

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2022</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>07/31/2022</u>	
A	This return/report is for: <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
	<input type="checkbox"/> a single-employer plan <input checked="" type="checkbox"/> a DFE (specify) <u>E</u>
B	This return/report is: <input type="checkbox"/> the first return/report <input checked="" type="checkbox"/> the final return/report
	<input type="checkbox"/> an amended return/report <input checked="" type="checkbox"/> a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. <input type="checkbox"/>
D	Check box if filing under: <input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program
	<input type="checkbox"/> special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. <input type="checkbox"/>

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>ALTERNATIVES GROUP TRUST (A FUND WITHIN THE MARCO CONSULTING GROUP TRUST I)</u>	1b Three-digit plan number (PN) ▶ <u>003</u>
	1c Effective date of plan
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>SEGAL ADVISORS, INC.</u> <u>550 WEST WASHINGTON BLVD, SUITE 900 CHICAGO, IL 60661-2703</u>	2b Employer Identification Number (EIN) <u>27-6230536</u>
	2c Plan Sponsor's telephone number <u>312-575-9000</u>
	2d Business code (see instructions)

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			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>05/09/2023</u>	<u>AMY FOREBAUGH</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
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). 6a(1) Total number of active participants at the beginning of the plan year 6a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 6a(2) 6b 6c 6d 0 6e 6f 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 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) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> 0 A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2022 This Form is Open to Public Inspection.
--	--	---

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 07/31/2022

A Name of plan <u>ALTERNATIVES GROUP TRUST (A FUND WITHIN THE MARCO CONSULTING GROUP TRUST I)</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SEGAL ADVISORS, INC.</u>	D Employer Identification Number (EIN) <u>27-6230536</u>	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

(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)

COHNREZNICK LLP

22-1478099

(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 50	NONE	28376	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EISNER ADVISORY GROUP LLC

87-1353108

(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 50	NONE	9870	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

INTEGRATED INVESTMENT

59-3809671

(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 50	NONE	9000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

BANK OF NY MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 50	NONE	6712	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2022 <hr/> This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>07/31/2022</u>		
A Name of plan <u>ALTERNATIVES GROUP TRUST (A FUND WITHIN THE MARCO CONSULTING GROUP TRUST I)</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SEGAL ADVISORS, INC.</u>	D Employer Identification Number (EIN) <u>27-6230536</u>	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNY MELLON EB TEMPORARY INVESTMENT</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-023</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>0</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 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)

Part II		Information on Participating Plans (to be completed by DFEs)	
<small>(Complete as many entries as needed to report all participating plans)</small>			
a	Plan name	PENSION PLAN FOR HOSPITAL & HEALTH CARE EMPLOYEES, PHILADELPHIA & VICINITY	
b	Name of plan sponsor	PENSION PLAN FOR HOSPITAL & HEALTH CARE EMPLOYEES	c EIN-PN 23-2627428-001
a	Plan name	COMMUNICATIONS WORKERS OF AMERICA PLAN FOR EMPLOYEES PENSIONS	
b	Name of plan sponsor	COMMUNICATIONS WORKERS OF AMERICA	c EIN-PN 53-0246709-001
a	Plan name	INTERNATIONAL BROTHERHOOD OF BOILERMAKERS OFFICERS' AND EMPLOYEES' PENSION PLAN	
b	Name of plan sponsor	TRUSTEES OF THE INTNL BROTHERHOOD OF BOILERMAKERS IRON SHIP BUILDERS	c EIN-PN 48-6031851-001
a	Plan name	IBEW LOCAL 223 PENSION PLAN	
b	Name of plan sponsor	IBEW LOCAL 223 PENSION PLAN	c EIN-PN 04-2780301-005
a	Plan name	WEST MICHIGAN PLUMBERS, FITTERS AND SERVICE TRADES LOCAL UNION NO. 174 PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES OF WEST MI PLUMBERS FITTERS & SERVICE TRADES	c EIN-PN 38-1796240-001
a	Plan name	AMERICAN POSTAL WORKERS UNION OFFICERS QUALIFIED RETIREMENT PLAN	
b	Name of plan sponsor	AMERICAN POSTAL WORKERS UNION, AFL-CIO	c EIN-PN 52-0913725-002
a	Plan name	AMERICAN POSTAL WORKERS UNION HEALTH PLAN EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	AMERICAN POSTAL WORKERS UNION, AFL-CIO HEALTH PLAN	c EIN-PN 52-0940594-001
a	Plan name	AMERICAN POSTAL WORKERS UNION EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	AMERICAN POSTAL WORKERS UNION, AFL-CIO	c EIN-PN 52-0913725-001
a	Plan name	AMERICAN POSTAL WORKERS UNION HEALTH PLAN MANAGEMENT STAFF PENSION PLAN	
b	Name of plan sponsor	AMERICAN POSTAL WORKERS UNION, AFL-CIO HEALTH PLAN	c EIN-PN 52-0940594-002
a	Plan name	CONNECTICUT HEALTH CARE ASSOCIATES PENSION FUND	
b	Name of plan sponsor	CONNECTICUT HEALTH CARE ASSOCIATES PENSION FUND	c EIN-PN 06-1313462-001
a	Plan name	INTERNATIONAL UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS MASTER TRUST	
b	Name of plan sponsor	INTERNATIONAL UNION OF BRICKLAYERS & ALLIED CRAFTWORKERS	c EIN-PN 53-0038250-004
a	Plan name	OMAHA CONSTRUCTION INDUSTRY PENSION PLAN	
b	Name of plan sponsor	OMAHA CONST. IND. PENSION PLAN JOINT BOARD OF TRUSTEES	c EIN-PN 47-0468085-001

Part II		Information on Participating Plans (to be completed by DFEs)	
<small>(Complete as many entries as needed to report all participating plans)</small>			
a	Plan name	BRICKLAYERS & TROWEL TRADES INTERNATIONAL PENSION FUND	
b	Name of plan sponsor	BRICKLAYERS & TROWEL TRADES INTL PENSION FD BD OF TRUSTEES	c EIN-PN 52-6127746-001
a	Plan name	1199 SEIU REGIONAL PENSION FUND	
b	Name of plan sponsor	TRUSTEES OF 1199 SEIU REGIONAL PENSION FUND	c EIN-PN 16-1112391-001
a	Plan name	FOX VALLEY & VICINITY CONSTRUCTION WORKERS PENSION FUND	
b	Name of plan sponsor	FOX VALLEY & VICINITY CONSTRUCTION WORKERS	c EIN-PN 36-6147407-001
a	Plan name	COMMUNICATIONS WORKERS LOCAL 1109 PENSION FUND	
b	Name of plan sponsor	COMMUNICATIONS WORKERS LOCAL 1109	c EIN-PN 22-6298155-001
a	Plan name	INTERNATIONAL UNION, UNITED MINE WORKERS OF AMERICA PENSION PLAN	
b	Name of plan sponsor	UNITED MINE WORKERS OF AMERICA	c EIN-PN 53-0159200-001
a	Plan name	MASSACHUSETTS SERVICE EMPLOYEES PENSION FUND	
b	Name of plan sponsor	MASSACHUSETTS SERVICE EMPLOYEES PENSION FUND	c EIN-PN 04-6344921-001
a	Plan name	IBEW LOCAL UNION NO. 573 PENSION FUND	
b	Name of plan sponsor	IBEW LOCAL UNION NO. 573	c EIN-PN 34-6570323-001
a	Plan name	IBEW LOCAL UNION NO. 573 PROFIT SHARING PLAN	
b	Name of plan sponsor	IBEW LOCAL UNION NO. 573	c EIN-PN 34-1667617-002
a	Plan name	KERN COUNTY ELECTRICAL WORKERS PENSION FUND	
b	Name of plan sponsor	JOINT BOARD OF TRUSTEES, KERN COUNTY ELECTRICAL WORKERS PENSION FUND	c EIN-PN 95-6123049-001
a	Plan name	UNITED FOOD AND COMMERCIAL WORKERS PENSION PLAN FOR SALARIED STAFF	
b	Name of plan sponsor	UFCW PENSION PLAN FOR SALARIED STAFF	c EIN-PN 36-6508328-002
a	Plan name	PENSION FUND FOR NURSING HOME AND HEALTH CARE EMPLOYEES - PHILADELPHIA AND VICINITY	
b	Name of plan sponsor	PENSION FUND FOR NURSING HOME AND HEALTH CARE EMPLOYEES - PHILADELPHIA	c EIN-PN 23-2774706-001
a	Plan name	IBEW LOCAL UNION NO. 237 PENSION PLAN	
b	Name of plan sponsor	IBEW LOCAL 237 PENSION PLAN BOARD OF TRUSTEES	c EIN-PN 16-6094914-001

Part II		Information on Participating Plans (to be completed by DFEs)	
<small>(Complete as many entries as needed to report all participating plans)</small>			
a	Plan name	BRICKLAYERS AND MASONS' LOCAL UNION NO. 5 OHIO PENSION FUND	
b	Name of plan sponsor	JOINT BOARD OF TRUSTEES BRICKLAYERS AND MASONS' LOCAL NO. 5	c EIN-PN 62-1523674-001
a	Plan name	SAN DIEGO UNITE - HERE PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES, SAN DIEGO UNITE - HERE PENSION FUND	c EIN-PN 95-6254718-001
a	Plan name	BAKERY DRIVERS LOCAL 550 AND INDUSTRY PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF BAKERY DRIVERS LOCAL 550 AND INDUSTRY PENSION FUN	c EIN-PN 13-6626195-001
a	Plan name	MID-AMERICA CARPENTERS REGIONAL COUNCIL MILLMEN PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE MID-AMERICA CARPENTERS REGIONAL COUNCIL MILLM	c EIN-PN 36-6605523-001
a	Plan name	I.U.O.E. LOCAL 57 PENSION PLAN	
b	Name of plan sponsor	TRUSTEES OF I.U.O.E. LOCAL 57	c EIN-PN 05-0298773-001
a	Plan name	IRON WORKERS PENSION TRUST FUND FOR COLORADO	
b	Name of plan sponsor	TRUSTEES - IRON WORKERS PENSION TRUST FUND FOR COLORADO	c EIN-PN 84-6099094-001
a	Plan name	COLORADO IRON WORKERS INDIVIDUAL ACCOUNT TRUST FUND	
b	Name of plan sponsor	TRUSTEES - COLORADO IRON WORKERS INDIVIDUAL ACCOUNT TRUST FUND	c EIN-PN 84-1230960-001
a	Plan name	COLORADO IRON WORKERS DEFINED CONTRIBUTION FUND	
b	Name of plan sponsor	TRUSTEES - COLORADO IRON WORKERS DEFINED CONTRIBUTION FUND	c EIN-PN 26-2458073-001
a	Plan name	NORTHERN VIRGINIA REGIONAL PARK AUTHORITY RETIREMENT PLAN	
b	Name of plan sponsor	NORTHERN VIRGINIA REGIONAL PARK AUTHORITY	c EIN-PN 54-0715585-002
a	Plan name	TROPICANA CASINO AND RESORT VARIABLE ANNUITY PENSION PLAN	
b	Name of plan sponsor	TROPICANA ATLANTIC CITY CORP	c EIN-PN 27-1472063-002
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	1776604	266400
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	29422	266400
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	29422	266400
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1747182	0

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	6173	
(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)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	66012870	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		66019043
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(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)		0
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)	24644	
(2) Contract administrator fees.....	2i(2)	1654	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		26298
j Total expenses. Add all expense amounts in column (b) and enter total	2j		26298
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		65992745
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan.....	2l(2)		67739927

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: COHNREZNICK LLP

(2) EIN: 22-1478099

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			

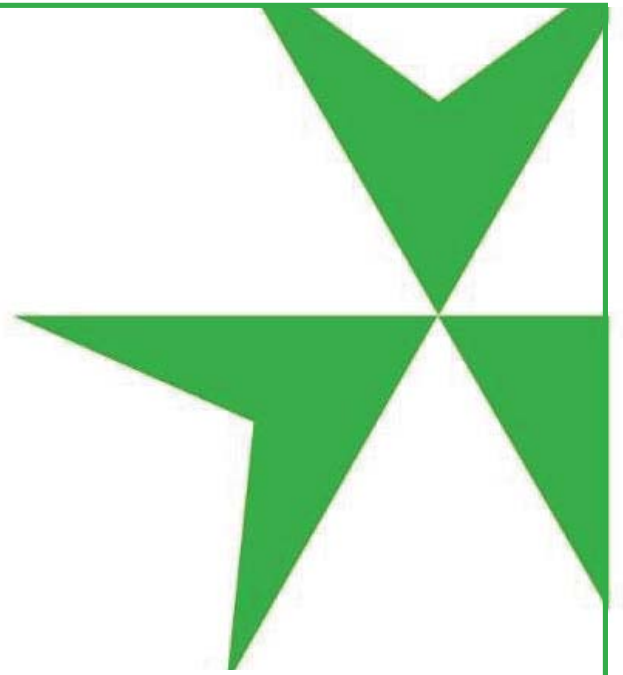
	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....	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?.....	4e		
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		
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		
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		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	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.).....	4j		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		
l Has the plan failed to provide any benefit when due under the plan?	4l		
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 _____.



Financial Statements & Independent Auditor's Report

ALTERNATIVES GROUP TRUST

(A Fund within The Marco Consulting Group Trust I)

(In Liquidation)

July 31, 2022

Segal Marco Advisors

ALTERNATIVES GROUP TRUST
(A Fund within The Marco Consulting Group Trust I)

TABLE OF CONTENTS

	Page
Independent Auditor's Report	1 - 2
Financial Statements	
Statement of Net Assets (In Liquidation)	3
Statement of Changes in Net Assets (In Liquidation)	4
Notes to Financial Statements	5 - 8

Independent Auditor's Report

To the Investment Manager
Alternatives Group Trust (A Fund within The Marco Consulting Group Trust I)

Opinion

We have audited the financial statements of Alternatives Group Trust (A Fund within The Marco Consulting Group Trust I) (the "Fund"), which comprise the statement of net assets (in liquidation) as of July 31, 2022, and the related statement of changes in net assets (in liquidation) for the period January 1, 2022 to July 31, 2022, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Alternatives Group Trust (A Fund within The Marco Consulting Group Trust I) as of July 31, 2022, and the statement of changes in net assets (in liquidation) for the period January 1, 2022 to July 31, 2022 in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Liquidation Basis of Accounting

As discussed in Note 2 to the financial statements, the Investment Manager of the Fund approved a plan of liquidation on March 31, 2020, and the Fund determined liquidation is imminent. As a result, the entity has changed its basis of accounting for periods subsequent to March 31, 2020 (date of adoption of liquidation basis of accounting) from the going-concern basis to a liquidation basis. Our opinion is not modified with respect to this matter.

Responsibilities of Management for the Financial Statements

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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 Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

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.



Parsippany, New Jersey
November 8, 2022

ALTERNATIVES GROUP TRUST
(A Fund within The Marco Consulting Group Trust I)
Statement of Net Assets (In Liquidation)
July 31, 2022

ASSETS

Cash and cash equivalents	\$	266,057
Interest receivable		343
		<hr/>
Total assets		266,400
		<hr/>

LIABILITIES

Redemptions payable		227,057
Accrued expenses		39,343
		<hr/>
Total liabilities		266,400
		<hr/>
Net assets in liquidation	\$	-
		<hr/> <hr/>
Net asset value per unit (0 units outstanding)	\$	-
		<hr/> <hr/>

The accompanying notes are an integral part of this statement.

ALTERNATIVES GROUP TRUST
(A Fund within The Marco Consulting Group Trust I)
Statement of Changes in Net Assets (In Liquidation)
For the period from January 1, 2022 through July 31, 2022

Net assets in liquidation at January 1, 2022 (228,836 units outstanding)	\$ 1,747,182
Redemptions (228,836 units)	(67,739,927)
Net increase in interest income	6,173
Net increase in realized gain from investments	66,012,870
Net decrease in custodian fees	(1,654)
Net decrease in professional fees	<u>(24,644)</u>
Net decrease in net assets in liquidation	<u>(1,747,182)</u>
Net assets in liquidation at July 31, 2022 (0 units outstanding)	<u><u>\$ -</u></u>

The accompanying notes are an integral part of this statement.

ALTERNATIVES GROUP TRUST

(A Fund within The Marco Consulting Group Trust I)

Notes to Financial Statements (In Liquidation)

July 31, 2022

1. ORGANIZATION

The Alternatives Group Trust (the “Fund”) (a fund within The Marco Consulting Group Trust I) (the “Trust”) was established by the Marco Consulting Group Inc. and the Bank of New York Mellon, as trustee of the Trust (the “Trustee”). The Bank of New York Mellon (“BNY Mellon”) serves as Custodian, and performs accounting and record keeping functions for the Fund. The Fund is one of three Funds offered within the Trust. The other Funds offered within the Trust are the Fixed Income Group Trust and the Equity Group Trust. The Trust is a group trust designed to permit qualified employee benefit plans and certain governmental plans and collective trusts (“Participating Trusts”) to commingle their assets for investment purposes on a tax-exempt basis. The Fund commenced operations on June 1, 2012.

Segal Advisors, Inc., d/b/a Segal Marco Advisors (the “Investment Manager”), is the sponsor of the Marco Consulting Group Trust I. The Investment Manager is registered with the U.S. Securities and Exchange Commission as an investment adviser under the Investment Advisers Act of 1940.

2. SIGNIFICANT ACCOUNTING POLICIES

The following is a summary of the significant accounting policies followed by the Fund in the preparation of its financial statements.

Basis of Presentation

The Fund’s financial statements have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (“U.S. GAAP”). The Fund is considered an investment company under U.S. GAAP and follows the specialized accounting and reporting guidance in the Financial Accounting Standards Board Accounting Standards Codification 946, Financial Services – Investment Companies, including liquidation basis adjustments required by Subtopic 205-30, Liquidation Basis of Accounting.

Basis of Accounting

Effective March 31, 2020, the Investment Manager has formalized and approved the decision to terminate operations and liquidate the Fund in an orderly manner. Thus, liquidation became imminent, and the Fund adopted the liquidation basis of accounting, whereby assets are measured at the estimated amount of cash or other consideration that the Fund expects to collect in settling or disposing of those assets, and liabilities are measured at their estimated settlement amounts, including costs the Fund expects to incur through the end of its liquidation (liquidation value). These estimated amounts are undiscounted and are recorded to the extent the Fund has a reasonable basis for estimation.

Under the plan of liquidation, the Fund plans to (1) sell its remaining investments, (2) collect receivables as they become due, (3) use available cash to settle the Fund’s obligations, and (4) pay out distributions to the participants of the Fund. The Investment Manager anticipates that the liquidation of the Fund will be completed October 31, 2022. The Fund’s management determined that the presentation of the financial highlights is not relevant and useful in understanding the liquidation basis financial statements. As a result, the Fund elected to exclude the presentation of financial highlights for the period from January 1, 2022 through July 31, 2022.

ALTERNATIVES GROUP TRUST
(A Fund within The Marco Consulting Group Trust I)
Notes to Financial Statements (In Liquidation)
July 31, 2022

Liabilities are generally recognized in accordance with the measurement and recognition provision of US GAAP applicable for going-concern entities.

Use of Estimates

In accordance with U.S. GAAP, on a liquidation basis, management is required to make estimates and assumptions in determining the reported amounts of assets and liabilities, including the estimated liquidation value of assets and liabilities, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported changes in net assets in liquidation during the reporting period. Actual results could differ from those estimates.

Income Tax Status

The Trust provides certain qualified trusts, as defined in the Trust Agreement and as further described in Internal Revenue Service Revenue Ruling 81-100, with a means to pool their funds for investment. The Trust is exempt from federal income taxes under Section 501(a) of the Internal Revenue Code (“IRC”). The Trust limits participation to pension or profit-sharing plans that are qualified under 401(a) of the IRC that are tax-exempt under Section 501(a) of the IRC, and to state or local government plans. The Trust has received a favorable determination letter from the Internal Revenue Service.

The Investment Manager believes that the Trust is currently being operated in compliance with the requirements of Revenue Ruling 81-100. Pursuant to the subject of Revenue Ruling, the Trust will file and pay income tax on any Unrelated Business Taxable Income (“UBTI”). As a group trust the Trust is not required to file income tax returns unless it incurs UBTI.

The Investment Manager has processes presently in place to ensure the maintenance of its tax-exempt status; to identify and report unrelated income; to determine its filing and tax obligations in jurisdictions for which it was nexus; and to identify and evaluate other matters that may be considered tax positions. Management has determined that there are no material uncertain tax positions that require recognition or disclosure in the financial statements for the year ended for the period from January 1, 2022 through July 31, 2022. Accordingly, no provision has been made in the accompanying financial statements for uncertain tax positions.

Participants’ Transactions

The NAV of units is determined by dividing the then fair value of the net assets of the Fund by the number of units then outstanding. 228,836 units were redeemed during the period from January 1, 2022 through July 31, 2022 and there were no units outstanding as of July 31, 2022. Effective March 31, 2020, under the plan of liquidation, the Fund did not accept additional contributions.

Income Allocation

Net income or loss is allocated to participants, using the participants’ pro rata capital balances after reflecting capital subscriptions and redemptions.

ALTERNATIVES GROUP TRUST
(A Fund within The Marco Consulting Group Trust I)
Notes to Financial Statements (In Liquidation)
July 31, 2022

Cash and Cash Equivalents

Cash represents cash deposits held at financial institutions. Cash equivalents consist of highly liquid investments with a maturity of three months or less when acquired. The Fund considers its investments in short-term money market funds to be cash equivalents.

3. RISKS AND UNCERTAINTIES

In the normal course of business, the Fund maintains its cash balances in financial institutions, which at times may exceed Federally insured limits. The Fund is subject to credit risk to the extent any financial institution with which it conducts business is unable to fulfill contractual obligations on its behalf. The Fund's management monitors the financial condition of such financial institutions and does not anticipate any losses from these counterparties.

4. MANAGEMENT FEES AND EXPENSES

The Fund does not pay the Investment Manager, Segal Marco Advisors, a management fee. The Fund also bears the ordinary and customary expenses incurred in the operation of the Fund, including without limitation custodial fees, administrative expenses, taxes or assessments, legal and auditing services, and any extraordinary expenses. The Trustee incorporates all of these expenses into the Fund's monthly NAV calculation.

5. WITHDRAWALS

In accordance with the Trust Agreement, in order to withdraw all or part of its interest in the Fund, a Participating Trust must provide such notice as set forth in the applicable Fund's Disclosure Statement. Any withdrawal shall be as of the close of business on the next available monthly Valuation Date following the Trustee's receipt of notice and subject to the Fund's liquidity provisions. Payment of proceeds upon withdrawal will be made as soon as practicable after that Valuation Date. No interest will be paid between the date of withdrawal and the payment of withdrawal proceeds. Payment may also be delayed (with no interest thereon) if the Trustee determines that it cannot reasonably make such distribution on account of any legal impediment or any other cause reasonably beyond its control. The Trustee may withhold a portion of the withdrawal proceeds to secure the payment of actual or contingent expenses and fees payable to the Trustee or the Fund Managers. The Fund has elected to suspend redemptions as of March 31, 2020. Distributions after this date are based on the proceeds received from the sale of investments and allocated to the participants according to their respective interests in the Fund as of the date the distributions are declared by the Fund.

6. INDEMNIFICATIONS

Under the Trust Agreement, the Fund and each other agent of the Fund (including persons who serve at the Fund or at the Fund's request as directors, officers or funds of another organization in which the Fund has any interest as a shareholder, creditor or otherwise), the Investment Manager and the Custodian and all of the directors, officers and partners of all of them, and their respective successors and assigns (the "Indemnified Parties") are indemnified against certain liabilities arising out of the performance of their duties to the Fund. Additionally, in the normal course of business, the Fund enters into contracts with service providers that contain general indemnification clauses. The Fund's maximum

ALTERNATIVES GROUP TRUST
(A Fund within The Marco Consulting Group Trust I)
Notes to Financial Statements (In Liquidation)
July 31, 2022

exposure under these arrangements is unknown as this would involve future claims that may be made against the Fund that have not yet occurred. However, based on experience, the Fund expects the risk of loss to be remote.

7. CONTINGENCIES

On January 15, 2021, a lawsuit was filed against a former sub-advisor and several affiliated defendants by BNY Mellon, acting as directed trustee on behalf of the Marco Consulting Group Trust I. The complaint asserts claims under ERISA and state common laws for breach of fiduciary duty and breach of contract arising from the gross mismanagement of a Private Investment Fund previously owned by the Fund. During the period ended July 31, 2022, the Fund recovered \$66,012,870 in class action proceeds.

8. SUBSEQUENT EVENTS

Management has evaluated the possibility of subsequent events existing in the Fund's financial statements through November 8, 2022, the date the financial statements were available to be issued. Subsequent to July 31, 2022 (Date of Liquidation), all of the remaining redemptions payable have been paid to the members.