within the permissible range prescribed under IRC Section 431(c)(6)(E) <i>Mortality:</i> Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(2): RP-2014 employee and annuitant mortality tables, adjusted backward to the base year (2006) using scale MP-2014, projected forward generationally using scale MP-2020

¹ The assumption shown was based on the information provided by the prior actuary during the transition period. It may not match that disclosed in prior valuation

Estimated Rate of Investment Return	<i>On actuarial value of assets (Schedule MB, line 6g): 8.9%, for the Plan Year ending August 31, 2021</i> <i>On current (market) value of assets (Schedule MB, line 6h): 20.1%, for the Plan Year ending August 31, 2021</i>
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.

Schedule H, Line 4j
Local 786 Lumber- Roll-UpSchedule of
Reportable
TransactionsAccount Number: 
Statement Period: 09/01/21 through 08/31/22

5% Transactions

Description	Number of Purchases / Sales	Commissions	Other Costs	Unit Price	Proceeds of Purchase / Sale	Cost of Purchase / Sale	Realized Gain / Loss
- Bloom Tree Offshore Partners-2013-01 Sold 1555.732 Shs 10/18/21	*	.00	.00	1,476.516	2,297,062.49	1,900,000.00	397,062.49
Sales	1	.00	.00	1,476.516	2,297,062.49	1,900,000.00	397,062.49
- BMO Govt Money Market Fd Y # 605 Purchases	147	.00	.00	1.000	8,049,696.51	8,049,696.51	.00
Sales	65	.00	.00	1.000	6,012,579.87	6,012,579.87	.00
- GS Fin Sq Gov #466 Purchases	183	.00	.00	1.000	4,961,414.84	4,961,414.84	.00
Sales	74	.00	.00	1.000	7,744,805.53	7,744,805.53	.00
- Lighthouse V Fund, LTD. Sold 1340.395 Shs 01/31/22	*	.00	.00	2,151.004	2,883,194.53	1,893,325.94	989,868.59
Sales	1	.00	.00	2,151.004	2,883,194.53	1,893,325.94	989,868.59
- Vanguard Institutional Index Fd #94 Recd 90.457 Shs As A Reinvested Div of \$ 388.560 Per Sh		.00	.00	388.560	35,147.98	35,147.98	.00
Purchased 3448.446 Shs 12/14/21		.00	.00	405.980	1,400,000.00	1,400,000.00	.00
Recd 110.823 Shs As A Reinvested Div of \$ 408.020 Per Sh		.00	.00	408.018	45,217.83	45,217.83	.00
Recd 779.909 Shs As A Reinvested Capital Gains Distribution		.00	.00	408.020	318,218.44	318,218.44	.00
Recd 30.518 Shs As A Reinvested Capital Gains Distribution		.00	.00	408.022	12,452.01	12,452.01	.00
Sold 318.612 Shs 12/29/21		.00	.00	408.020	130,000.00	34,545.69	95,454.31
Sold 266.894 Shs 01/21/22		.00	.00	374.681	100,000.00	28,938.13	71,061.87
Purchased 2671.297 Shs 03/02/22		.00	.00	374.350	1,000,000.00	1,000,000.00	.00

Schedule of
Reportable
TransactionsSchedule H, Line 4j
Local 786 Lumber- Roll-UpAccount Number: [REDACTED]
Statement Period: 09/01/21 through 08/31/22

5% Transactions

Description	Number of Purchases / Sales	Commissions	Other Costs	Unit Price	Proceeds of Purchase / Sale	Cost of Purchase / Sale	Realized Gain / Loss
Recd 114 253 Shs As A Reinvested Div of \$ 382.050 Per Sh		.00	.00	382.049	43,650.19	43,650.19	.00
Recd 179.040 Shs As A Reinvested Capital Gains Distribution		.00	.00	382.050	68,402.31	68,402.31	.00
Recd 4.582 Shs As A Reinvested Capital Gains Distribution		.00	.00	382.014	1,750.39	1,750.39	.00
Sold 589 986 Shs 03/30/22		.00	.00	389.840	230,000.00	63,969.56	166,030.44
Sold 825.423 Shs 04/28/22		.00	.00	363.450	300,000.00	89,496.95	210,503.05
Recd 137 843 Shs As A Reinvested Div of \$ 318.330 Per Sh		.00	.00	318.331	43,879.64	43,879.64	.00
Sold 311 905 Shs 06/30/22		.00	.00	320.610	100,000.00	33,818.48	66,181.52
Sold 580 585 Shs 08/26/22		.00	.00	344.480	200,000.00	62,950.26	137,049.74
Purchases	10	.00	.00	392.316	2,968,718.79	2,968,718.79	.00
Sales	6	.00	.00	366.350	1,060,000.00	313,719.07	746,280.93

* Transactions noted by an asterisk are in themselves greater than 5% of beginning Plan Year market values.

SCHEDULE MB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 09/01/2021 and ending 08/31/2022

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

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

A Name of plan <u>LUMBER EMPLOYEES LOCAL 786 RETIREMENT FUND</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TRUSTEES OF LUMBER EMPLOYEES 786 RETIREMENT FUND</u>	D Employer Identification Number (EIN) <u>51-6067407</u>

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

1a Enter the valuation date: Month 09 Day 01 Year 2021

b Assets

(1) Current value of assets.....	1b(1)	<u>45,318,431</u>
(2) Actuarial value of assets for funding standard account	1b(2)	<u>41,853,953</u>
(1) Accrued liability for plan using immediate gain methods	1c(1)	<u>44,848,161</u>

(2) Information for plans using spread gain methods:

(a) Unfunded liability for methods with bases	1c(2)(a)	
(b) Accrued liability under entry age normal method	1c(2)(b)	
(c) Normal cost under entry age normal method	1c(2)(c)	

(3) Accrued liability under unit credit cost method	1c(3)	<u>44,433,054</u>
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d Information on current liabilities of the plan:

(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	1d(1)	
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(2) "RPA '94" information:

(a) Current liability.....	1d(2)(a)	<u>77,779,384</u>
(b) Expected increase in current liability due to benefits accruing during the plan year.....	1d(2)(b)	<u>1,176,380</u>
(c) Expected release from "RPA '94" current liability for the plan year.....	1d(2)(c)	<u>4,166,039</u>

(3) Expected plan disbursements for the plan year.....	1d(3)	<u>4,666,039</u>
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Statement by Enrolled Actuary

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

SIGN HERE	Geoff Bridges <i>gwb</i> Signature of actuary	<u>01/20/2023</u> Date
	Geoff Bridges, FSA, MAAA Type or print name of actuary	<u>2006597</u> Most recent enrollment number
	Segal Firm name	<u>312-984-8500</u> Telephone number (including area code)

101 NORTH WACKER DRIVE, SUITE 500
CHICAGO IL 60606-1724
Address of the firm

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

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

Schedule MB (Form 5500) 2021
v. 201209

a Current value of assets (see instructions)

2a	45,318,431
----	------------

(1) Number of participants	(2) Current liability
----------------------------	-----------------------

(1) For retired participants and beneficiaries receiving payment.....

616	50,007,708
-----	------------

(2) For terminated vested participants

184	20,338,675
-----	------------

(3) For active participants:

(a) Non-vested benefits.....

1, 868, 586

(b) Vested benefits.....

5,564,415

(c) Total active

123	7,433,001
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(4) Total

923	77,779,384
-----	------------

C If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage

2c	58.26%
----	--------

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
02/28/2022	1, 251, 212				
02/28/2022	345, 245				
			Totals ►	3(b)	1, 596, 457
					3(c)

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

3(d)	345,245
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a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))

4a	94.2 %
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b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5

4b	N
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C Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? ☐ Yes ☐ No

d If the plan is in critical status or critical and declining status, were any benefits reduced (see instructions)? ☐ Yes ☐ No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date _____

4e	
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f If the rehabilitation plan projects emergence from critical status or critical and declining status, enter the plan year in which it is projected to emerge.
If the rehabilitation plan is based on forestalling possible insolvency, enter the plan year in which insolvency is expected and check here ☐

4f	
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a ☐ Attained age normal **b** ☒ Entry age normal **c** ☐ Accrued benefit (unit credit) **d** ☐ Aggregate

e ☐ Frozen initial liability **f** ☐ Individual level premium **g** ☐ Individual aggregate **h** ☐ Shortfall

i ☐ Other (specify):

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

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability	6a	2.30 %
b Rates specified in insurance or annuity contracts	☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:		
(1) Males	6c(1)	A
(2) Females	6c(2)	A
d Valuation liability interest rate	6d	7.00 %
e Expense loading	6e	93.4 % ☐ N/A ☒ N/A
f Salary scale	6f	% ☒ N/A
g Estimated investment return on actuarial value of assets for year ending on the valuation date	6g	8.9 %
h Estimated investment return on current value of assets for year ending on the valuation date	6h	20.1 %

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
4	1,302,214	133,623
1	-835,792	-85,762

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(1) Is the plan required to provide a projection of expected benefit payments? (See the instructions.) If "Yes," attach a schedule	☒ Yes ☐ No	
b(2) Is the plan required to provide a Schedule of Active Participant Data? (See the 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)	5
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?	☐ Yes ☒ No	
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	8d(4)	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	8d(5)	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?	☐ Yes ☐ No	
e If box 5h is checked or line 8c is "Yes," enter the difference between the minimum required contribution for the year and the minimum that would have been required without using the shortfall method or extending the amortization base(s)	8e	0

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

a Prior year funding deficiency, if any	9a	0
b Employer's normal cost for plan year as of valuation date.....	9b	998,099

c Amortization charges as of valuation date:

		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	9c(1)	18,515,879	2,574,998
(2) Funding waivers	9c(2)		
(3) Certain bases for which the amortization period has been extended	9c(3)		

d Interest as applicable on lines 9a, 9b, and 9c.....	9d	250,117
e Total charges. Add lines 9a through 9d.....	9e	3,823,214

Credits to funding standard account:

f Prior year credit balance, if any.....	9f	14,685,879
g Employer contributions. Total from column (b) of line 3.....	9g	1,596,457

		Outstanding balance	
h Amortization credits as of valuation date.....	9h	835,792	85,762
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h	9i		1,089,891

j Full funding limitation (FFL) and credits:

(1) ERISA FFL (accrued liability FFL)	9j(1)	19,985,659	
(2) "RPA '94" override (90% current liability FFL)	9j(2)	28,954,543	
(3) FFL credit	9j(3)		0
k (1) Waived funding deficiency	9k(1)		
(2) Other credits	9k(2)		

l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)	9l	17,457,989
m Credit balance: If line 9l is greater than line 9e, enter the difference	9m	13,634,775
n Funding deficiency: If line 9e is greater than line 9l, enter the difference	9n	

9 o Current year's accumulated reconciliation account:

(1) Due to waived funding deficiency accumulated prior to the 2021 plan year	9o(1)	
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:		
(a) Reconciliation outstanding balance as of valuation date	9o(2)(a)	
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	9o(2)(b)	0
(3) Total as of valuation date	9o(3)	0

10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	10	
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11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions.....	☒ Yes ☐ No
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SCHEDULE H LINE 1B(3)	OTHER RECEIVABLES LOCAL 786 LUMBER RETIREMENT FUND	STATEMENT 1 PLAN NUMBER 001
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DESCRIPTION	BEGINNING	ENDING
ACCRUED INTEREST INCOME	47,879	115,555
DUE FROM RELATED ORGANIZATIONS	10,718	13,845
PREPAID EXPENSES	58,863	64,959
OTHER RECEIVABLES TO LINE 1B(3)	117,460	194,359

SCHEDULE H LINE 1J	OTHER LIABILITIES LOCAL 786 LUMBER RETIREMENT FUND	STATEMENT 3 PLAN NUMBER 001
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DESCRIPTION	BEGINNING	ENDING
	-	-
DUE TO RELATED ORGANIZATIONS	25,556	28,774
OTHER LIABILITIES TO LINE 1J	25,556	28,774

SCHEDULE H LINE 2C	OTHER INCOME LOCAL 786 LUMBER RETIREMENT FUND	STATEMENT 5 PLAN NUMBER 001
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DESCRIPTION	AMOUNT
WITHDRAWAL LIABILITY INTEREST	230,770
OTHER INCOME	5
	230,775

SCHEDULE H LINE 2i(4)	OTHER ADMINISTRATIVE EXPENSES LOCAL 786 LUMBER RETIREMENT FUND	STATEMENT 5 PLAN NUMBER 001
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DESCRIPTION	AMOUNT
BONDING AND INSURANCE EXPENSE	68,040
COMPUTER EXPENSE	38,045
OFFICE EXPENSE	3,615
DEPRECIATION	878
PLAN TERMINATION INSURANCE	28,830
POSTAGE	1,558
RENT	22,100
TELEPHONE	827
PENSION CHECK PROCESSING	13,921
PRINTING & STATIONERY	665
CHANGE IN WITHDRAWAL LIABILITY EXPENSE	(2,215)
SALARIES, TAXES AND FRINGE	175,894
MEETING AND CONFERENCE EXPENSE	6,100
BANK SERVICE FEES	3,027
OTHER ADMINISTRATIVE EXPENSES TO SCHEDULE H, LINE 2i(4)	361,286

Schedule H - Attachments

Summary of Plan Provisions – Lumber Participants

(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	September 1 through August 31
Pension Credit Year	September 1 through August 31
Plan Status	Ongoing plan
Regular Pension	• <i>Age and Service Requirements:</i> – Age 62 with 10 or more pension credits or 10 years of vesting service, or – Age 65 or more with 5 years of continuous participation in the plan. • <i>Amount:</i> \$79 per month for each pension credit, with a maximum monthly benefit of \$1,975 with 25 or more years of pension credit. • <i>Delayed Retirement Amount:</i> Regular pension accrued at Normal Retirement Age (NRA), increased by 1.0% for each month for 60 months beyond NRA, and 1.5% for each month thereafter.
Early Retirement	• <i>Age Requirement:</i> 55 • <i>Service Requirement:</i> 10 pension credits or 10 years of vesting service. • <i>Amount:</i> Regular pension accrued, reduced by 2% for each year of age less than 62.
Disability	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> 10 pension credits or 10 years of vesting service, including at least 10 weeks in covered employment during the 52 week period preceding the date the total and permanent disability began. • <i>Amount:</i> Regular pension accrued
Supplemental Lump-Sum Retirement Benefit	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> 15 pension credits, hired before September 1, 2010, eligible for a Regular, Early or Disability Pension based on covered employment under Lumber Employees Local 786 Retirement Fund, and retiring from active employment. • <i>Amount:</i> \$1,100 per pension credit payable at the time the participant receives the first pension payment, not subject to early retirement reduction or maximum pension credit accrual. If the participant dies before the time of the first pension payment, the lump sum will be awarded to an eligible spouse or other designated beneficiary.

Vesting	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> Five years of vesting service or 10 pension credits. • <i>Amount:</i> Regular or early pension accrued based on plan in effect when last active • <i>Normal Retirement Age:</i> 65
Spouse's Pre-Retirement Death Benefit	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> Five years of vesting service or 10 pension credits. • <i>Amount:</i> 50% of the benefit participant would have received had he or she retired the day before death and elected the joint and survivor option. • <i>Charge for Coverage:</i> None
Pre-Retirement Lump-sum Death Benefit	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> 15 pension credits based on covered employment under Lumber Employees Local 786 Retirement Fund, hired before September 1, 2010, and dies during active employment. • <i>Amount:</i> \$1,100 per pension credit payable at the time of the participant's death. Benefit will be paid to the participant's surviving spouse or, if not surviving spouse, to a designated beneficiary.
Post-Retirement Death Benefit	<i>Husband and Wife:</i> If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage.
Optional Forms of Benefits	• 10 Year Certain and Life Annuity • Social Security Level Income Annuity • 75% Joint and Survivor Pension • 100% Joint and Survivor Pension • 50% Joint and Survivor Pension with Pop-Up Option • 75% Joint and Survivor Pension with Pop-Up Option • 100% Joint and Survivor Pension with Pop-Up Option

Pension Credit	Effective September 1, 1976, participants earn pension credits according to the following schedule:	
	Weeks Engaged in Covered Employment During Plan Credit Year	Pension Credits
	Less than 10 weeks	No Credit
	10-18 weeks	0.25 Credits
	19-26 weeks	0.50 Credits
	27-35 weeks	0.75 Credits
	36 weeks or more	1.00 Credit
Vesting Credit	A participant shall be credited with one year of vesting service for each year in which he worked in Covered Employment for 870 hours or more. A participant will be considered as having worked 45 hours in Covered Employment for each weekly contribution required to be made to the Fund on his behalf.	
Contribution Rate	Varies by employer ranging from \$260 per week to \$295 per week.	
Changes in Plan Provisions	There were no changes in plan provisions reflected in this actuarial valuation	

Summary of Plan Provisions – Vending Participants

(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	September 1 through August 31, since September 30, 2015.														
Pension Credit Year	September 1 through August 31, since September 30, 2015. Prior to that, October 1 through September 30.														
Plan Status	Ongoing plan														
Regular Pension	• <i>Age and Service Requirements:</i> – Age 55 with 10 or more pension credits, or – Age 65 or more with 5 years of continuous participation in the plan. • <i>Amount:</i> – \$16.00 per month for each pension credit earned before October 1, 1995; plus – \$31.10 per month for each pension credit earned after October 1, 1995.														
Early Retirement	• <i>Age Requirement:</i> 50 • <i>Service Requirement:</i> 10 pension credits. • <i>Amount:</i> A percentage of the regular pension accrued, determined as follows: <table> <tr> <th>Age When Payment Begins</th><th>Percent of Regular Pension</th></tr> <tr> <td>55</td><td>100%</td></tr> <tr> <td>54</td><td>91.14%</td></tr> <tr> <td>53</td><td>83.19%</td></tr> <tr> <td>52</td><td>76.05%</td></tr> <tr> <td>51</td><td>69.60%</td></tr> <tr> <td>50</td><td>63.79%</td></tr> </table>	Age When Payment Begins	Percent of Regular Pension	55	100%	54	91.14%	53	83.19%	52	76.05%	51	69.60%	50	63.79%
Age When Payment Begins	Percent of Regular Pension														
55	100%														
54	91.14%														
53	83.19%														
52	76.05%														
51	69.60%														
50	63.79%														
Disability	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> 10 pension credits or 10 years of vesting service. • <i>Amount:</i> Regular pension accrued														

Supplemental Lump-Sum Retirement Benefit	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> Participants having earned at least 5 pension credits since October 1, 1995 and working for an employer that has agreed to a \$126.00 monthly contribution rate as of December 1, 2000. • <i>Other Requirement:</i> Participant began work before October 1, 2010. • <i>Amount:</i> \$6,000 for each 5 full pension credits earned since October 1, 1995.
Vesting	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> Five years of vesting service. • <i>Amount:</i> Regular or early pension accrued based on plan in effect when last active • <i>Normal Retirement Age:</i> Age 65 with five years of vesting service, or age 55 with 10 pension credits, whichever is earlier.
Spouse's Pre-Retirement Death Benefit	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> Five years of vesting service. • <i>Amount:</i> 50% of the benefit participant would have received had he or she retired the day before death and elected the joint and survivor option. • <i>Charge for Coverage:</i> None
Pre-Retirement Lump-sum Death Benefit	• <i>Age Requirement:</i> None • <i>Service Requirement:</i> 10 pension credits after October 1, 1965 and dies in covered employment • <i>Amount:</i> \$100 per pension credit earned after October 1, 1965, up to a maximum of 20 pension credits.
Supplemental Lump-Sum Death Benefit	Payable on behalf of any participant if, at the time of his death, he satisfies the following requirements: • Working in covered employment; • Eligible for either a normal or early pension; and • Met the requirements for the Supplemental Lump Sum Retirement Benefit, but did not receive that benefit. • <i>Amount:</i> \$6,000 for each 5 full pension credits earned since October 1, 2004.
Post-Retirement Death Benefit	<i>Husband and Wife:</i> If married, pension benefits are paid in the form of a 50% joint and survivor annuity unless this form is rejected by the participant and spouse. If not rejected, the benefit amount otherwise payable is reduced to reflect the joint and survivor coverage.
Optional Forms of Benefits	• 10 Year Certain and Life Annuity • Social Security Level Income Annuity • 50% Joint and Survivor Pension • 100% Joint and Survivor Pension

Pension Credit	A participant will receive one pension credit for each full year (and fractions thereof, counting each month as a twelfth) which elapses during his period of covered service.
Vesting Credit	A participant will receive one year of vesting service for each year in which he is credited with at least one hour of service per month for covered service for five months in any plan year during his period of covered service.
Contribution Rate	Effective October 1, 2019, \$230 per month for employees of Sodexo and \$230 per month for all other participants.
Changes in Plan Provisions	There were no changes in plan provisions reflected in this actuarial valuation

Local 786 Lumber

<u>Security Number</u>	<u>Description Line 1</u>	<u>Units Held</u>	<u>Carry Value / Tax Cost</u>	<u>Market Value</u>	<u>Annual Income Amount</u>
05368V106	AVIENT CORPORATION COM	885.000	\$37,940.35	\$38,789.55	\$876.15
28618M106	ELEMENT SOLUTIONS INC COM	1,550.000	\$37,135.35	\$28,938.50	\$496.00
359694106	FULLER H B CO COM	660.000	\$33,470.89	\$42,807.60	\$501.60
576690101	MATERION CORP COM	425.000	\$37,693.08	\$36,681.75	\$212.50
422806109	HEICO CORP NEW COM	628.000	\$38,527.84	\$95,644.40	\$125.60
349853101	FORWARD AIR CORPORATION COM	605.000	\$43,199.20	\$58,709.20	\$580.80
039653100	ARCOSA INC COM	540.000	\$22,259.76	\$31,563.00	\$108.00
374689107	GIBRALTAR INDS INC COM	1,070.000	\$47,886.74	\$44,779.50	\$0.00
02208R106	ALTRA INDUSTRIAL MOTION CORP	670.000	\$19,949.78	\$25,426.50	\$241.20
296315104	ESCO TECHNOLOGIES INC COM	540.000	\$30,909.41	\$43,972.20	\$172.80
313855108	FEDERAL SIGNAL CORP COM	950.000	\$33,139.90	\$37,876.50	\$342.00
415864107	HARSCO CORP COM	1,550.000	\$21,361.00	\$8,788.50	\$0.00
M6372Q113	KORNIT DIGITAL LTD SHS	645.000	\$38,867.97	\$20,046.60	\$0.00
854231107	STANDEX INTL CORP COM	445.000	\$34,128.58	\$40,232.45	\$498.40
600544100	MILLERKNOLL INC COM	929.000	\$40,447.12	\$25,714.72	\$696.75
109696104	BRINKS CO COM	620.000	\$30,071.22	\$34,273.60	\$496.00
421906108	HEALTHCARE SVCS GROUP INC COM	1,646.000	\$43,977.77	\$23,159.22	\$1,404.03
767744105	RITCHIE BROS. AUCTIONEERS COM	1,293.000	\$56,984.85	\$89,656.62	\$1,396.44
124805102	CBIZ INC COM	1,145.000	\$30,336.53	\$49,990.70	\$0.00
22160N109	COSTAR GROUP INC COM	1,195.000	\$41,211.81	\$83,219.80	\$0.00
30214U102	EXPONENT INC COM	480.000	\$35,391.96	\$45,052.80	\$460.80
44925C103	ICF INTL INC COM	470.000	\$37,983.98	\$47,733.20	\$263.20
92345Y106	VERISK ANALYTICS INC COM	283.000	\$28,419.63	\$52,966.28	\$350.92
000957100	ABM INDUSTRIES INC COM	940.000	\$32,723.14	\$43,616.00	\$827.20
147448104	CASELLA WASTE SYS INC CL A	550.000	\$22,501.20	\$45,061.50	\$0.00
775711104	ROLLINS INC COM	1,725.000	\$24,409.41	\$58,236.00	\$897.00
311900104	FASTENAL CO COM	1,782.000	\$52,710.80	\$89,688.06	\$2,209.68
942622200	WATSCO INC CL A	138.000	\$25,736.13	\$37,540.14	\$1,352.40
44891N208	IAC INC	294.000	\$28,391.75	\$18,895.38	\$0.00
98980F104	ZOOMINFO TECHNOLOGIES INC COM	796.000	\$27,866.77	\$36,154.32	\$0.00
35180X105	FRANCHISE GROUP INC CL A	740.000	\$34,477.26	\$25,078.60	\$1,850.00
38526M106	GRAND CANYON ED INC COM	668.000	\$48,535.85	\$54,361.84	\$0.00
691497309	OXFORD INDS INC COM	640.000	\$49,578.52	\$68,307.20	\$1,408.00
978097103	WOLVERINE WORLD WIDE INC COM	1,376.000	\$33,462.93	\$26,887.04	\$550.40
505336107	LA Z BOY CHAIR CO COM	1,210.000	\$32,889.35	\$31,931.90	\$878.46
45780R101	INSTALLED BLDG PRODS INC COM	344.000	\$41,940.79	\$31,152.64	\$433.44

830830105	SKYLINE CHAMPION CORPORATION	635.000	\$30,314.32	\$35,985.45	\$0.00
109641100	BRINKER INTL INC COM	540.000	\$32,209.29	\$13,235.40	\$0.00
33829M101	FIVE BELOW INC COM	588.000	\$51,764.07	\$75,193.44	\$0.00
68243Q106	1-800-FLOWERS COM INC CL A	1,090.000	\$32,216.82	\$9,461.20	\$0.00
M4R82T106	FIVERR INTL LTD ORD SHS	124.000	\$29,423.57	\$4,287.92	\$0.00
339750101	FLOOR & DECOR HLDGS INC CL A	278.000	\$25,582.59	\$22,618.08	\$0.00
043436104	ASBURY AUTOMOTIVE GROUP INC COM	174.000	\$32,624.73	\$30,359.52	\$0.00
153527205	CENTRAL GARDEN & PET CO CL A NON VTG	840.000	\$26,415.96	\$31,718.40	\$0.00
70509V100	PEBBLEBROOK HOTEL TR COM	1,758.000	\$43,944.31	\$30,975.96	\$70.32
729640102	PLYMOUTH INDL REIT INC COM	1,550.000	\$39,506.74	\$31,418.50	\$1,364.00
737630103	POTLATCHDELTIC CORPORATION	890.000	\$47,445.26	\$41,313.80	\$1,602.00
358039105	FRESHPET INC COM	323.000	\$28,983.28	\$14,060.19	\$0.00
513847103	LANCASTER COLONY CORP COM	235.000	\$34,049.01	\$39,609.25	\$799.00
82900L102	SIMPLY GOOD FOODS CO COM	1,150.000	\$27,780.39	\$35,132.50	\$0.00
559663109	MAGNOLIA OIL & GAS CORP CL A	2,230.000	\$25,848.96	\$53,230.10	\$1,188.59
576485205	MATADOR RES CO COM	1,384.000	\$30,143.35	\$82,486.40	\$553.60
12740C103	CADENCE BK	2,655.000	\$66,916.80	\$67,649.40	\$2,336.40
126600105	CVB FINL CORP COM	2,915.000	\$58,024.14	\$76,489.60	\$2,332.00
37637Q105	GLACIER BANCORP INC NEW COM	1,385.000	\$58,490.85	\$70,191.80	\$1,828.20
453836108	INDEPENDENT BANK CORP MASS COM	880.000	\$52,013.60	\$68,842.40	\$1,936.00
511656100	LAKELAND FINL CORP COM	450.000	\$18,988.26	\$33,903.00	\$720.00
840441109	SOUTHSTATE CORP	740.000	\$53,514.18	\$57,749.60	\$1,480.00
909907107	UNITED BANKSHARES INC W VA COM	1,370.000	\$54,078.80	\$50,827.00	\$1,972.80
860630102	STIFEL FINL CORP COM	545.000	\$30,873.16	\$32,323.95	\$654.00
440327104	HORACE MANN EDUCATORS CORP NEW COM	816.000	\$29,102.88	\$29,188.32	\$1,044.48
816300107	SELECTIVE INS GROUP INC COM	465.000	\$26,626.42	\$36,930.30	\$558.00
09073M104	BIO TECHNE CORP COM	236.000	\$37,214.48	\$78,307.16	\$75.52
159864107	CHARLES RIV LABORATORIES INTL INC	177.000	\$50,052.89	\$36,329.25	\$0.00
58506Q109	MEDPACE HLDGS INC COM	155.000	\$21,755.88	\$22,879.55	\$0.00
87166B102	SYNEOS HEALTH INC CL A	565.000	\$50,701.22	\$33,962.15	\$0.00
955306105	WEST PHARMACEUTICAL SVCS INC COM	255.000	\$43,224.55	\$75,655.95	\$193.80
00653Q102	ADAPTHEALTH CORP COM CL A	1,510.000	\$32,403.94	\$27,134.70	\$0.00
006739106	ADDUS HOMECARE CORP COM	505.000	\$41,083.44	\$45,056.10	\$0.00
023436108	AMEDISYS INC COM	538.000	\$83,351.46	\$63,726.10	\$0.00
001744101	AMN HEALTHCARE SERVICES INC COM	570.000	\$32,663.33	\$58,504.80	\$0.00
15687V109	CERTARA INC COM	1,499.000	\$45,609.19	\$23,489.33	\$0.00
24477E103	DEFINITIVE HEALTHCARE CORP CLASS A	1,081.000	\$27,350.05	\$21,706.48	\$0.00
60783X104	MODIVCARE INC COM	408.000	\$47,537.37	\$44,194.56	\$0.00
67181A107	OAK STR HEALTH INC COM	832.000	\$44,522.98	\$21,798.40	\$0.00
016255101	ALIGN TECHNOLOGY INC COM	135.000	\$32,681.60	\$32,899.50	\$0.00
44930G107	ICU MEDICAL INC COM	152.000	\$24,233.14	\$24,168.00	\$0.00

45826H109	INTEGER HLDGS CORP COM	590.000	\$45,357.77	\$37,211.30	\$0.00
516544103	LANTHEUS HLDGS INC COM	1,180.000	\$35,747.07	\$92,984.00	\$0.00
640491106	NEOGEN CORP COM	1,225.000	\$30,695.07	\$25,602.50	\$0.00
68752L100	ORTHOPEDIATRICS CORP COM	588.000	\$25,654.08	\$28,864.92	\$0.00
29358P101	ENSIGN GROUP INC COM	490.000	\$44,946.76	\$41,797.00	\$112.70
74340E103	PROGYN INC COM	628.000	\$28,385.40	\$25,251.88	\$0.00
011642105	ALARM COM HLDGS INC COM	871.000	\$43,558.98	\$58,008.60	\$0.00
03662Q105	ANSYS INC COM	313.000	\$43,743.13	\$77,717.90	\$0.00
29109X106	ASPEN TECHNOLOGY INC COM	102.000	\$30,643.44	\$21,481.20	\$0.00
05338G106	AVALARA INC COM	686.000	\$80,061.54	\$62,830.74	\$0.00
09239B109	BLACKLINE INC COM	607.000	\$31,024.83	\$41,239.58	\$0.00
L44385109	GLOBANT S A COM	444.000	\$50,813.81	\$93,581.88	\$0.00
70432V102	PAYCOM SOFTWARE INC COM	206.000	\$33,132.78	\$72,347.20	\$0.00
70438V106	PAYLOCITY HLDG CORP COM	372.000	\$52,443.30	\$89,652.00	\$0.00
705573103	PEGASYSTEMS INC COM	686.000	\$52,171.79	\$25,114.46	\$82.32
902252105	TYLER TECHNOLOGIES INC COM	236.000	\$60,595.88	\$87,676.36	\$0.00
98139A105	WORKIVA INC COM CL A	735.000	\$46,956.32	\$49,899.15	\$0.00
077454106	BELDEN INC NEW COM	740.000	\$46,757.87	\$48,455.20	\$148.00
192422103	COGNEX CORP COM	829.000	\$35,152.28	\$34,909.19	\$232.12
636518102	NATIONAL INSTRS CORP COM	911.000	\$27,686.68	\$36,221.36	\$1,020.32
729132100	PLEXUS CORP COM	340.000	\$20,914.81	\$31,868.20	\$0.00
338307101	FIVE9 INC COM	323.000	\$44,830.75	\$31,689.53	\$0.00
380237107	GODADDY INC CL A	663.000	\$43,062.73	\$50,268.66	\$0.00
85225A107	SQUARESPACE INC CLASS A	1,049.000	\$29,985.43	\$22,029.00	\$0.00
39813G109	GRID DYNAMICS HLDGS INC CLASS A	1,216.000	\$31,828.85	\$24,575.36	\$0.00
71375U101	PERFICIENT INC COM	335.000	\$18,566.99	\$26,163.50	\$0.00
346375108	FORMFACTOR INC COM	900.000	\$32,763.70	\$26,352.00	\$0.00
750917106	RAMBUS INC DEL COM	1,370.000	\$21,858.15	\$35,332.30	\$0.00
816850101	SEMTECH CORP COM	415.000	\$21,022.59	\$19,168.85	\$0.00
40171V100	GUIDEWIRE SOFTWARE INC COM	559.000	\$52,837.52	\$40,085.89	\$0.00
426281101	HENRY JACK & ASSOC INC COM	177.000	\$31,124.33	\$34,019.40	\$346.92
55277P104	MGE ENERGY INC COM	328.000	\$19,039.34	\$25,262.56	\$534.64
68235P108	ONE GAS INC COM	440.000	\$32,774.45	\$34,438.80	\$1,091.20
TOTAL CORPORATE STOCKS (B) COMMON:		85,609.000	\$4,123,924.30	\$4,710,027.79	\$43,906.70
38141W265	GS FIN SQ GOV #466	563,375.880	\$563,375.88	\$563,375.88	\$22,019.90
922040100	VANGUARD INSTITUTIONAL INDEX FD #94	32,382.068	\$8,113,672.44	\$10,876,165.18	\$180,821.46
14949P208	CAUSEWAY INTERNATIONAL VALUE FUND	197,294.700	\$3,191,550.69	\$2,844,989.57	\$55,834.40
412295701	HARDING LOEVNER INSTITUTIONAL	112,865.156	\$2,246,120.53	\$2,012,385.73	\$18,961.34
74926P316	RBC EMERGING MARKETS EQUITY FUND	189,882.745	\$2,709,241.15	\$2,120,990.26	\$29,052.05

	TOTAL VALUE OF INT, REGISTERED INV CO:	1,095,800.549	\$16,823,960.69	\$18,417,906.62	\$306,689.15
95757A920	WESTERN ASSET US CORE PLUS, L.L.C.	319,643.534	\$6,513,620.25	\$6,883,843.15	\$0.00
	TOTAL PARTNERSHIP/JOINT VENTURE INT	319,643.534	\$6,513,620.25	\$6,883,843.15	\$0.00
92924A933	WCM FOCUSED INTERNATIONAL FUND	1.000	\$1,750,000.00	\$3,076,145.00	\$0.00
	TOTAL PARTNERSHIP				
69344A909	PGIM ABSOLUTE TOTAL RETURN BOND FUND	183,271.140	\$1,965,197.60	\$2,156,011.04	\$0.00
	TOTAL COMMON COLLECTIVE TRUST				
	TOTAL			\$35,243,933.60	

Schedule MB, Line 3 - Withdrawal Liability Amounts
Lumber Employees Local 786 Retirement Fund
EIN 51-6067407 / PN 001

Date of Payment	Amount of Payment
09/17/2021	\$5,600
11/01/2021	\$103,215
11/05/2021	\$30,000
02/01/2022	\$103,215
05/22/2022	\$103,215
Total	\$345,245

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Experience Loss	09/01/2010	\$79,380	4	\$21,902
Combined Charges ¹	09/01/2010	9,347,502	10	1,243,807
Experience Loss	09/01/2011	432,827	5	98,657
Experience Loss	09/01/2012	415,902	6	81,546
Experience Loss	09/01/2013	569,258	7	98,717
Experience Loss	09/01/2014	136,568	8	21,375
Experience Loss	09/01/2015	137,177	9	19,677
Experience Loss	09/01/2016	1,531,217	10	203,748
Combined Charges - Vending	09/01/2016	2,707,577	8	423,768
Experience Loss	09/01/2018	718,148	12	84,501
Experience Loss	09/01/2019	204,837	13	22,906
Asset Method Change	09/01/2019	423,735	8	66,320
Experience Loss	09/01/2020	509,537	14	54,451
Change in Assumptions	09/01/2021	1,302,214	15	133,623
Total		\$18,515,879		\$2,574,998

¹ The combined charges base established on September 1, 2010 was granted a five-year amortization extension.

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

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Experience Gain	09/01/2021	\$835,792	15	\$85,762
Total		\$835,792		\$85,762

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

For purposes of determining current liability, the current liability interest rate was changed from 2.59% to 2.30% 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 September 1, 2021:

Mortality for healthy lives, previously RP2000 Healthy Combined Mortality Tables, Male and Female.

Mortality for disabled lives, previously PBGC 2006 Male and Female mortality table for disabled participants receiving social security disability benefit payments.

Percent married, previously 80% of vending participants are assumed to be married. Lumber participants were assumed to be married at the rates identified below:

Age	Male	Female	Age	Male	Female
20-24	23.1%	38.9%	45-54	83.8%	76.1%
25-29	53.3%	63.8%	55-64	83.7%	70.3%
30-34	68.9%	73.5%	65-74	81.0%	51.2%
35-39	78.0%	76.1%	74 & Older	69.8%	23.9%
40-44	79.5%	76.1%			

Benefit election, previously participants were assumed to elect a single life annuity and receive a 3-year certain period if eligible.