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

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022

A This return/report is for:
- [X] 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. . . . . ▶ [X]

D Check box if filing under:
- [X] 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
LOCAL NO. 731, I.B. OF T., PENSION FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1962

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)
LOCAL NO. 731, I.B. OF T., PENSION FUND

1000 BURR RIDGE PARKWAY
BURR RIDGE, IL 60527

2b Employer Identification Number (EIN) 36-6513567

2c Plan Sponsor's telephone number 630-887-4150

2d Business code (see instructions) 562000

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.	07/15/2023	JOHN LISNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/15/2023	MICHAEL RICHARDSON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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**	7908
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	3318
a(2) Total number of active participants at the end of the plan year	**6a(2)**	3312
b Retired or separated participants receiving benefits	**6b**	1931
c Other retired or separated participants entitled to future benefits	**6c**	2217
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	7460
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	631
f Total. Add lines **6d** and **6e**	**6f**	8091
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	147

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

1B

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [X] Insurance		**(1)** [X] Insurance	
(2) [ ] Code section 412(e)(3) insurance contracts		**(2)** [ ] Code section 412(e)(3) insurance contracts	
(3) [X] Trust		**(3)** [X] Trust	
(4) [ ] General assets of the sponsor		**(4)** [ ] General assets of the sponsor	

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 3 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022

A Name of plan
LOCAL NO. 731, I.B. OF T., PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LOCAL NO. 731, I.B. OF T., PENSION FUND

D Employer Identification Number (EIN)
36-6513567

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

1 Coverage Information:

(a) Name of insurance carrier
UNITED OF OMAHA

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
47-0322111	69868	39G07469	8091	10/01/2021	09/30/2022

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	2532953
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	3034563
c	Additions: (1) Contributions deposited during the year	7c(1)	29202055		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	10544		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	29212599
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	32247162
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	29632795		
	(2) Administration charge made by carrier	7e(2)	81414		
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	29714209
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	2532953

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022

A Name of plan
LOCAL NO. 731, I.B. OF T., PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LOCAL NO. 731, I.B. OF T., PENSION FUND

D Employer Identification Number (EIN)
36-6513567

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

1 Coverage Information:

(a) Name of insurance carrier
UNITED OF OMAHA

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
47-0322111	69868	39G11854	8091	10/01/2021	09/30/2022

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	322889
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	328478
c	Additions: (1) Contributions deposited during the year	**7c(1)**	1902232		
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**	1068		
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	1903300
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	2231778
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**	1896164		
	(2) Administration charge made by carrier	**7e(2)**	12725		
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	1908889
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	322889

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022

A Name of plan
LOCAL NO. 731, I.B. OF T., PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LOCAL NO. 731, I.B. OF T., PENSION FUND

D Employer Identification Number (EIN)
36-6513567

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

1 Coverage Information:

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

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-1423090	69744	GA-02076	8091	10/01/2021	09/30/2022

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	95719

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

ULLICO INVESTMENT COMPANY
8403 COLEVILLE ROAD
SILVER SPRING, MD 20910

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	**(d)** Purpose	**(e)** Organization code
	95719	INVESTMENT MANAGER FEES	6

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	**4**	
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	18849888

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	**6d**	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity (3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee (3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below) ▶	**7c(5)**			
	(6) Total additions			**7c(6)**	0
d	Total of balance and additions (add lines **7b** and **7c(6)**)			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below) ▶	**7e(4)**			
	(5) Total deductions			**7e(5)**	0
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022

▶ **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
LOCAL NO. 731, I.B. OF T., PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
LOCAL NO. 731, I.B. OF T., PENSION FUND

D Employer Identification Number (EIN)
36-6513567

E Type of plan: **(1)** [X] Multiemployer Defined Benefit **(2)** [ ] Money Purchase (see instructions)

1a	Enter the valuation date: Month 10 Day 01 Year 2021		
b	Assets		
(1)	Current value of assets	**1b(1)**	807868996
(2)	Actuarial value of assets for funding standard account	**1b(2)**	737758384
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	696560804
(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)**	696560804
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)**	1469058064
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	41466285
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	34440933
(3)	Expected plan disbursements for the plan year	**1d(3)**	34836846

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

Date

JOSEPH MARA JR.

Type or print name of actuary

23-06992

Most recent enrollment number

CHEIRON, INC.

Firm name

312-629-8401

Telephone number (including area code)

200 WEST MONROE STREET SUITE 1800, CHICAGO, IL 60606

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**		807868996
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		2406	449554652
(2) For terminated vested participants		2186	229887812
(3) For active participants:			
(a) Non-vested benefits			99848129
(b) Vested benefits			689767471
(c) Total active		3318	789615600
(4) Total		7910	1469058064
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	**2c**		54.99 %

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
11/15/2021	4124265	0	04/15/2022	3480201	0
12/15/2021	3763283	0	05/16/2022	4412280	0
01/14/2022	3720867	0	06/15/2022	3561900	0
02/15/2022	4045922	0	07/15/2022	3212281	0
03/15/2022	3538423	0	08/15/2022	5034024	0
			Totals ► **3(b)**	46404950	**3(c)** 0

(d) Total withdrawal liability amounts included in line 3(b) total	**3(d)**	34000

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	105.9 %
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**	

2 Operational information as of beginning of this plan year:

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

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
09/15/2022	3692678	0			
10/14/2022	3818826	0			
			Totals ► **3(b)**		**3(c)**
(d) Total withdrawal liability amounts included in line 3(b) total					**3(d)**

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	%
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**	
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**	2.28 %
		Pre-retirement		Post-retirement	
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A		☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:					
(1) Males	**6c(1)**	A		A	
(2) Females	**6c(2)**	A		A	
d Valuation liability interest rate	**6d**	7.20 %		6.90 %	
e Expense loading	**6e**	8.9 %	☐ 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**	10.3 %			
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	23.1 %			

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-17453135	-1810203
3	43899049	4553119
4	19869584	2060832

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)**	
(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**	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any			**9a**
b Employer's normal cost for plan year as of valuation date			**9b** 14994601
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)**	162971805	30406534
(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** 3268882
e Total charges. Add lines 9a through 9d			**9e** 48670017

Credits to funding standard account:

f	Prior year credit balance, if any		**9f**	182636453
g	Employer contributions. Total from column (b) of line 3		**9g**	46404950
		Outstanding balance		
h	Amortization credits as of valuation date	**9h** 21532932		2275400
i	Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	14711164
j	Full funding limitation (FFL) and credits:			
	(1) ERISA FFL (accrued liability FFL)	**9j(1)** 167696684		
	(2) "RPA '94" override (90% current liability FFL)	**9j(2)** 605261700		
	(3) FFL credit		**9j(3)**	
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**	246027967
m	Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	197357950
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)**	
	(3) Total as of valuation date	**9o(3)**	
10	Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	**10**	

11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions. [X] Yes [ ] No

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2021** **This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022

A Name of plan
LOCAL NO. 731, I.B. OF T., PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LOCAL NO. 731, I.B. OF T., PENSION FUND

D Employer Identification Number (EIN)
36-6513567

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).. . . . . [X] 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

GROSVENOR CAPITAL MANAGEMENT

36-3795985

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

VANGUARD INDEX FUNDS

PO BOX 2600
VALLEY FORGE, PA 19482

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

INVESCO TRUST COMPANY

1555 PEACHTREE ST NE
ATLANTA, GA 30309

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

CORBIN CAPITAL PARTNERS LP

30-0299433

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

SEI TRUST COMPANY

06-1271230

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

RANIER INVESTMENT MANAGEMENT LLC

46-4242069

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

ASB CAPITAL MANAGEMENT

80-0618452

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

STATE STREET

PO BOX 5493
BOSTON, MA 02206

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

NORTHERN TRUST INVESTMENT SERVICES

333 S. WABASH AVENUE
CHICAGO, IL 60604

(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)

AMERICAN REALTY ADVISORS

801 N. BRAND BLVD.
GLENDALE, CA 91203

(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?
51	NONE	677349	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MORGAN STANLEY SMITH BARNEY LLC

26-4310632

(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 31	NONE	399090	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

VICTORY CAPITAL MANAGEMENT

4900 TIEDEMAN ROAD, 4TH FLOOR
BROOKLYN, OH 44144

13-2700161

(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 68	NONE	373293	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

WEDGE CAPITAL MANAGEMENT

56-1557450

(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 68 51	NONE	321852	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

NATIONAL INVESTMENT SERVICES

80-0169636

(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	286211	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIERRA CAPITAL

375 PARK AVENUE 8TH FL
NEW YORK, NY 10152

(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	NONE	225750	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

FOUNDRY PARTNERS, LLC

46-1184506

(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?
51 68 71	NONE	192600	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

CHEVY CHASE TRUST

52-2037618

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 68	NONE	161068	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

CHARTWELL INVESTMENT PARTNERS

1235 WESTLAKES DR SUITE 400
BERWYN, PA 19312

(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	149313	Yes [ ] No [X]	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)

DOWD BLOCH BENNETT & CERVONE

36-3371377

(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	109269	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRIVATE ADVISORS LLC

901 EAST BYRD STREET, SUITE 1400
RICHMOND, VA 23219

(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	103267	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

DELAWARE CAPITAL MANAGEMENT

2005 MARKET STREET, FLOOR 36
PHILADELPHIA, PA 19103

(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	97189	Yes [ ] No [X]	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)

ULLICO INVESTMENT COMPANY

13-1423090

(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	NONE	95719	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

AMALGAMATED BANK OF CHICAGO

30 N. LASALLE STREET
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?
19	NONE	95507	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

UNITED OF OMAHA

47-0322111

(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	94088	Yes [ ] No [X]	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)

GOLDMAN SACHS

71 S WACKER STE 1200
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?
51	NONE	69997	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ADVANCED BUILDING MAINTENANCE

1001 MCINTOSH LANE
JOLIET, IL 60433

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	60130	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WHITE OAK GLOBAL ADVISORS, LLC

3 EMBARCADERO CENTER, SUITE 550
SAN FRANCISCO, CA 94111

(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	NONE	59786	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)

CHEIRON

13-4215617

(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	51000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RICH CLARSON

36-6513567

(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?
14	ADMINISTRATOR	48235	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MICHAEL WAINSCOTT

36-6513567

(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	41214	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)

CALIBRE CPA GROUP PLLC

47-0900880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	39500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JJ JONES ELECTRIC

400 GUNDERSEN DRIVE
CAROL STREAM, IL 60188

(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?
99	NONE	37804	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MACNELL ACCOUNTING AND CONSULTING

9436 SPRINGFIELD AVE
EVANSTON, IL 60203

(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	37449	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)

SHEILA NIMMER

36-6513567

(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	36801	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RONALD HUFFMAN

36-6513567

(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	36515	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CINDY PERNA

36-6513567

(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	35858	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)

ISSI

3000 SOUTH LENOLA RD
MAPLE SHADE, NJ 08052

23-2182079

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	32803	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOSEPH D HANNA

36-6513567

(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	30520	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SCOTT PASCENTE

36-6513567

(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	25738	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)

CLIMATE SERVICE INC.

926 ESTES COURT
SCHAUMBURG, IL 60193

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	20440	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LASALLE CONSULTING PARTNERS

200 W MADISON ST, STE 940
CHICAGO, IL 60606

36-4030449

(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?
50	NONE	20194	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BKB COMMERCIAL CORPORATION

304 N ROSERA ST
LENA, WI 54139

(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?
99	NONE	19594	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)

TK ELEVATOR CORPORATION

3600 LACEY ROAD STE 100
DOWNERS GROVE, IL 60515

(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?
99	NONE	14984	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GEORGE'S LANDSCAPING, INC.

1410 MILLS RD
JOLIET, IL 60433

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	14983	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GREENDAY LANDSCAPING, INC

46-1373529

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	14425	Yes [ ] No [X]	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)

E&A MAINTENANCE GROUP, INC.

1105 SANDHURST DRIVE
SANDWICH, IL 60548

36-4551083

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	7890	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CONTECH MSI CO

3100 TOLLVIEW DR.
ROLLING MEADOWS, IL 60008

(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?
99	NONE	7118	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ARLINGTON GLASS & MIRROR

4547 N MILWAUKEE
CHICAGO, IL 60630

27-1603261

(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?
99	NONE	6320	Yes [ ] No [X]	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)

CORNERSTONE INTERNATIONAL GROUP

1862 INDEPENDENCE SQUARE
ATLANTA, GA 30338

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	5575	Yes [ ] No [X]	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 [ ]

(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
MICHAEL RICHARDSON, LLC		36000

(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.
CHICAGO AUTO TRADE ASSOCIATI 18 W. 200 BUTTERFIELD ROAD OAKBROOK TERRACE, IL 60181 36-0896250	MICHAEL RICHARDSON OF MICHAEL RICHARDSON, LLC RECEIVES INDIRECT COMPENSATION FOR MICHAEL RICHARDSON SERVING AS AN INDIVIDUAL TRUSTEE ON THE PLAN'S BOARD OF TRUSTEES.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ELITE ADMINISTRATION	53	15630

(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.
ULLICO/MARKEL 1625 EYE STREET, NW WASHINGTON, DC 20006	STANDARD COMMISSION EARNED AS INSURANCE REPRESENTATIVE

(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.

For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022

A Name of plan
LOCAL NO. 731, I.B. OF T., PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
LOCAL NO. 731, I.B. OF T., PENSION FUND

D Employer Identification Number (EIN)
36-6513567

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: ASB LABOR EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY

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)
27-3350609-010	C	67912861

a Name of MTIA, CCT, PSA, or 103-12 IE: ASB ALLEGIANCE REAL ESTATE FUND

b Name of sponsor of entity listed in (a): CHEVY CHASE TRUST COMPANY

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)
52-6257033-006	C	17010574

a Name of MTIA, CCT, PSA, or 103-12 IE: NIS CORE FIXED INCOME FUND, LLC

b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES, INC

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)
20-0005644-001	C	58440200

a Name of MTIA, CCT, PSA, or 103-12 IE: NIS INTERMEDIATE FIXED INCOME FUND

b Name of sponsor of entity listed in (a): NATIONAL INVESTMENT SERVICES, INC

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)
20-0065449-004	C	35108573

a Name of MTIA, CCT, PSA, or 103-12 IE: UNION LABOR LIFE INS CO SEP ACCT J

b Name of sponsor of entity listed in (a): THE UNION LABOR LIFE INSURANCE CO

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)
13-1423090-203	P	18849888

a Name of MTIA, CCT, PSA, or 103-12 IE: RAINIER INTERNATIONAL SMALL CAP EQ

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

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)
45-4762346-003	C	11107475

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO INTERNATIONAL GROWTH TRUST

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

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)
20-2583973-114	C	15600968

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES LARGE CAP GROWTH TRST

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

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)
84-6391546-012	C	49343789

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)

(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

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

For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022

A Name of plan
LOCAL NO. 731, I.B. OF T., PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LOCAL NO. 731, I.B. OF T., PENSION FUND

D Employer Identification Number (EIN)
36-6513567

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	7944218	8169625
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3775647	3818827
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2893605	3442922
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	22316550	37672998
(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)	25654609	33205610
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	226773338	168019980
(5) Partnership/joint venture interests	1c(5)	167770264	186694661
(6) Real estate (other than employer real property)	1c(6)	4480000	4480000
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	304534435	254524440
(10) Value of interest in pooled separate accounts	1c(10)	8900712	18849888
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	30602639	22989567
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	3363041	2855842
(15) Other	1c(15)		

			(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	137560	159863
f	Total assets (add all amounts in lines 1a through 1e)	1f	809146618	744884223
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	648954	777548
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	628668	168750
k	Total liabilities (add all amounts in lines 1g through1j)	1k	1277622	946298
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	807868996	743937925

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)	46370950	
	(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)		46370950
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	251220	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)	1555064	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	11612	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1817896
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	3698017	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	896489	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		4594506
	(3) Rents	2b(3)		630684
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	144557458	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	148672063	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-4114605
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-31806664	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-31806664

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-51509995
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		44896
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-8509561
c Other income	2c		15129592
d Total income. Add all **income** amounts in column (b) and enter total	2d		-27352301
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)	31203251	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		31203251
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)	246108	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	3313389	
(4) Other	2i(4)	1816022	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		5375519
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		36578770
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-63931071
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) [X] 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)** [X] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: CALIBRE CPA GROUP PLLC **(2)** EIN: 47-0900880

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

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	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?	**4e**	X		2000000
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**		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.)	**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**	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?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
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**		X	

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 465365.

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.

For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022

A Name of plan
LOCAL NO. 731, I.B. OF T., PENSION FUND

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
LOCAL NO. 731, I.B. OF T., PENSION FUND

D Employer Identification Number (EIN)
36-6513567

Part I Distributions

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

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

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

EIN(s): _____ _____

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that 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 ALLIED WASTE TRANSPORTATION, INC

b EIN 52-2044848 **c** Dollar amount contributed by employer 6751140

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 09 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) 348.20
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer WASTE MANAGEMENT

b EIN 36-2660859 **c** Dollar amount contributed by employer 6902752

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 09 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) 348.20
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer GROOT RECYCLING AND WASTE SERVICES

b EIN 36-2430346 **c** Dollar amount contributed by employer 4543511

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 09 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) 348.20
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer MBI/MR. BUILT'S, INC.

b EIN 36-3408042 **c** Dollar amount contributed by employer 2390153

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 09 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) 348.20
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer LAKE SHORE WASTE SERVICES, LLC

b EIN 36-4437735 **c** Dollar amount contributed by employer 4759892

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 09 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) 348.20
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer FLOOD BROTHERS DISPOSAL

b EIN 36-2704635 **c** Dollar amount contributed by employer 3209174

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 09 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) 348.20
(2) Base unit measure: ☐ Hourly ☒ Weekly ☐ Unit of production ☐ Other (specify):

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

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

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	101.00

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**	
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: 57.7 % Investment-Grade Debt: 13.4 % High-Yield Debt: 3.3 % Real Estate: 10.0 % Other: 15.6 %

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 _____

LOCAL NO. 731, I.B. OF T., PENSION FUND

FINANCIAL STATEMENTS

SEPTEMBER 30, 2022

LOCAL NO. 731, I.B. OF T., PENSION FUND

FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION

YEARS ENDED SEPTEMBER 30, 2022 AND 2021

CONTENTS

	PAGE
Independent Auditor's Report	1
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	7
Notes to Financial Statements	8
Supplemental Information	
Financial Highlights	23
Schedules of Administrative Expenses	24
Schedules of Building Expenses	25
Schedule of Changes in Net Assets Available for Benefits - By Division	26
Schedule of Employer Contributions - Private Scavengers	27
Schedule of Employer Contributions - Garage Attendants	28
Schedule of Employer Contributions - Textile Maintenance and Laundry Craft	29
Five Year Summary of Operations	30
Schedule of Assets (Held at End of Year)	31
Schedule of Reportable Transactions	39

CALIBRE CPA GROUP
19615 SOUTH LAGRANGE ROAD | SUITE B
MOKENA, IL 60448
T: 708.995.7180 | F: 708.995.7186

INDEPENDENT AUDITOR'S REPORT

To the Board of Trustees of
Local No. 731, I.B. of T., Pension Fund
Burr Ridge, Illinois

Opinion

We have audited the accompanying financial statements of Local No. 731, I.B. of T., Pension Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of September 30, 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 financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Local No. 731, I.B. of T., Pension Fund as of September 30, 2022 and 2021 and changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

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

Responsibilities of Management for the Financial Statements (continued)

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 Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditor's 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, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Plan's ability to continue as a going concern for a reasonable period of time.

Auditor's Responsibilities for the Audit of the Financial Statements (continued)

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

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) and reportable transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplemental 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.

Other Supplemental Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The financial highlights, schedules of administrative expenses, schedules of building expenses, schedule of changes in net assets available for benefits - by division, schedule of employer contributions - Private Scavengers, schedule of employer contributions - Garage Attendants, schedule of employer contributions - Textile Maintenance and Laundry Craft and five year summary of operations are presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Other Supplemental Information

We have also previously audited, in accordance with auditing standards generally accepted in the United States of America, the financial statements of Local No., 731, I.B. of T., Pension Fund as of and for the year ended September 30, 2018 through 2020 (none of which is presented herein), and we expressed an unmodified opinion on those financial statements.

Caliber CPA Group, PLLC

Mokena, IL
April 3, 2023

LOCAL NO. 731, I.B. OF T., PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

SEPTEMBER 30, 2022 AND 2021

	2022	2021
Assets		
Assets		
Investments - at fair value		
Short-term investment fund	$ 36,302,634	$ 22,316,550
Corporate obligations	33,205,610	25,654,609
Corporate stocks	168,019,980	226,773,338
Limited partnerships	186,694,661	167,770,264
Land and building	4,480,000	4,480,000
Common collective trusts	254,524,440	304,534,435
Pooled separate accounts	18,849,888	8,900,712
Registered investment companies	22,989,567	30,602,639
Total investments - at fair value	725,066,780	791,032,547
Investments - at contract value		
Insurance company contract	2,855,842	3,363,041
Receivables		
Employer contributions - net	3,818,826	3,775,647
Accrued interest and dividends	658,277	405,105
Total receivables	4,477,103	4,180,752
Property and equipment - net	159,863	137,560
Prepaid expenses	2,784,645	2,488,500
Cash and cash equivalents		
Operating cash	9,539,990	7,944,218
Total assets	744,884,223	809,146,618

See accompanying notes to financial statements.

LOCAL NO. 731, I.B. OF T., PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS (CONTINUED)

SEPTEMBER 30, 2022 AND 2021

Liabilities and Net Assets	2022	2021
Liabilities		
Accounts payable and accrued expenses	$ 777,548	$ 648,954
Due to broker - net	168,750	628,668
Total liabilities	946,298	1,277,622
Net assets available for benefits	$ 743,937,925	$ 807,868,996

See accompanying notes to financial statements.

LOCAL NO. 731, I.B. OF T., PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

YEARS ENDED SEPTEMBER 30, 2022 AND 2021

	2022	2021
Additions		
Investment income		
Net (depreciation) appreciation		
in fair value of investments	$ (80,837,638)	$ 147,790,453
Interest, dividends and other investment income	6,449,703	5,534,632
Rental income	630,684	758,382
	(73,757,251)	154,083,467
Less: investment expenses	(3,313,389)	(3,045,251)
Investment income - net	(77,070,640)	151,038,216
Employer contributions - net	46,370,950	44,602,827
Withdrawal liability income	34,000	34,000
Total additions	(30,665,690)	195,675,043
Deductions		
Benefits	31,203,251	27,988,783
Administrative expenses	1,288,610	1,256,067
Building expenses	773,520	782,969
Total deductions	33,265,381	30,027,819
Net change	(63,931,071)	165,647,224
Net assets available for benefits		
Beginning of year	807,868,996	642,221,772
End of year	$ 743,937,925	$ 807,868,996

See accompanying notes to financial statements.

NOTE 1. DESCRIPTION OF THE PLAN

Local No. 731, I.B. of T., Pension Fund (the Plan) was established during 1962 as a result of a collective bargaining agreement between the union and various employer associations to provide retirement and disability benefits for eligible participants. The Plan is financed entirely by employer contributions as specified in the collective bargaining agreements. The Plan is a multiemployer defined benefit pension plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Effective January 1, 2001, the Private Scavengers' benefit level was increased from $120 to $125 per month per pension credit to a maximum of 20 pension credits. Effective January 1, 2001, the Garage Attendants' benefit level increased from $50 to $52 per month per pension credit to a maximum of 20 pension credits.

Under current provisions of the Plan, an employee is eligible for a normal retirement pension as follows:

- At age 65 or older and with 5 years vesting service, or
- At age 62 and at least 20 pension credits, or
- At any age and at least 25 pension credits.

The Plan also provides for early, optional early, disability and reciprocal pensions.

Vesting of benefits is attained by participants who have five years of vesting service. One year of vesting service is earned for each calendar year in which a participant has worked in covered employment for 1,000 hours or more. Under current provisions of the Plan, there are several break-in-service rules which are applicable. As of the Plan's latest certification, the Plan is categorized in the green zone.

Effective October 1, 2018, the maximum monthly pension benefit for Private Scavenger participants increased from 20 pension credits/$2,500 per month to 24 pension credits/$3,000 per month.

Effective October 1, 2019, the monthly benefit for the Private Scavenger participants was increased to include $75 per month for the pension credits in excess of 24.

Effective October 1, 2021, the benefit accrual rate for the Private Scavenger participants was increased from $125 per pension credit for the first 24 pension credits to $150 per pension credit for the first 24 pension credits.

NOTE 1. DESCRIPTION OF THE PLAN (CONTINUED)

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

On October 1, 2017, the Local 731, I.B. of T. Textile Maintenance and Laundry Craft Pension Fund was merged with the Plan. A description of the Local 731, I.B. of T. Textile Maintenance and Laundry Craft Pension Fund is indicated below.

The Local 731, I.B. of T. Textile Maintenance and Laundry Craft Pension Fund was established during 1957 as a result of collective bargaining agreements between the union and participating employers to provide retirement and disability benefits for eligible participants. The Plan is financed entirely by employer contributions as specified in the collective bargaining agreements. Participant contributions are not permitted under the Plan. The Plan is a multiemployer defined benefit pension plan, subject to the provisions of ERISA, as amended.

Effective April 1, 2009, the monthly benefit at normal retirement age is $34 for each pension credit earned after April 1, 2009 and $50 for each pension credit earned before April 1, 2009 multiplied by the number of pension credits, with no maximum benefit limit. Benefits earned prior to April 1, 2009 are not changed. The Plan also provides for early, disability, and reciprocal pensions.

Prior to October 1, 2012, under provisions of the Plan, participants were eligible for a normal pension as follows:

- At age 65 or older and with 5 years of vesting service, or
- At any age and at least 25 pension credits.

Effective October 1, 2012, the Special Early Retirement Pension and 25-and-Out-Pension provisions were eliminated from the Plan.

Vesting of benefits is attained for participants who have five years of vesting service. A participant who works for less than 11 weeks in covered employment during a year will incur a one year break-in-service. If not 100% vested, forfeiture of all prior pension credits will occur when the number of consecutive one year breaks-in-service are equal to five.

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

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Cash and Cash Equivalents - Cash and cash equivalents represent checking accounts and a money market account.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Cash Concentration - The Plan maintains its cash balances with financial institutions deemed to be creditworthy. Balances are insured by Federal Deposit Insurance Corporation (FDIC) up to $250,000. As of September 30, 2022, the cash balances exceeded FDIC limits by $9,301,000. The Plan has not experienced any losses in its cash balances and doesn't believe that it is subject to any credit risk.

Investment Valuation and Income Recognition - The investments of the Plan are reported at fair value, except for the Plan's investment in the insurance contract which is valued at contract 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).

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

Contributions Receivable - Contributions due but not paid prior to year end are recorded as contributions receivable. Additionally, contributions due but not paid, which are determined by payroll compliance audits performed, and employer delinquencies, are recorded as contributions receivable. The receivable is shown net of an allowance for uncollectible accounts of $579,000 for 2022 and 2021.

Withdrawal Liability - The Plan complies with the provisions of the Multiemployer Pension Plan Amendments Act of 1980 that require imposition of withdrawal 1iability on a contributing employer that withdraws from the Plan. As set forth in ERISA, 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 years before withdrawal compared with total employer contributions during the same period. The Plan recognizes withdrawal liability income when an agreement is signed and amounts are deemed collectible. Therefore, an allowance for uncollectible accounts is not considered necessary. Amounts held in escrow are monies deposited from an employer related to a possible future withdrawal from the Plan. There were no amounts due for withdrawal liability at September 30, 2022 and 2021.

Property and Equipment - Property and equipment are carried at cost. Major additions are capitalized while replacements, maintenance and repairs which do not improve or extend the lives of the respective assets are expensed currently.

Depreciation is computed by the straight-line method over the estimated useful lives (five years) of the related assets. Accumulated depreciation amounted to $567,723 and $557,221 at September 30, 2022 and 2021, respectively. Depreciation expense for building equipment amounted to $11,772 and $7,190 for the years ended September 30, 2022 and 2021, respectively.

NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Depreciation expense for office equipment amounted to $19,761 and $9,766 for the years ended September 30, 2022 and 2021, respectively. Property and equipment as of September 30, 2022 and 2021 is as follows:

	2022	2021
Furniture and equipment	$ 727,585	$ 694,780
Accumulated depreciation	(567,722)	(557,220)
Property and equipment - net	$ 159,863	$ 137,560

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

Payment of Benefits - Benefits paid to participants are recorded upon distribution.

Administrative Expenses - Administrative expenses are paid by the Plan, as provided by the Plan document.

Estimates - The preparation of financial statements in conformity with U.S. 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.

NOTE 3. PRIORITIES UPON TERMINATION

It is the intent of the Board of Trustees (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 the 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

NOTE 3. PRIORITIES UPON TERMINATION (CONTINUED)

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 obtained its latest determination letter in January 2012, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. The Plan's administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and 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 plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. As of September 30, 2022 and 2021, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. At September 30, 2022, the Plan's administrator believes that the Plan is no longer subject to income tax examinations for years prior to September 30, 2019.

NOTE 5. ACTUARIAL INFORMATION

An actuarial valuation of the Plan was made by Cheiron, Inc. as of September 30, 2021. Information in the report included the following:

Actuarial present value of accumulated plan benefits	
Vested benefits	
Retired participants and beneficiaries	$ 274,828,009
Active and inactive participants with vested rights	382,825,991
Total vested benefits	657,654,000
Nonvested benefits	38,906,804
Administrative expenses	24,566,076
Total actuarial present value of accumulated plan benefits	$ 721,126,880

NOTE 5. ACTUARIAL INFORMATION (CONTINUED)

As reported by the actuary, the changes in the actuarial present value of accumulated plan benefits during the year ended September 30, 2021 were as follows:

Actuarial present value of accumulated plan benefits at beginning of year		$ 627,420,065
Increase (decrease) during the year attributable to		
Experience (gains) losses	$ 2,220,551	
Interest	44,148,892	
Benefit accruals	11,374,052	
Benefits paid	(27,988,783)	
Assumption change	19,869,584	
Plan amendment	43,899,049	
Present value of expected admin expenses	183,470	
		93,706,815
Actuarial present value of accumulated plan benefits at end of year		$ 721,126,880

Costs and liabilities for all plan benefits (including ancillary benefits) were determined using the unit credit cost method. Some of the more significant actuarial assumptions used in the valuation were as follows:

- Mortality - Healthy: RP-2000 Combined Health Mortality Table with Blue Collar Adjustment projected for Mortality Improvement by Scale AA.
  Disabled: RP-2000 Combined Disabled Mortality Table.

- Retirement age assumptions -

Age	25 & Out Retirement Rates	Other Retirement Rates
43 - 54	5%	0%
55	20%	5%
56 - 61	5%	5%
62 - 64	20%	20%
65 - 69	25%	25%
70+	100%	100%

- Inactive vested participants are assumed to retire at age 62 or age on the valuation date, if later, or age on valuation date if 25 pension credits.

- Net investment return - 7.20% for valuing pre-decrement and in-deferment liabilities and 6.90% for valuing post-commencement liabilities.

- Current liability effective interest rate is 2.28%.

NOTE 5. ACTUARIAL INFORMATION (CONTINUED)

The actuarial assumptions on the preceding page are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining actuarial results. The computation of the actuarial present value of accumulated plan benefits was made at October 1, 2021. Had the valuation been performed as of September 30, 2021, there would be no material differences. 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 September 30, 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 September 30, 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 September 30, 2022. The complete financial status is presented as of September 30, 2021.

NOTE 6. FUNDING POLICY

The participating employers contribute such amounts as are specified in their collective bargaining agreements. The weekly contribution rate increased from $56.00 to $58.00 effective August 1, 2021 for Garage Attendants and increased from $340.20 to $348.20 effective October 1, 2021 for Private Scavengers. For the Textile Maintenance and Laundry Workers, the rates ranged from $173.00 to $256.00 through September 30, 2022.

The Plan's actuary has advised that the minimum funding requirements of ERISA are being met as of October 1, 2021.

NOTE 7. FAIR VALUE MEASUREMENTS

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

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

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

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;

NOTE 7. FAIR VALUE MEASUREMENTS

- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

The 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 table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2022.

	Fair Value Measurements at 9/30/22 Using			
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Short-term investment fund	$ 36,302,634	$ -	$ 36,302,634	$ -
Corporate obligations	33,205,610	-	33,205,610	-
Corporate stocks	168,019,980	168,019,980	-	-
Limited partnerships	186,694,661	-	-	186,694,661
Land and building	4,480,000	-	-	4,480,000
Registered investment companies	22,989,567	22,989,567	-	-
Total	451,692,452	$ 191,009,547	$ 69,508,244	$ 191,174,661
Investments measured at net asset value *				
Common collective trusts	254,524,440			
Pooled separate accounts	18,849,888			
	$ 725,066,780			

* In accordance with Accounting Standards Codification, investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts represented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2021.

	Fair Value Measurements at 9/30/21 Using			
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Short-term investment fund	$ 22,316,550	$ -	$ 22,316,550	$ -
Corporate obligations	25,654,609	-	25,654,609	-
Corporate stocks	226,773,338	226,773,338	-	-
Limited partnerships	167,770,264	-	-	167,770,264
Land and building	4,480,000	-	-	4,480,000
Registered investment companies	30,602,639	30,602,639	-	-
Total	477,597,400	$ 257,375,977	$ 47,971,159	$ 172,250,264
Investments measured at net asset value *				
Common collective trusts	304,534,435			
Pooled separate accounts	8,900,712			
	$ 791,032,547			

* In accordance with Accounting Standards Codification, investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts represented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at September 30, 2022 and 2021.

Level 1 Inputs

Corporate stocks and registered investment companies 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.

Level 2 Inputs

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

NOTE 7. FAIR VALUE MEASUREMENTS (CONTINUED)

The short-term investment fund is valued at cost which approximates its fair value.

Level 3 Inputs

Limited partnerships are valued based on the Plan's ownership interest in the limited partnership as determined by the general partner's valuation of the underlying investments. In substantiating the reasonableness of the pricing data provided by the general partner, the Plan evaluates a variety of factors including review of the pricing method, recently executed transactions, economic conditions, and industry and market developments. Unfunded commitments were $14,194,951 and $12,042,829 as of September 30, 2022 and 2021, respectively.

Redemptions of the limited partnerships are available with a written notification period of 60 days or more. Withdrawals are subject to the general partner's ability to liquidate capital in an orderly manner according to the redemption provisions of the investments.

The Plan owns land in Burr Ridge, Illinois on which it constructed an office building for use by the Plan, related organizations and unrelated tenants. Items which are permanently attached to the land or building are included in the investment, while replacements, maintenance, repairs and tenant build-out costs are expensed currently. The estimated fair value of the land and building is based upon an independent appraisal performed approximately every two years using the income capitalization approach.

	Changes in Level 3 Category		
	Limited Partnerships	Land and Building	Total
Year ending 09/30/2022			
Purchases	$ 11,463,418	$ -	$ 11,463,418
Transfers in or out of Level 3 category	-	-	-

	Changes in Level 3 Category		
	Limited Partnerships	Land and Building	Total
Year ending 09/30/2021			
Purchases	$ 34,837,411	$ -	$ 34,837,411
Transfers in or out of Level 3 category	-	-	-

The Plan's investments in common collective trusts, pooled separate accounts and 103-12 entities are valued at net asset value, without further adjustment, by reference to underlying assets. All report with the Department of Labor as direct filing entities.

NOTE 8. INVESTMENTS AT CONTRACT VALUE - INSURANCE COMPANY CONTRACT

The insurance company contract is valued at contract value by the insurance company, which approximates fair value. Contract value is determined based on deposits made with the insurance company and interest credited to the contract.

Contract value is the relevant measurement attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if the Plan were to initiate permitted transactions under the terms of the Plan. Contract value represents the sum of all additions less all withdrawals under the contract. Additions consist of contributions made by the Plan and interest credited as of September 30. Withdrawals consist of benefit payments under the Plan and management fees assessed through September 30.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments. Certain events may limit the ability of the Plan to transact at contract value with the issuer. Such events include amendments to the Plan documents (including complete or partial plan termination or merger with another plan), changes to the Plan's prohibition on competing investment options, failure of the Trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA and premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the participants. In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include an uncured violation of the Plan's investment guidelines, a breach of material obligation under the contract, a material misrepresentation, and a material amendment to the agreement without the consent of the issuer.

NOTE 9. FAIR VALUE MEASUREMENTS OF INVESTMENTS IN CERTAIN ENTITIES THAT CALCULATE NET ASSET VALUE PER SHARE (OR ITS EQUIVALENT)

Authoritative guidance on fair value measurements permits the Plan to measure the fair value of an investment entity that does not have a readily determinable fair value based upon the net asset value (NAV) per share or its equivalent of the investment. This guidance does not apply if it is probable that the investment will be sold at a value different than NAV.

The Plan's investment in investment entities is subject to the terms of the respective private placement memoranda and governing agreements. Income or loss from investments in these investment entities is net of the Plan's proportionate share of fees and expenses incurred or charged by these investment entities.

The Plan's risk of loss in these entities is limited to its investment. The Plan may increase or decrease its level of investment in these entities at its discretion. The Plan typically has the ability to redeem its investment from these entities on a daily or quarterly basis but longer lock-up periods can apply to certain investments.

NOTE 9. FAIR VALUE MESUREMENTS OF INVESTMENTS IN CERTAIN ENTITIES THAT CALCULATE NET ASSET VALUE PER SHARE (OR ITS EQUIVALENT) (CONTINUED)

The following tables summarize investments measured at fair value based on NAV per share as of September 30, 2022 and 2021:

2022	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trusts	$ 254,524,440	None	Daily - Quarterly	1-60 days
Pooled separate accounts	18,849,888	None	Monthly	90 days
	$ 273,374,328			

2021	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common collective trusts	$ 304,534,435	None	Daily - Quarterly	1-60 days
Pooled separate accounts	8,900,712	None	Monthly	90 days
	$ 313,435,147			

The investments above report as direct filing entities (DFE) to the Department of Labor.

NOTE 10. RELATED ORGANIZATIONS

Identification of Related Organizations

The Plan has six related tax-exempt organizations:

- Excavating, Grading, Asphalt, Private Scavengers & Recyclers, Automobile Salesroom Garage Attendants and Linen & Laundry & Machinery, Scrap Iron, Steel & Metal Trade Chauffeurs, Handlers, Helpers & Alloy Fabricators Local Union No. 731, International Brotherhood of Teamsters (the Local);
- Chicago Teamsters Construction Labor/Management Cooperation Committee;
- Health and Welfare Fund of the Excavating, Grading, and Asphalt Craft, Local No. 731 (Local 731 Excavators Welfare Fund);
- Local 731, I.B. of T. Excavators and Pavers Pension Trust Fund;
- Local No. 731, I.B. of T., Health and Welfare Fund; and
- Employees' Pension Plan of Local 731, I.B of T.

Certain Trustees of the Plan serve as officers of the Local. Certain Trustees of the Plan are also Trustees of some of the above related plans.

NOTE 10. RELATED ORGANIZATIONS (CONTINUED)

Shared Administrative Expenses

Shared administrative expenses incurred with related organizations are initially paid by Local 731 Excavators Welfare Fund. These expenses are reimbursed on a monthly basis on an allocation method approved by the Trustees of the respective plans. The Plan paid $512,508 to Local 731 Excavators Welfare Fund (which included $78,794 in building expenses) for the year ended September 30, 2022 and $516,537 (which included $109,685 in building expenses) for the year ended September 30, 2021. At September 30, 2022 and 2021, the Plan has a balance due of $-0- from related funds for disbursements made on their behalf.

Office Leases - as Lessor

The Plan entered into a ten year lease agreement with its related benefit funds and local union in November 2002. Effective November 2012, the Plan amended the existing lease agreements to extend the term an additional ten years through October 31, 2022. The related benefit funds' lease contains a 120 day notice period for the plans to terminate the lease and may require certain termination fees. Under the amended lease agreements, the related benefit funds and local union are subject to annual rent escalations of 2%. In addition, the first month's rent of each year under the amended leases is abated.

For the year ended September 30, 2022, monthly gross rents ranged from $295 to $19,444 and for the year ended September 30, 2021, monthly gross rents ranged from $294 to $19,063.

Pension Plans

Substantially all of the Plan's full-time employees are covered by a multiple employer defined benefit plan. Certain employees, based upon hire date, are also covered by one or more of the related multiemployer defined benefit plans. Total pension contributions to the plans are included in shared administrative expenses.

The risk of participating in multiemployer pension plans is different from single employer plans. Assets contributed to a multiemployer defined benefit pension plan by one employer may be used to provide benefits to employees of other participating employers. If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.

The Plan's shared participation in multiemployer defined benefit pension plans for the years ended September 30, 2022 and 2021 is outlined on the next page. The "EIN/PN" column provides the employer identification number (EIN) and the three-digit plan number (PN). The most recent Pension Protection Act (PPA) zone status provides an indication of the financial health of the plan. Among other factors, plans in the red zone are below 65 percent funded, plans in the yellow zone are between 65 percent and 80 percent funded, and plans in the green zone are at least 80 percent funded. The "FIP/RP Status Pending/Implemented" column indicates plans for which a funding improvement plan (FIP)

NOTE 10. RELATED ORGANIZATIONS (CONTINUED)

or a rehabilitation plan (RP) is either pending or has been implemented. In addition to regular plan contributions, the Plan may be subject to a surcharge if the plan is in the red zone. The "Surcharge Imposed" column indicates whether a surcharge has been imposed on contributions to the plan. The last column specifies the year end date of the plan to which the annual report (Form 5500) relates. The Plan currently has no intention of withdrawing from any of the multiemployer pension plans in which they participate.

Pension Plan	EIN/PN	Pension Protection Act Zone Status 2022	Pension Protection Act Zone Status 2021	FIP/RP Status Pending/ Implemented	Contributions 2022	Contributions 2021	Surcharge Imposed	Most Recent Available Annual Report (Form 5500)
Local 731 Excavators and Pavers Pension Trust Fund	36-6513565/001	Green as of 1/1/22	Green as of 1/1/21	Implemented	$ 11,531	$ 11,292	N/A	12/31/2021
Local No. 731, I.B. of T., Pension Fund	36-6513567/001	Green as of 10/1/22	Green as of 10/1/21	Implemented	9,105	11,723	N/A	9/30/2021
Total Plan's share of defined benefit plan contributions					$ 20,636	$ 23,015		

NOTE 11. FUTURE MINIMUM RENTAL RECEIPTS AND PARTY IN INTEREST TRANSACTIONS

The Plan entered into a ten year lease agreement with its related benefit funds and local union in November 2002. Effective November 2012, the Plan amended the existing lease agreements to extend the term an additional ten years through October 31, 2022. The related benefit funds' lease contains a 120 day notice period for the plans to terminate the lease and may require certain termination fees, as such is not included in the table below. Under the amended lease agreements, the related benefit funds and local union are subject to annual rent escalations of 2%. In addition, the first month's rent of each year under the amended leases is abated.

The following is a schedule of future minimum base rental receipts required under the terms of the non-cancelable operating leases as of September 30, 2022:

Year ending September 30,	
2023	$ 345,169
2024	300,866
2025	254,518
2026	186,313
2027 and after	627,670
Total	$ 1,714,536

Rental income for the years ended September 30, 2022 and 2021 was $630,684 and $758,382, respectively. Rental income includes rent from related tenants and nonrelated tenants. Rental income transactions from related tenants are party in interest transactions under ERISA.

NOTE 12. MAJOR EMPLOYERS

The Plan had two employers that accounted for approximately 29% and 32% of employer contributions during the years ended September 30, 2022 and 2021, respectively. 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 13. SIGNIFICANT UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, currency, 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 such changes 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.

NOTE 14. SUBSEQUENT EVENTS

Subsequent events have been evaluated through April 3, 2023, which is the date the financial statements were available to be issued. This review and evaluation revealed no material event or transaction which would require an adjustment to or disclosure in the accompanying financial statements.

SUPPLEMENTAL INFORMATION

LOCAL NO. 731, I.B. OF T., PENSION FUND

FINANCIAL HIGHLIGHTS

YEARS ENDED SEPTEMBER 30, 2022 AND 2021

Below is a summary of the financial highlights of the Plan and its operations as of and for the years ended September 30, 2022 and 2021.

	2022	2021
Total assets	$ 744,884,223	$ 809,146,618
Total additions	$ (30,665,690)	$ 195,675,043
Employer contributions - net	$ 46,370,950	$ 44,602,827
Benefits	$ 31,203,251	$ 27,988,783
Number of pensioners and beneficiaries at September 30	3,096	2,945
Administrative expenses	$ 1,288,610	$ 1,256,067
Building expenses	$ 773,520	$ 782,969
Net change	$ (63,931,071)	$ 165,647,224

LOCAL NO. 731, I.B. OF T., PENSION FUND

SCHEDULES OF ADMINISTRATIVE EXPENSES

YEARS ENDED SEPTEMBER 30, 2022 AND 2021

	2022	2021
Actuarial fees	$ 51,000	$ 86,884
Administrative expenses reimbursed to Local 731 Excavators Welfare Fund	433,714	406,852
Audit and accounting fees	39,500	38,500
Computer maintenance	57,693	56,833
Depreciation - office equipment	19,761	9,766
Fiduciary liability and bonding insurance	116,277	117,200
Insurance contract expense charges	88,690	81,997
Legal fees	113,309	95,974
Payroll compliance audit fees	37,449	48,971
Plan termination insurance	241,893	235,200
Printing, postage and office expense	89,324	77,890
Total administrative expenses	$ 1,288,610	$ 1,256,067

LOCAL NO. 731, I.B. OF T., PENSION FUND

SCHEDULES OF BUILDING EXPENSES

YEARS ENDED SEPTEMBER 30, 2022 AND 2021

	2022	2021
Appraisal	$ -	$ 800
Assessments	3,200	2,430
Cleaning and janitorial	68,042	79,128
Commissions	19,594	10,773
Conference center - related expenses	7,873	13,160
Custodian - salary, taxes and fringes	78,794	109,685
Depreciation - equipment	11,772	7,190
Fire alarm	9,643	9,042
Holiday expense	6,103	4,480
Insurance	20,274	22,186
Landscaping	43,348	30,147
Legal fees	4,850	6,193
Lighting supplies	2,327	3,367
Maintenance - building and equipment	89,934	82,900
Miscellaneous	13,401	5,362
Real estate taxes	240,309	253,200
Supplies	8,155	15,766
Utilities	145,901	127,160
Total building expenses	$ 773,520	$ 782,969

LOCAL NO. 731, I.B. OF T., PENSION FUND

SCHEDULE OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS - BY DIVISION

YEAR ENDED SEPTEMBER 30, 2022

	Private Scavengers	Garage Attendants	Textile Maintenance	Total
Additions				
Investment income				
Net appreciation (depreciation) in fair value of investments	$ (68,750,154)	$ (12,132,380)	$ 44,896	$ (80,837,638)
Interest, dividends and other investment income	5,478,995	966,882	3,826	6,449,703
Rental income	630,684	-	-	630,684
	(62,640,475)	(11,165,498)	48,722	(73,757,251)
Less: investment expense	(2,734,152)	(482,497)	(96,740)	(3,313,389)
Investment income - net	(65,374,627)	(11,647,995)	(48,018)	(77,070,640)
Employer contributions - net	43,056,007	1,688,913	1,626,030	46,370,950
Withdrawal liability income	-	-	34,000	34,000
Total additions	(22,318,620)	(9,959,082)	1,612,012	(30,665,690)
Deductions				
Benefits	25,897,569	3,407,383	1,898,299	31,203,251
Administrative expenses	1,196,052	49,836	42,722	1,288,610
Building expenses	742,579	30,941	-	773,520
Total deductions	27,836,200	3,488,160	1,941,021	33,265,381
Net change	(50,154,820)	(13,447,242)	(329,009)	(63,931,071)
Net assets available for benefits				
Beginning of year	676,808,103	117,485,122	13,575,771	807,868,996
End of year	$ 626,653,283	$ 104,037,880	$ 13,246,762	$ 743,937,925

Allocations:

Investment income - allocation based on each division's share of average annual account balance before yearly investment income - net. Allocation assumes that contributions were received and expenses and benefits were paid evenly throughout the year.

Employer contributions, withdrawal liability assessments and benefits - allocation on basis of specific identification to each division.

Administrative expenses - allocation on basis of annual employer contribution income.

Building expenses - allocation on basis of annual employer contribution income.

LOCAL NO. 731, I.B. OF T., PENSION FUND

SCHEDULE OF EMPLOYER CONTRIBUTIONS - PRIVATE SCAVENGERS

YEAR ENDED SEPTEMBER 30, 2022

	Amount
Waste Management	$ 6,902,752
Allied Waste Transportation, Inc.	6,751,140
Lake Shore Waste Services, LLC	4,759,892
Groot Recycling & Waste Serv	4,543,511
Flood Brothers Disposal	3,209,174
MBI/Mr. Bult's, Inc.	2,390,153
Homewood Transfer Trailer	2,141,025
Arc Disposal Company	1,300,128
Advanced Disposal Services	1,052,751
Elgin Sweeping Service	945,523
Recycling Systems, Inc.	915,639
T.C. Transport, Inc.	814,369
Endurance Environmental Solutions	721,856
D & P Construction Co., Inc. Recy	694,139
Z Force Transportation	690,814
Independent Recycling Ser, Inc.	683,818
Tri State Disposal, Inc.	615,970
SBC Flood Waste Solutions, Inc.	538,046
Illinois Central Sweeping Serv	495,391
E. King Construction, Inc.	311,815
F & M Transfer, Inc.	265,609
MBL Recycling, Inc.	231,105
Economy Disposal Service, Inc.	210,657
Chicago Disposal, Inc.	209,993
WM Recycle America, LLC	175,680
Waste Connection	164,062
WMI Services Metro	153,268
Parkside Transfer, Inc.	148,133
Other employers contributing less than $130,000 each	958,769
Total employer cash contributions	42,995,182
Add - employer contribution receivable - end of year	3,460,977
Deduct - employer contributions receivable - beginning of year	(3,427,313)
Add - audit costs and interest from audits	27,161
Total employer contributions - net	$ 43,056,007

LOCAL NO. 731, I.B. OF T., PENSION FUND

SCHEDULE OF EMPLOYER CONTRIBUTIONS - GARAGE ATTENDANTS

YEAR ENDED SEPTEMBER 30, 2022

	Amount
Golf Mill Ford, Inc.	$ 63,046
Mid City Subaru	57,652
Hawk Chevrolet Parts Warehouse	56,840
Patrick Cadillac Saab	55,332
McGrath Honda Hyundai	54,752
Joe Rizza Ford of Orland Park	53,181
Jack Phelan Dodge	47,908
Toyota Of Naperville	45,994
Hawk Ford Of Oak Lawn	44,312
Hawk Ford Of St. Charles	38,396
Lexus Of Naperville	32,828
Rogers Auto Group	32,538
Mid City Nissan	32,422
Al Piemonte Ford, Inc.	30,495
Sunrise Chevrolet	30,044
Mc Carthy Ford	28,674
Westmont Porsche	28,404
Packey Webb Ford, Inc.	28,188
Castle Honda	27,759
Joe Rizza Buick Gmc Cadillac	26,733
Marino Chrysler Jeep Dodge	26,562
Mike Anderson Chevrolet	26,274
Joe Rizza Acura	26,163
Apple Chevrolet, Inc.	25,578
Hyundai Of Lincolnwood	25,462
Toyota Of Lincoln Park	25,346
Fields Volvo	23,258
Honda On Grand	22,678
Bill Stasek Chevrolet, Inc.	22,330
Ettleson Cadillac Buick GMC, Inc.	22,156
Nissan Of South Holland	21,202
Wilkins Hyundai Mazda	20,938
Currie Motors Chevrolet	20,844
Lexus Of Highland Park	20,648
Ska Motors Llc Dba City Volksw	20,590
Westfield Ford, Inc.	20,292
Fields Chrysler Jeep Dodge	20,214
Other employers contributing less than 20,000 each	490,810
Total employer cash contributions	1,696,843
Add - employer contribution receivable - end of year	223,201
Deduct - employer contributions receivable - beginning of year	(232,858)
Add - audit cost and interest from audits	1,727
Total employer contributions - net	$ 1,688,913

LOCAL NO. 731, I.B. OF T., PENSION FUND

SCHEDULE OF EMPLOYER CONTRIBUTIONS - TEXTILE MAINTENANCE AND LAUNDRY CRAFT

YEAR ENDED SEPTEMBER 30, 2022

	Amount
Aramark Uniform - South Holland	$ 368,568
Alsco, Inc.	337,528
Aramark Uniform - Arlington Heights	289,696
Aramark Uniform - Chicago Central	275,408
The Roscoe Company	176,614
Skokie Valley Laundry	87,192
Aramark Uniform - Chicago	62,856
Local 731 Fund Office	8,996
Total employer cash contributions	1,606,858
Add - employer contribution receivable - end of year	134,648
Deduct - employer contributions receivable - beginning of year	(115,476)
Add - audit cost and interest from audits	-
Total employer contributions - net	$ 1,626,030

LOCAL NO. 731, I.B. OF T., PENSION FUND

FIVE YEAR SUMMARY OF OPERATIONS

	2022	2021	2020	2019	2018
Additions					
Investment income - net	$ (77,070,640)	$ 151,038,216	$ 43,388,384	$ 15,749,097	$ 43,706,538
Employer contributions and withdrawal liability assessments and interest - net	46,404,950	44,636,827	45,286,534	45,285,260	44,100,741
Total additions	(30,665,690)	195,675,043	88,674,918	61,034,357	87,807,279
Deductions					
Benefits	31,203,251	27,988,783	25,535,848	23,153,256	21,503,333
Administrative expenses	1,288,610	1,256,067	1,286,491	1,249,714	1,205,419
Building expenses	773,520	782,969	893,732	848,405	663,597
Total deductions	33,265,381	30,027,819	27,716,071	25,251,375	23,372,349
Net change	(63,931,071)	165,647,224	60,958,847	35,782,982	64,434,930
Net assets available for benefits					
Beginning of year	807,868,996	642,221,772	581,262,925	545,479,943	468,965,157
Transfer in from Local 731, I.B. of T. Textile Maintenance and Laundry Craft Pension Fund	-	-	-	-	12,079,856
End of year	$ 743,937,925	$ 807,868,996	$ 642,221,772	$ 581,262,925	$ 545,479,943
Number of pensioners	3,096	2,945	2,761	2,328	2,161

LOCAL NO. 731, I.B. OF T., PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SEPTEMBER 30, 2022

FORM 5500, PART IV, SCHEDULE H, LINE 4i

EIN 36-6513567
PLAN NO. 001

(a)	(b) Identity of Issuer	(c) Description of investment including maturity date, rate of interest, collateral, shares or par/maturity value Description	Maturity Date	Rate of Interest	Number of Shares or Par/ Maturity Value	(d) Cost	(e) Current Value
	Short-term investment fund						
	GOLDMAN FINANCIAL SQUARE GOVT-A FD#465	Short-term investment	N/A	N/A	N/A	$ 35,927,881	$ 35,927,881
	MORGAN STANLEY BANK, NA	Short-term investment	N/A	N/A	N/A	374,753	374,753
	Total short-term investment fund - line 1(c)1					36,302,634	36,302,634
	Corporate obligations						
	ADT CORP	Corporate obligations	06/15/23	4.125%	925,000	956,489	911,273
	ALBERTSONS COS/SAFEWAY	Corporate obligations	03/15/26	3.250%	410,000	411,063	360,062
	AMC NETWORKS INC	Corporate obligations	04/01/24	5.000%	295,000	302,818	282,359
	AMERIGAS PART/FIN CORP	Corporate obligations	05/20/24	5.625%	955,000	1,038,790	912,082
	ARCONIC INC	Corporate obligations	10/01/24	5.125%	265,000	282,904	258,985
	BALL CORP	Corporate obligations	11/15/23	4.000%	500,000	497,750	490,790
	BALL CORP	Corporate obligations	07/01/25	5.250%	225,000	250,934	219,890
	BROOKFIELD PPTY REIT INC	Corporate obligations	04/01/27	4.500%	400,000	392,332	327,972
	CDW LLC/CDW FINANCE	Corporate obligations	05/01/25	4.125%	345,000	340,412	325,991
	CENTENE CORP	Corporate obligations	12/15/27	4.250%	250,000	229,375	228,208
	CHARTER COMM OPT LLC/CAP	Corporate obligations	07/23/25	4.908%	860,000	871,950	838,758
	CLEARWATER PAPER CORP SERIES	Corporate obligations	02/01/25	5.375%	280,000	296,044	276,122
	COMMSCOPE INC	Corporate obligations	03/01/26	6.000%	465,000	490,836	428,135
	CROWN AMER/CAP CORP VI	Corporate obligations	02/01/26	4.750%	880,000	899,997	819,623
	DCP MIDSTREAM OPERATING	Corporate obligations	03/15/23	3.875%	590,000	592,732	582,625
	DCP MIDSTREAM OPERATING	Corporate obligations	07/15/25	5.375%	465,000	508,862	451,580
	FORD MOTOR CREDIT CO LLC 1	Corporate obligations	11/01/24	4.063%	1,045,000	1,081,238	980,889
	FREEPORT MCMORAN INC	Corporate obligations	03/15/23	3.875%	645,000	633,375	640,988
	GLP CAPITAL LP / FIN II	Corporate obligations	11/01/23	5.375%	105,000	101,832	103,189
	GLP CAPITAL LP / FIN II	Corporate obligations	06/01/25	5.250%	385,000	419,244	372,133
	HCA INC	Corporate obligations	02/01/25	5.375%	530,000	546,475	523,529
	HILTON WORLDWIDE FIN LLC	Corporate obligations	04/01/27	4.875%	1,055,000	1,091,771	967,963
	HOWMET AEROSPACE INC	Corporate obligations	05/01/25	6.875%	787,000	906,522	792,737
	ICAHN ENTERPRISES	Corporate obligations	09/15/24	4.750%	1,055,000	1,101,446	986,362
	INTL FCSTONE INC	Corporate obligations	06/15/25	8.625%	495,000	512,004	499,990
	ISTAR FINANCIAL INC	Corporate obligations	10/01/24	4.750%	1,055,000	1,072,727	1,040,441
	MERCER INTERNATIONAL INC	Corporate obligations	01/15/26	5.500%	640,000	659,386	590,522
	MGM GROWTH/MGM FINANCE	Corporate obligations	05/01/24	5.625%	1,055,000	1,144,588	1,041,960
	NMI EQUITY INC	Corporate obligations	06/01/25	7.375%	400,000	416,631	387,960
	PENSKE AUTOMOTIVE GROUP INC	Corporate obligations	09/01/25	3.500%	1,055,000	1,080,457	966,369
	POLYONE CORPORATION	Corporate obligations	03/15/23	5.250%	645,000	673,173	641,994
	QUEBECOR MEDIA INC	Corporate obligations	01/15/23	5.750%	820,000	877,286	811,800
	QVC INC	Corporate obligations	04/01/24	4.850%	1,055,000	1,109,362	993,061
	RATTLER MIDSTREAM SP	Corporate obligations	07/15/25	5.625%	50,000	50,481	50,625
	SBA COMMUNICATIONS CORP	Corporate obligations	02/15/27	3.875%	1,055,000	1,092,583	942,273
	SEAGATE HDD CAYMAN	Corporate obligations	06/01/23	4.750%	230,000	237,834	226,824
	SEAGATE HDD CAYMAN	Corporate obligations	03/01/24	4.875%	825,000	866,475	801,191
	SIRIUS XM RADIO INC	Corporate obligations	09/01/26	3.125%	230,000	227,575	201,993
	SLM CORP	Corporate obligations	01/25/23	5.500%	615,000	644,925	611,372
	SLM CORP	Corporate obligations	10/29/25	4.200%	395,000	410,380	353,596
	SLM CORP	Corporate obligations	11/02/26	3.125%	600,000	591,800	497,010
	SPRINGLEAF FINANCE CORP	Corporate obligations	03/15/23	5.625%	240,000	245,471	238,800
	SPRINGLEAF FINANCE CORP	Corporate obligations	03/15/24	6.125%	805,000	846,115	775,368
	SPRINT CORP	Corporate obligations	06/15/24	7.125%	980,000	1,075,290	994,925
	STARWOOD PROPERTY TRUST INC	Corporate obligations	03/15/25	4.750%	1,055,000	1,101,116	958,837
	SUNOCO LP/FINANCE CORP	Corporate obligations	04/15/27	6.000%	1,055,000	1,103,470	1,005,615
	TEGNA INC	Corporate obligations	03/15/26	4.750%	20,000	20,000	19,296
	UNDER ARMOUR INC	Corporate obligations	06/15/26	3.250%	1,055,000	1,091,911	912,575
	UNITED RENTALS NORTH AM	Corporate obligations	05/15/27	5.500%	961,000	980,214	928,672
	VICI PROPERTIES	Corporate obligations	12/01/26	4.250%	220,000	227,506	198,515
	WESCO DISTRIBUTION INC	Corporate obligations	06/15/25	7.125%	550,000	581,959	550,303
	WESTERN DIGITAL CORP	Corporate obligations	02/15/26	4.750%	1,055,000	1,146,738	976,012
	WESTERN MIDSTREAM OPERAT	Corporate obligations	02/01/25	3.600%	1,055,000	1,069,675	980,812
	WYNDHAM WORLDWIDE CORP	Corporate obligations	03/01/23	3.900%	670,000	684,478	661,303
	WYNDHAM WORLDWIDE CORP	Corporate obligations	10/01/25	6.600%	270,000	290,125	263,351
	Total corporate obligations - line 1c(3)(B)					36,376,926	33,205,610
	Corporate stocks						
	3M COMPANY	Corporate stocks	N/A	N/A	2,042	333,781	225,641
	ABBVIE INC	Corporate stocks	N/A	N/A	4,131	472,384	554,422
	ACCENTURE PLC	Corporate stocks	N/A	N/A	3,038	863,607	781,677
	ACCO BRANDS CORP	Corporate stocks	N/A	N/A	26,275	205,835	128,748
	ACCURAY INC	Corporate stocks	N/A	N/A	58,975	204,173	122,668
	ACI WORLDWIDE INC	Corporate stocks	N/A	N/A	13,857	337,465	289,611
	ACUITY BRANDS (HOLDING COMPANY)	Corporate stocks	N/A	N/A	1,479	177,935	232,898
	ADR IMPERIAL BRANDS	Corporate stocks	N/A	N/A	24,863	552,371	514,838
	ADR MONDI LLC	Corporate stocks	N/A	N/A	9,289	502,824	289,092
	ADTRAN HLDGS INC	Corporate stocks	N/A	N/A	7,755	109,883	151,843
	AECOM TECHNOLOGY	Corporate stocks	N/A	N/A	4,723	304,167	322,912
	AGCO CORPORATION	Corporate stocks	N/A	N/A	2,216	168,885	213,113
	ALASKA AIRGROUP INC.	Corporate stocks	N/A	N/A	6,117	290,690	239,481
	ALLETE INC	Corporate stocks	N/A	N/A	5,419	391,798	271,221

LOCAL NO. 731, I.B. OF T., PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

SEPTEMBER 30, 2022

FORM 5500, PART IV, SCHEDULE H, LINE 4i

EIN 36-6513567
PLAN NO. 001

(a)	(b) Identity of Issuer	(c) Description of investment including maturity date, rate of interest, collateral, shares or par/maturity value Description	Maturity Date	Rate of Interest	Number of Shares or Par/ Maturity Value	(d) Cost	(e) Current Value
	ALLIANZ SE	Corporate stocks	N/A	N/A	26,051	$ 471,386	$ 412,934
	ALLISON TRANSMISSION HOLDING	Corporate stocks	N/A	N/A	6,691	268,971	225,888
	ALLY FINANCIAL INC	Corporate stocks	N/A	N/A	14,421	424,880	401,336
	ALPHA & OMEGA SEMICONDUCTOR LTD	Corporate stocks	N/A	N/A	1,080	16,839	33,221
	ALPINE INCOME PROPERTY TR	Corporate stocks	N/A	N/A	9,375	183,665	152,063
	ALTA EQUIP GROUP INC	Corporate stocks	N/A	N/A	11,225	91,791	123,587
	AMCOR PLC	Corporate stocks	N/A	N/A	8,474	106,829	90,926
	AMDOCS LTD	Corporate stocks	N/A	N/A	10,905	902,104	866,402
	AMERANT BANCORP	Corporate stocks	N/A	N/A	6,625	176,920	164,565
	AMERICAN FINANCIAL GROUP INC	Corporate stocks	N/A	N/A	2,970	369,001	365,102
	AMERICAN PUBLIC EDUCATION	Corporate stocks	N/A	N/A	4,209	99,688	38,470
	AMERIPRISE FINANCIAL INC	Corporate stocks	N/A	N/A	1,698	249,007	427,811
	AMERISOURCEBERGEN CORP	Corporate stocks	N/A	N/A	4,302	444,798	582,190
	AMGEN INC	Corporate stocks	N/A	N/A	2,488	581,666	560,795
	AMICUS THERAPEUTICS	Corporate stocks	N/A	N/A	59,055	876,394	616,534
	AMN HEALTHCARE SERVICES INC	Corporate stocks	N/A	N/A	6,342	718,784	671,998
	AMPHENOL CORP	Corporate stocks	N/A	N/A	12,102	726,892	810,350
	APA CORP	Corporate stocks	N/A	N/A	3,820	139,392	130,606
	APARTMENT INCOME REIT CORP	Corporate stocks	N/A	N/A	11,096	442,646	428,528
	APPLE INC	Corporate stocks	N/A	N/A	5,585	460,616	771,847
	ARAMARK	Corporate stocks	N/A	N/A	10,043	325,091	313,342
	ARCHER DANIELS MIDLAND	Corporate stocks	N/A	N/A	1,172	46,402	94,287
	ARCOSA INC	Corporate stocks	N/A	N/A	5,080	285,128	290,474
	ARES MANAGEMENT CORP	Corporate stocks	N/A	N/A	8,153	604,102	505,078
	ARGENX SE	Corporate stocks	N/A	N/A	2,522	515,060	890,392
	ARISTA NETWORKS INC	Corporate stocks	N/A	N/A	19,525	1,726,132	2,204,177
	ARROW ELECTRONICS INC	Corporate stocks	N/A	N/A	7,269	881,228	670,129
	ARROWHEAD PHARMACEUTICALS INC	Corporate stocks	N/A	N/A	15,654	245,320	517,365
	ARTESIAN RESOURCES	Corporate stocks	N/A	N/A	1,915	71,786	92,150
	ARTISAN PARTNERS ASSETS	Corporate stocks	N/A	N/A	8,249	396,920	222,146
	ASBURY AUTOMOTIVE GROUP	Corporate stocks	N/A	N/A	2,050	257,660	309,755
	ASSURANT INC	Corporate stocks	N/A	N/A	2,155	238,435	313,057
	ATKORE INTERNATIONAL GROUP I	Corporate stocks	N/A	N/A	2,834	188,021	220,514
	ATLANTIC UNIUN BANKSHARES CORP	Corporate stocks	N/A	N/A	10,239	377,711	311,061
	ATRICURE INC	Corporate stocks	N/A	N/A	10,169	446,959	397,608
	AUTOLIV INC	Corporate stocks	N/A	N/A	3,213	210,552	214,082
	AUTONATION INC	Corporate stocks	N/A	N/A	5,757	588,068	586,466
	AUTOZONE INC	Corporate stocks	N/A	N/A	311	442,336	666,140
	AVIENT CORPORATION	Corporate stocks	N/A	N/A	9,788	499,075	296,576
	AVIS BUDGET GROUP INC	Corporate stocks	N/A	N/A	2,970	467,462	440,926
	AXCELIS TECHNOLOGIES INC	Corporate stocks	N/A	N/A	3,021	192,519	182,952
	AXT INC	Corporate stocks	N/A	N/A	10,365	68,956	69,446
	BABCOCK & WILCOX ENTERPRISES	Corporate stocks	N/A	N/A	10,575	68,746	67,469
	BAKER HUGHES A GE CO	Corporate stocks	N/A	N/A	15,266	357,678	319,975
	BANC OF CALIFORNIA INC	Corporate stocks	N/A	N/A	14,535	228,867	232,124
	BANCO SANTANDER SA-SPON ADR	Corporate stocks	N/A	N/A	200,209	901,712	464,485
	BANK OF HAWAII CORP	Corporate stocks	N/A	N/A	5,050	385,372	384,406
	BAR HARBOR BANKSHARES	Corporate stocks	N/A	N/A	5,055	122,657	134,059
	BARRETT BUSINESS SVCS INC	Corporate stocks	N/A	N/A	2,830	174,931	220,740
	BEAZER HOMES USA INC	Corporate stocks	N/A	N/A	3,890	61,728	37,616
	BELDEN INC.	Corporate stocks	N/A	N/A	5,209	240,222	312,644
	BENCHMARK ELECTRONICS INC	Corporate stocks	N/A	N/A	6,125	163,907	151,778
	BERKLEY (WR) CORP COM	Corporate stocks	N/A	N/A	3,886	249,111	250,958
	BERRY GLOBAL GROUP INC	Corporate stocks	N/A	N/A	7,747	408,918	360,468
	BIOMARIN PHARMACEUTICAL INC	Corporate stocks	N/A	N/A	6,687	591,374	566,857
	BJS WHOLESALE CLUB HOLDINGS	Corporate stocks	N/A	N/A	12,524	927,860	911,872
	BLACK HILLS CORP	Corporate stocks	N/A	N/A	4,280	295,800	289,884
	BLACKLINE INC	Corporate stocks	N/A	N/A	5,400	467,731	323,460
	BLACKSTONE MORTGAGE TRU CL A	Corporate stocks	N/A	N/A	12,800	351,970	298,752
	BLOOMIN BRANDS INC.	Corporate stocks	N/A	N/A	17,655	429,151	323,616
	BORGWARNER INC	Corporate stocks	N/A	N/A	6,426	240,020	201,776
	BOUYGUES	Corporate stocks	N/A	N/A	63,556	407,985	334,368
	BOYD GAMING CORP	Corporate stocks	N/A	N/A	12,107	655,597	576,899
	BP AMOCO PLC	Corporate stocks	N/A	N/A	32,429	1,094,290	925,848
	BRIDGEWATER BANCSHARES INC	Corporate stocks	N/A	N/A	3,475	39,127	57,233
	BRISTOL MYERS SQUIBB CO	Corporate stocks	N/A	N/A	8,372	556,736	595,165
	BRUNSWICK CORP SOTCK	Corporate stocks	N/A	N/A	12,148	857,454	795,087
	BWX TECHNOLOGIES INCORPORATED	Corporate stocks	N/A	N/A	6,950	352,669	350,072
	CACI INTERNATIONAL INC	Corporate stocks	N/A	N/A	1,071	293,276	279,595
	CACTUS INC	Corporate stocks	N/A	N/A	6,018	233,600	231,272
	CADENCE DESIGN SYSTEMS INC	Corporate stocks	N/A	N/A	5,410	516,624	884,156
	CAESARS ENTMT INC NEW	Corporate stocks	N/A	N/A	3,939	213,223	127,072
	CAPITAL ONE FINANCIAL CO	Corporate stocks	N/A	N/A	4,461	621,858	411,170
	CARLISLE COS INC	Corporate stocks	N/A	N/A	1,999	237,302	560,540
	CASS INFORMATION SYSTEMS INC	Corporate stocks	N/A	N/A	5,075	175,304	176,052
	CDW CORP	Corporate stocks	N/A	N/A	5,199	774,882	811,460
	CECO ENVIRONMENTAL CORP	Corporate stocks	N/A	N/A	4,395	33,550	38,896
	CELANESE CORP	Corporate stocks	N/A	N/A	893	63,664	80,674

LOCAL NO. 731, I.B. OF T., PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

SEPTEMBER 30, 2022

FORM 5500, PART IV, SCHEDULE H, LINE 4i

EIN 36-6513567
PLAN NO. 001

(a)	(b) Identity of Issuer	(c) Description of investment including maturity date, rate of interest, collateral, shares or par/maturity value: Description	Maturity Date	Rate of Interest	Number of Shares or Par/ Maturity Value	(d) Cost	(e) Current Value
	CENTENE CORP	Corporate stocks	N/A	N/A	6,756	$ 565,978	$ 525,684
	CENTURY CASINOS INC	Corporate stocks	N/A	N/A	20,010	115,342	131,266
	CHAMPIONX CORPORATION	Corporate stocks	N/A	N/A	37,354	691,074	731,018
	CHATHAM LODGING TRUST	Corporate stocks	N/A	N/A	13,900	186,412	137,193
	CHEMOURS CO	Corporate stocks	N/A	N/A	3,052	121,068	75,232
	CHEVRON CORP	Corporate stocks	N/A	N/A	2,375	253,793	341,216
	CIENA CORP (NEW)	Corporate stocks	N/A	N/A	7,414	404,408	299,748
	CIGNA CORP NEW	Corporate stocks	N/A	N/A	2,041	470,377	566,316
	CINEMARK HOLDINGS INC	Corporate stocks	N/A	N/A	14,892	347,300	180,342
	CIRCOR INTERNATIONAL INC	Corporate stocks	N/A	N/A	5,675	111,592	93,581
	CITIGROUP INC	Corporate stocks	N/A	N/A	9,622	507,790	400,949
	CITIZENS FINANCIAL GROUP INC	Corporate stocks	N/A	N/A	37,494	1,053,081	1,288,294
	CITY OFFICE REIT INC	Corporate stocks	N/A	N/A	11,275	144,659	112,412
	CK HUTCHISON HOLDIN-UNSP ADR	Corporate stocks	N/A	N/A	106,740	1,077,991	590,165
	CLEAN HARBORS INC	Corporate stocks	N/A	N/A	3,535	258,716	388,779
	COGNEX CORP	Corporate stocks	N/A	N/A	7,961	403,249	329,983
	COGNIZANT TECH SOLUTIONS CORP	Corporate stocks	N/A	N/A	14,219	1,069,775	816,739
	COLUMBUS MCKINNON CORP	Corporate stocks	N/A	N/A	7,160	246,696	187,306
	COMERICA INC.	Corporate stocks	N/A	N/A	5,579	437,059	396,667
	COMMERCIAL METALS CO	Corporate stocks	N/A	N/A	2,507	105,556	88,948
	COMMUNITY HEALTHCARE TRUST INC	Corporate stocks	N/A	N/A	4,625	185,385	151,469
	COMPAGNIE DE SAINT-GOBAIN	Corporate stocks	N/A	N/A	32,079	230,342	232,861
	COMPUTER PROGRAMS & SYSTEMS	Corporate stocks	N/A	N/A	9,085	245,316	253,290
	COMPUTER TASK GROUP INC	Corporate stocks	N/A	N/A	9,246	83,264	61,948
	CONOCOPHILLIPS	Corporate stocks	N/A	N/A	3,324	183,594	340,178
	CONSOL	Corporate stocks	N/A	N/A	4,762	149,025	306,292
	CONTINENTAL AG-SPONS ADR	Corporate stocks	N/A	N/A	53,405	572,475	240,429
	COTY INC.	Corporate stocks	N/A	N/A	39,455	279,467	249,356
	CRA INTERNATIONAL INC	Corporate stocks	N/A	N/A	2,700	88,536	239,598
	CRANE HLDGS CO	Corporate stocks	N/A	N/A	6,664	466,394	583,367
	CRAWFORD & CO CL A	Corporate stocks	N/A	N/A	8,445	68,824	48,474
	CROSS COUNTRY HEALTHCARE INC	Corporate stocks	N/A	N/A	5,575	126,253	158,163
	CTO RLTY GROWTH INC NEW	Corporate stocks	N/A	N/A	11,850	242,380	222,069
	CUMMINS ENGINE CO	Corporate stocks	N/A	N/A	1,082	139,317	220,198
	CURTISS-WRIGHT CORP	Corporate stocks	N/A	N/A	3,061	400,921	425,969
	CVS HEALTH CORPORATION	Corporate stocks	N/A	N/A	6,074	624,494	579,277
	DECKERS OUTDOOR CORP	Corporate stocks	N/A	N/A	3,282	1,091,006	1,025,986
	DEVON ENERGY CORP	Corporate stocks	N/A	N/A	25,606	608,753	1,539,689
	DIAMONDROCK HOSPITALITY CO	Corporate stocks	N/A	N/A	13,827	116,392	103,841
	DICK'S SPORTING GOODS INC	Corporate stocks	N/A	N/A	13,976	1,029,274	1,462,449
	DILLARDS INC CLASS A STOCK	Corporate stocks	N/A	N/A	2,239	572,261	610,710
	DIME CMNTY BANCSHARES	Corporate stocks	N/A	N/A	6,760	176,172	197,933
	DIODES INC	Corporate stocks	N/A	N/A	3,285	237,711	213,229
	DISCOVER FINANCIAL SERVICES	Corporate stocks	N/A	N/A	4,428	252,076	402,594
	DOLBY LABORATORIES INC	Corporate stocks	N/A	N/A	8,590	425,570	559,639
	DONEGAL GROUP INC - CL A	Corporate stocks	N/A	N/A	10,250	164,980	138,273
	DOVER CORP	Corporate stocks	N/A	N/A	1,941	156,312	226,282
	DOW INC	Corporate stocks	N/A	N/A	2,130	123,385	93,571
	DRIL-QUIP	Corporate stocks	N/A	N/A	3,950	87,630	77,104
	DTE ENERGY COMPANY	Corporate stocks	N/A	N/A	2,256	285,493	259,553
	DUCOMMUN INC	Corporate stocks	N/A	N/A	3,975	174,147	157,649
	DXC TECHNOLOGY	Corporate stocks	N/A	N/A	13,639	430,231	333,883
	EAST WEST BANCORP INC	Corporate stocks	N/A	N/A	4,865	214,835	326,636
	EASTMAN CHEMICAL CO	Corporate stocks	N/A	N/A	1,229	91,220	87,320
	EDISON INTERNATIONAL	Corporate stocks	N/A	N/A	4,232	290,269	239,447
	ELEVANCE HEALTH INC	Corporate stocks	N/A	N/A	1,279	504,300	580,973
	EMCOR GROUP INC	Corporate stocks	N/A	N/A	11,835	745,337	1,366,706
	EMERSON ELECTRIC CO	Corporate stocks	N/A	N/A	2,840	154,583	207,945
	ENCOMPASS HEALTH CORPORATION	Corporate stocks	N/A	N/A	6,413	328,776	290,060
	ENEL SPA UNSPON ADR	Corporate stocks	N/A	N/A	130,198	731,314	538,759
	ENHABIT INC	Corporate stocks	N/A	N/A	5,725	89,511	80,379
	ENI SPA	Corporate stocks	N/A	N/A	16,550	571,578	349,867
	ENPRO INDUSTRIES	Corporate stocks	N/A	N/A	2,234	162,357	189,845
	ENTEGRIS INC	Corporate stocks	N/A	N/A	10,311	152,866	856,019
	ENTRAVISION COMMUNICATIONS	Corporate stocks	N/A	N/A	27,545	82,351	109,354
	EQUITABLE HOLDINGS	Corporate stocks	N/A	N/A	15,956	368,032	420,441
	ETSY INC	Corporate stocks	N/A	N/A	8,290	501,271	830,078
	EURONET WORLDWIDE INC	Corporate stocks	N/A	N/A	3,156	369,369	239,099
	EVERGY INC	Corporate stocks	N/A	N/A	4,361	278,650	259,043
	EVOLUTION PETROLEUM CORP	Corporate stocks	N/A	N/A	21,235	120,043	147,796
	EXELIXIS INC	Corporate stocks	N/A	N/A	37,068	764,662	581,226
	FEDERAL AGRIC MTG CORP-CL C	Corporate stocks	N/A	N/A	2,240	174,967	222,074
	FEDERAL RLTY INVT TR NEW	Corporate stocks	N/A	N/A	4,179	487,086	376,611
	FEDERATED INVESTORS INC-CL B	Corporate stocks	N/A	N/A	8,422	284,577	278,937
	FIDELITY NATIONAL FINANCIAL	Corporate stocks	N/A	N/A	11,592	491,934	419,630
	FIRST BANCORP INC	Corporate stocks	N/A	N/A	3,455	76,653	95,185
	FIRST BANK	Corporate stocks	N/A	N/A	4,550	69,659	62,199
	FIRST FINANCIAL CORP	Corporate stocks	N/A	N/A	2,840	101,810	128,340

LOCAL NO. 731, I.B. OF T., PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

SEPTEMBER 30, 2022

FORM 5500, PART IV, SCHEDULE H, LINE 4i

EIN 36-6513567
PLAN NO. 001

(a)	(b) Identity of Issuer	(c) Description of investment including maturity date, rate of interest, collateral, shares or par/maturity value: Description	Maturity Date	Rate of Interest	Number of Shares or Par/ Maturity Value	(d) Cost	(e) Current Value
	FIRST INDUSTRIAL REALTY TR	Corporate stocks	N/A	N/A	7,990	$ 348,332	$ 358,032
	FIRST INTERNET BANCORP	Corporate stocks	N/A	N/A	3,425	81,066	115,971
	FLEETCOR TECHNOLOGIES INC	Corporate stocks	N/A	N/A	4,294	1,041,452	756,474
	FLEX LTD	Corporate stocks	N/A	N/A	22,224	286,001	370,252
	FOOT LOCKER INC	Corporate stocks	N/A	N/A	5,065	192,331	157,673
	FORMFACTOR INC	Corporate stocks	N/A	N/A	7,401	307,350	185,395
	FORTINET INC.	Corporate stocks	N/A	N/A	33,132	1,129,171	1,627,775
	FRANKLIN RESOURCES INC	Corporate stocks	N/A	N/A	19,195	507,047	413,076
	FTI CONSULTING INC	Corporate stocks	N/A	N/A	2,252	339,593	373,179
	FUJIFILM HOLDINGS UNSP ADR	Corporate stocks	N/A	N/A	8,584	348,718	391,945
	GAMING AND LEISURE PROPERTIES	Corporate stocks	N/A	N/A	8,300	314,552	367,192
	GARTNER GROUP INC	Corporate stocks	N/A	N/A	2,916	694,897	806,828
	GENERAL MILLS INC	Corporate stocks	N/A	N/A	7,879	397,067	603,610
	GENTEX CORP	Corporate stocks	N/A	N/A	8,672	198,764	206,740
	GENUINE PARTS CO	Corporate stocks	N/A	N/A	1,573	189,869	234,880
	GITLAB INC	Corporate stocks	N/A	N/A	8,821	548,515	451,812
	GLOBAL SHIP LEASE INC-CL A	Corporate stocks	N/A	N/A	11,150	161,066	175,947
	GODADDY INC CLASS A	Corporate stocks	N/A	N/A	10,211	776,036	723,756
	GOLDMAN SACHS GROUP INC	Corporate stocks	N/A	N/A	1,356	553,349	397,376
	GRACO INC	Corporate stocks	N/A	N/A	7,311	329,102	438,294
	GREAT LAKES DREDGE & DOCK	Corporate stocks	N/A	N/A	15,810	163,996	119,840
	GREEN PLAINS INC	Corporate stocks	N/A	N/A	7,976	225,077	231,862
	GREENBRIER COMPANIES INC	Corporate stocks	N/A	N/A	7,728	319,468	187,559
	GREENHILL & CO INC	Corporate stocks	N/A	N/A	6,425	107,076	38,165
	GSK PLC	Corporate stocks	N/A	N/A	12,017	519,746	353,660
	GUARDANT HEALTH INC	Corporate stocks	N/A	N/A	8,265	462,951	444,905
	H & R BLOCK INC	Corporate stocks	N/A	N/A	14,266	496,444	606,876
	HANMI FINANCIAL CORPORATION	Corporate stocks	N/A	N/A	11,005	171,883	260,598
	HANOVER INSURANCE GROUP INC	Corporate stocks	N/A	N/A	1,918	224,276	245,773
	HARTFORD FINANCIAL SERVICES	Corporate stocks	N/A	N/A	7,167	462,167	443,924
	HAWKINS INC	Corporate stocks	N/A	N/A	3,775	146,883	147,187
	HAYNES INTERNATIONAL INC	Corporate stocks	N/A	N/A	4,345	135,768	152,596
	HCA HEALTHCARE INC	Corporate stocks	N/A	N/A	2,756	594,863	506,525
	HELIX ENERGY SOLUTIONS CORP	Corporate stocks	N/A	N/A	40,950	178,522	158,067
	HENRY SCHEIN INC	Corporate stocks	N/A	N/A	7,969	562,435	524,121
	HERTZ RENT CAR HOLDG CO	Corporate stocks	N/A	N/A	14,258	324,237	232,120
	HIGHWOOD PROPERTIES INC	Corporate stocks	N/A	N/A	9,350	419,694	252,076
	HITACHI LTD	Corporate stocks	N/A	N/A	2,693	287,460	227,505
	HOLOGIC INC	Corporate stocks	N/A	N/A	8,559	627,908	552,227
	HOMESTREET STATUTORY TRUST III	Corporate stocks	N/A	N/A	4,545	120,962	130,941
	HOMETRUST BANCSHARES INC	Corporate stocks	N/A	N/A	6,340	125,043	140,114
	HONDA MOTOR CO LTD	Corporate stocks	N/A	N/A	24,006	759,185	518,290
	HORIZON BANCORP INDIANA	Corporate stocks	N/A	N/A	6,749	87,260	121,212
	HOST HOTELS & RESORTS INC	Corporate stocks	N/A	N/A	18,634	354,036	295,908
	HOWMET AEROSPACE INC	Corporate stocks	N/A	N/A	10,160	289,175	314,249
	HUBSPOT INC	Corporate stocks	N/A	N/A	2,168	772,060	585,620
	HUDSON PAC PPTYS INC	Corporate stocks	N/A	N/A	13,793	388,282	151,033
	HUMANA INC	Corporate stocks	N/A	N/A	1,184	390,586	574,465
	HUNTSMAN CORP	Corporate stocks	N/A	N/A	3,835	103,177	94,111
	HYATT HOTELS CORP CL A	Corporate stocks	N/A	N/A	15,343	1,003,762	1,242,169
	IAA SPINCO INC	Corporate stocks	N/A	N/A	6,490	241,310	206,707
	ICON PLC	Corporate stocks	N/A	N/A	1,902	410,547	349,550
	IDT CORP CL B COM	Corporate stocks	N/A	N/A	6,195	69,547	153,822
	IMAX CORP	Corporate stocks	N/A	N/A	14,475	192,402	204,387
	INARI MED INC	Corporate stocks	N/A	N/A	5,297	406,049	384,774
	INDEPNENDENT BANK CORP-MICHIGAN	Corporate stocks	N/A	N/A	11,445	193,062	218,600
	INGREDION INC	Corporate stocks	N/A	N/A	1,181	98,816	95,094
	INSPERITY INC	Corporate stocks	N/A	N/A	6,199	563,165	632,856
	INSPIRED ENTMT INC	Corporate stocks	N/A	N/A	11,620	135,897	102,605
	INTERNATIONAL SEAWAYS, INC.	Corporate stocks	N/A	N/A	6,085	122,721	213,766
	INTL PAPER CO	Corporate stocks	N/A	N/A	2,518	98,673	79,821
	INTREPID POTASH INC	Corporate stocks	N/A	N/A	1,975	86,171	78,151
	INTUIT	Corporate stocks	N/A	N/A	2,001	891,759	775,027
	INVESCO LTD	Corporate stocks	N/A	N/A	40,257	1,022,246	551,521
	IRHYTHN TECH	Corporate stocks	N/A	N/A	10,411	799,821	1,304,290
	IRONWOOD PHARMACEUTICALS INC	Corporate stocks	N/A	N/A	25,310	300,348	262,212
	ITT INC	Corporate stocks	N/A	N/A	4,604	275,421	300,825
	JABIL INC	Corporate stocks	N/A	N/A	6,247	235,721	360,514
	JACK HENRY & ASSOCIATES INC	Corporate stocks	N/A	N/A	3,214	439,515	585,816
	JACOBS SOLUTIONS INC	Corporate stocks	N/A	N/A	7,520	890,254	815,845
	JAMES RIVER GROUP HOLDINGS, LTD	Corporate stocks	N/A	N/A	8,425	215,492	192,174
	JAZZ PHARMACEUTICALS PLC	Corporate stocks	N/A	N/A	5,984	845,662	797,607
	JEFFERIES FINANCIAL GROUP	Corporate stocks	N/A	N/A	14,375	445,641	424,063
	JFROG LTD	Corporate stocks	N/A	N/A	15,612	290,565	345,181
	JM SMUCKER CO /THE-NEW	Corporate stocks	N/A	N/A	4,201	533,271	577,259
	JUNIPER NETWORKS INC	Corporate stocks	N/A	N/A	12,808	373,017	334,545
	KAO CORP	Corporate stocks	N/A	N/A	11,794	99,281	96,121
	KARUNA THERAPEUTICS INC	Corporate stocks	N/A	N/A	1,507	197,179	338,970

LOCAL NO. 731, I.B. OF T., PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

SEPTEMBER 30, 2022

FORM 5500, PART IV, SCHEDULE H, LINE 4i

EIN 36-6513567
PLAN NO. 001

(a)	(b) Identity of Issuer	(c) Description of investment including maturity date, rate of interest, collateral, shares or par/maturity value: Description	Maturity Date	Rate of Interest	Number of Shares or Par/ Maturity Value	(d) Cost	(e) Current Value
	KBR INC	Corporate stocks	N/A	N/A	2,621	$ 112,063	$ 113,280
	KELLY SERVICES INC CL A	Corporate stocks	N/A	N/A	7,550	125,376	102,605
	KEYCORP BANCSHARES	Corporate stocks	N/A	N/A	26,057	465,291	417,433
	KEYSIGHT TECHNOLOGIES INC	Corporate stocks	N/A	N/A	5,020	488,969	789,947
	KIMBALL ELECTRONICS INC	Corporate stocks	N/A	N/A	6,425	118,552	110,189
	KIMBALL INTERNATIONAL	Corporate stocks	N/A	N/A	23,000	247,587	144,670
	KINGFISHER PLC-SPONS ADR	Corporate stocks	N/A	N/A	86,436	680,305	425,352
	KINSALE CAPITAL GROUP INC	Corporate stocks	N/A	N/A	1,142	168,835	291,690
	KIRBY CORP	Corporate stocks	N/A	N/A	4,642	263,804	282,094
	KNIGHT SWIFT TRANSN HL INC	Corporate stocks	N/A	N/A	5,548	278,244	271,464
	KRAFT HEINZ	Corporate stocks	N/A	N/A	17,012	536,559	567,350
	KROGER CO	Corporate stocks	N/A	N/A	11,883	493,525	519,881
	KYOCERA CORP	Corporate stocks	N/A	N/A	10,487	653,346	528,901
	LABORATORY CORP OF AMER HLDGS	Corporate stocks	N/A	N/A	2,627	540,988	538,036
	LAKELAND BANCORP INC	Corporate stocks	N/A	N/A	14,920	201,428	238,869
	LANDSEA HOMES CORP	Corporate stocks	N/A	N/A	18,348	182,554	87,520
	LATTICE SEMICONDUCTOR CORP	Corporate stocks	N/A	N/A	10,140	580,306	498,989
	LEAR CORPORATION	Corporate stocks	N/A	N/A	3,670	429,717	439,262
	LIBERTY MEDIA CORP	Corporate stocks	N/A	N/A	4,481	268,988	262,139
	LINCOLN NATL CORP IND COM	Corporate stocks	N/A	N/A	9,820	409,733	431,196
	LIONS GATE ENTERTAINMENT CL B	Corporate stocks	N/A	N/A	16,523	190,948	114,835
	LITHIA MOTORS INC-CL A	Corporate stocks	N/A	N/A	4,857	1,393,882	1,042,069
	LIVANOVA PLC	Corporate stocks	N/A	N/A	4,927	303,925	250,144
	LLOYDS BANKING GROUP PLC	Corporate stocks	N/A	N/A	298,330	951,473	534,011
	LOUISIANA-PACIFIC CORP	Corporate stocks	N/A	N/A	1,915	124,145	98,029
	LOWE'S COS INC	Corporate stocks	N/A	N/A	3,418	585,345	641,935
	LUTHER BURBANK CORP	Corporate stocks	N/A	N/A	14,155	170,424	164,481
	LYONDELLBASELL INDUSTRIES CL A	Corporate stocks	N/A	N/A	1,270	99,237	95,606
	MACK-CALI REALTY CORP	Corporate stocks	N/A	N/A	16,980	315,044	193,063
	MACY'S INC	Corporate stocks	N/A	N/A	9,992	226,348	156,575
	MARATHON OIL CORP	Corporate stocks	N/A	N/A	14,334	185,146	323,662
	MARRIOTT INTL CLASS A	Corporate stocks	N/A	N/A	3,928	621,729	550,470
	MASCO CORP	Corporate stocks	N/A	N/A	4,785	195,688	223,412
	MATTEL INC	Corporate stocks	N/A	N/A	30,022	676,458	568,617
	MCKESSON CORP	Corporate stocks	N/A	N/A	1,726	314,940	586,616
	MEDICAL PROPERTIES TRUST INC	Corporate stocks	N/A	N/A	22,137	404,947	262,545
	MGIC INVESTMENT	Corporate stocks	N/A	N/A	19,113	224,797	245,029
	MGP INDGREDIENTS INC	Corporate stocks	N/A	N/A	2,844	238,433	301,919
	MIRATI THERAPEUTICS INC	Corporate stocks	N/A	N/A	7,750	632,574	541,260
	MISTRAS GROUP INC	Corporate stocks	N/A	N/A	13,800	103,432	61,548
	MITSUBISHI ELECTRIC UNSP ADR	Corporate stocks	N/A	N/A	23,548	613,678	424,453
	MKS INSTRUMENTS INC	Corporate stocks	N/A	N/A	3,286	373,201	271,555
	MOHAWK INDUSTRIES INC	Corporate stocks	N/A	N/A	5,005	428,067	456,406
	MOISON COORS BEVERAGE CO	Corporate stocks	N/A	N/A	5,994	290,106	287,652
	MOLINA HEALTHCARE INC	Corporate stocks	N/A	N/A	5,116	1,006,213	1,687,461
	MONGODB INC	Corporate stocks	N/A	N/A	2,720	890,533	540,083
	MURPHY USA INC	Corporate stocks	N/A	N/A	2,252	549,967	619,097
	MYERS INDUSTRIES INC	Corporate stocks	N/A	N/A	7,050	141,877	116,114
	NATURAL GAS SERVICES GROUP	Corporate stocks	N/A	N/A	9,450	100,108	94,878
	NATURAL GROCERS BY VITAMIN C	Corporate stocks	N/A	N/A	11,936	179,905	128,789
	NETAPP, INC	Corporate stocks	N/A	N/A	12,770	1,107,301	789,825
	NEUROCRINE BIOSCIENCES	Corporate stocks	N/A	N/A	5,898	640,064	626,427
	NEW YORK COMMUNITY BANCORP	Corporate stocks	N/A	N/A	48,437	487,264	413,168
	NEW YORK TIMES CO CLASS A STOCK	Corporate stocks	N/A	N/A	19,579	719,035	562,896
	NEWELL BRANDS INC	Corporate stocks	N/A	N/A	16,521	329,254	229,477
	NEXSTAR MEDIA GROUP INC	Corporate stocks	N/A	N/A	5,648	753,215	942,369
	NIPPON TELEGRAPH & TELEPHONE	Corporate stocks	N/A	N/A	24,429	556,549	659,217
	NORDSON CORP	Corporate stocks	N/A	N/A	5,055	570,295	1,073,025
	NORTHEAST BK LEWISTON	Corporate stocks	N/A	N/A	4,145	92,354	151,997
	NORTHWEST PIPE CO	Corporate stocks	N/A	N/A	8,450	196,410	237,445
	NORWEGIAN CRUISE LINE HLDGSLTD	Corporate stocks	N/A	N/A	16,413	346,491	186,452
	NOV INC	Corporate stocks	N/A	N/A	21,513	300,186	348,080
	NOVARTIS AG - ADR (20 ADR'S = 1	Corporate stocks	N/A	N/A	8,619	717,622	655,130
	NOVOCURE LTD	Corporate stocks	N/A	N/A	4,634	396,906	352,091
	NOW INC/DE	Corporate stocks	N/A	N/A	7,525	62,410	75,626
	NUCOR CORP	Corporate stocks	N/A	N/A	852	65,596	91,155
	NUVASIVE INC	Corporate stocks	N/A	N/A	5,569	275,432	243,978
	NVE CORPORATION	Corporate stocks	N/A	N/A	1,775	92,503	82,804
	OASIS PERTOLEUM INC	Corporate stocks	N/A	N/A	1,808	108,226	247,280
	O-I GLASS INC	Corporate stocks	N/A	N/A	20,525	266,634	265,799
	OIL STATES INTERNATIONAL INC	Corporate stocks	N/A	N/A	29,650	183,369	115,339
	OIL-DRI CORP OF AMERICA	Corporate stocks	N/A	N/A	6,580	205,097	159,236
	OLIN CORP	Corporate stocks	N/A	N/A	7,437	97,280	318,899
	ON SEMICONDUCTOR CORPORATION	Corporate stocks	N/A	N/A	12,685	484,151	790,656
	ORGANON & CO	Corporate stocks	N/A	N/A	11,541	408,584	270,059
	OSHKOSH CORPORATION	Corporate stocks	N/A	N/A	5,399	511,868	379,496
	OUTSET MEDICAL INC	Corporate stocks	N/A	N/A	8,356	399,162	133,111
	OWENS CORNING INC	Corporate stocks	N/A	N/A	1,166	73,203	91,659

LOCAL NO. 731, I.B. OF T., PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

SEPTEMBER 30, 2022

FORM 5500, PART IV, SCHEDULE H, LINE 4i

EIN 36-6513567
PLAN NO. 001

(a)	(b) Identity of Issuer	(c) Description of investment including maturity date, rate of interest, collateral, shares or par/maturity value: Description	Maturity Date	Rate of Interest	Number of Shares or Par/ Maturity Value	(d) Cost	(e) Current Value
	PACKAGING CORP OF AMERICA	Corporate stocks	N/A	N/A	3,510	$ 462,380	$ 394,138
	PARKER HANNIFAN CORP	Corporate stocks	N/A	N/A	862	90,139	208,871
	PAYCHEX INC	Corporate stocks	N/A	N/A	7,415	844,809	832,037
	PAYCOM SOFTWARE INC	Corporate stocks	N/A	N/A	2,996	916,604	988,650
	PC-TEL INC	Corporate stocks	N/A	N/A	10,260	65,758	48,427
	PDC ENERGY INC	Corporate stocks	N/A	N/A	9,759	469,234	563,973
	PEOPLES BANCORP INC	Corporate stocks	N/A	N/A	5,625	144,799	162,731
	PERFORMANCE FOOD GROUP	Corporate stocks	N/A	N/A	6,230	221,437	267,579
	PERRIGO COMPANY PLC	Corporate stocks	N/A	N/A	11,045	564,525	393,865
	PHILIPS ELECTRONICS N.V.	Corporate stocks	N/A	N/A	5,230	90,418	80,490
	PINNACLE WEST CAPITAL CORP	Corporate stocks	N/A	N/A	3,811	289,845	245,848
	PIONEER NATURAL RESOURCE	Corporate stocks	N/A	N/A	1	103	217
	PORTLAND GENL ELEC CO	Corporate stocks	N/A	N/A	5,623	273,602	244,376
	POSTAL REALTY TRUST INC	Corporate stocks	N/A	N/A	13,895	252,312	203,840
	POWER INTEGRATIONS INC	Corporate stocks	N/A	N/A	7,387	246,103	475,132
	PPL CORPORATION	Corporate stocks	N/A	N/A	9,977	293,215	252,917
	PREMIER FINANCIAL CORP	Corporate stocks	N/A	N/A	9,040	186,978	232,328
	PRESTIGE BRANDS HOLDINGS INC	Corporate stocks	N/A	N/A	3,375	201,763	168,176
	PRIMIS FINAN CORP	Corporate stocks	N/A	N/A	18,025	249,532	218,643
	PRINCE GEORGE	Corporate stocks	N/A	N/A	1,356	109,902	97,849
	PROGRESS SOFTWARE CORP	Corporate stocks	N/A	N/A	6,637	321,768	282,404
	PROSPERITY BANCSHARES INC	Corporate stocks	N/A	N/A	6,437	440,341	429,219
	PUBLIC SERVICES ENTERPRISES	Corporate stocks	N/A	N/A	4,432	248,589	249,211
	PUBMATIC INC	Corporate stocks	N/A	N/A	20,388	760,357	339,052
	PULTEGROUP INC	Corporate stocks	N/A	N/A	4,911	214,538	184,163
	PVH CORP	Corporate stocks	N/A	N/A	3,787	226,877	169,658
	QUALCOMM INC	Corporate stocks	N/A	N/A	6,774	956,919	765,327
	QUEST DIAGNOSTICS INC	Corporate stocks	N/A	N/A	4,737	580,888	581,183
	RALPH LAUREN CORP	Corporate stocks	N/A	N/A	3,357	358,004	285,110
	RAMACO RESOURCES INC	Corporate stocks	N/A	N/A	7,125	53,720	65,550
	REGAL REXNORD COR	Corporate stocks	N/A	N/A	6,895	940,294	967,782
	REINSURANCE GROUP OF AMERICA INC	Corporate stocks	N/A	N/A	2,375	255,536	298,799
	RELIANCE STEEL & ALUMINUM	Corporate stocks	N/A	N/A	2,239	332,307	390,504
	RH	Corporate stocks	N/A	N/A	1,171	594,594	288,148
	RITCHIE BROS AUCTIONEERS	Corporate stocks	N/A	N/A	4,528	307,183	282,909
	ROYAL CARIBBEAN GROUP	Corporate stocks	N/A	N/A	8,354	684,228	316,617
	RUMBLEON INC	Corporate stocks	N/A	N/A	4,025	133,145	68,103
	SAIA INC	Corporate stocks	N/A	N/A	1,249	150,401	237,310
	SANOFI AVENTIS-ADR	Corporate stocks	N/A	N/A	13,763	642,397	523,269
	SEAWORLD ENTMT INC	Corporate stocks	N/A	N/A	11,555	692,883	525,868
	SECOM CO	Corporate stocks	N/A	N/A	18,635	319,012	266,369
	SELECT MEDICAL HOLDINGS CORP	Corporate stocks	N/A	N/A	13,972	269,592	308,781
	SEMPRA ENERGY	Corporate stocks	N/A	N/A	1,655	279,420	248,151
	SENECA FOODS CORP CL A	Corporate stocks	N/A	N/A	3,725	183,924	187,889
	SHELL PLC (ADR)	Corporate stocks	N/A	N/A	20,455	925,937	1,017,841
	SHOCKWAVE MED INC	Corporate stocks	N/A	N/A	4,557	447,394	1,267,165
	SHOE CARNIVAL INC	Corporate stocks	N/A	N/A	7,830	125,029	167,875
	SIERRA BANCORP	Corporate stocks	N/A	N/A	9,125	191,606	180,219
	SIGNET JEWELERS LTD	Corporate stocks	N/A	N/A	4,856	291,540	277,715
	SILICOM LTD.	Corporate stocks	N/A	N/A	1,990	68,437	70,327
	SILVERBOW RESORCES INC	Corporate stocks	N/A	N/A	2,475	89,397	66,528
	SINGAPORE TELECOMMUNICATIONS	Corporate stocks	N/A	N/A	13,730	421,384	254,527
	SITE CTRS CORP COM NEW	Corporate stocks	N/A	N/A	21,500	384,101	230,265
	SLM CORP	Corporate stocks	N/A	N/A	29,131	552,894	407,543
	SM ENERGY CO	Corporate stocks	N/A	N/A	8,605	310,192	323,634
	SMART FINANCIAL INC	Corporate stocks	N/A	N/A	8,540	182,650	211,023
	SMART GLOBAL HOLDINGS INC	Corporate stocks	N/A	N/A	3,245	48,461	51,498
	SMITH A O CORP	Corporate stocks	N/A	N/A	11,620	611,249	564,500
	SNAM RETE GAS-UNSPONSOR ADR	Corporate stocks	N/A	N/A	55,996	644,452	454,856
	SNAP-ON INC	Corporate stocks	N/A	N/A	1,075	207,028	216,451
	SONOCO PRODUCTS COM	Corporate stocks	N/A	N/A	1,673	89,758	94,909
	SONY CORP SPONSORED ADR	Corporate stocks	N/A	N/A	7,793	629,124	499,142
	SOUTH STATE CORP	Corporate stocks	N/A	N/A	5,974	437,572	472,663
	SPARTANNASH CO	Corporate stocks	N/A	N/A	9,354	195,797	271,453
	SPOK HOLDINGS INC	Corporate stocks	N/A	N/A	27,175	273,762	207,617
	SPRINGWORKS THERAPEUTICS INC	Corporate stocks	N/A	N/A	9,330	743,289	266,185
	SSE PLC	Corporate stocks	N/A	N/A	28,374	456,103	483,805
	STANDARD MOTOR PRODUCTS INC	Corporate stocks	N/A	N/A	5,425	228,542	176,313
	STEEL DYNAMICS INC	Corporate stocks	N/A	N/A	6,297	461,437	446,772
	STERLING INFRASTRUCTURE INC	Corporate stocks	N/A	N/A	10,570	137,796	226,938
	STEVEN MADDEN LTD	Corporate stocks	N/A	N/A	5,641	177,493	150,445
	STIFEL FINANCIAL CORP	Corporate stocks	N/A	N/A	5,550	173,424	288,101
	SYNCHRONY FINANCIAL	Corporate stocks	N/A	N/A	14,443	416,608	407,148
	SYNOVUS FINANCIAL CORP	Corporate stocks	N/A	N/A	23,408	903,769	878,034
	TAIWAN SEMICONDUTOR	Corporate stocks	N/A	N/A	2,970	84,830	203,623
	TAKEDA PHARMACEUTICAL SP ADR	Corporate stocks	N/A	N/A	43,006	935,673	557,788
	TAPESTRY INC	Corporate stocks	N/A	N/A	9,811	313,189	278,927
	TE CONNECTIVITY LTD	Corporate stocks	N/A	N/A	6,888	766,646	760,160

LOCAL NO. 731, I.B. OF T., PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

SEPTEMBER 30, 2022

FORM 5500, PART IV, SCHEDULE H, LINE 4i

EIN 36-6513567
PLAN NO. 001

(a)	(b) Identity of Issuer	(c) Description of investment including maturity date, rate of interest, collateral, shares or par/maturity value Description	Maturity Date	Rate of Interest	Number of Shares or Par/ Maturity Value	(d) Cost	(e) Current Value
	TELIA COMPANY AB. UNSPON ADR	Corporate stocks	N/A	N/A	66,660	$ 688,856	$ 384,828
	TENET HEALTHCARE CORP 1 ,	Corporate stocks	N/A	N/A	15,123	1,012,661	780,044
	TESCO PLC	Corporate stocks	N/A	N/A	57,882	621,534	400,891
	TETRA TECH INC	Corporate stocks	N/A	N/A	36,600	112,489	131,394
	TEXAS INSTRUMENTS INC	Corporate stocks	N/A	N/A	5,253	953,048	813,059
	THE SHYFT GROUP INC	Corporate stocks	N/A	N/A	7,890	223,796	161,193
	TIMKEN CO	Corporate stocks	N/A	N/A	3,741	303,928	220,869
	T-MOBILE US INC	Corporate stocks	N/A	N/A	2,030	170,223	272,365
	TOKIO MARINE HOLDINGS INC ADR	Corporate stocks	N/A	N/A	10,326	438,667	549,209
	TOPBUILD CORP	Corporate stocks	N/A	N/A	2,383	414,905	392,671
	TOTAL ENERGIES	Corporate stocks	N/A	N/A	7,674	385,356	356,994
	TOYOTA INDUSTRIES	Corporate stocks	N/A	N/A	6,436	381,304	305,916
	TRACTOR SUPPLY COMPANY	Corporate stocks	N/A	N/A	3,267	546,126	607,270
	TRAVEL LEISURE CO	Corporate stocks	N/A	N/A	5,900	223,211	201,308
	TTEC HOLDINGS INC	Corporate stocks	N/A	N/A	2,642	205,478	117,067
	TUTOR PERINI CORP	Corporate stocks	N/A	N/A	19,215	226,844	106,067
	TYLER TECHNOLOGIES INC	Corporate stocks	N/A	N/A	2,303	848,784	800,293
	TYSON FOODS INC	Corporate stocks	N/A	N/A	8,013	639,742	528,297
	UFP TECHNOLOGIES INC	Corporate stocks	N/A	N/A	1,650	127,590	141,636
	UGI CORP NEW	Corporate stocks	N/A	N/A	9,242	333,152	298,794
	ULTA BEAUTY	Corporate stocks	N/A	N/A	1,444	552,765	579,318
	UNIFI INC	Corporate stocks	N/A	N/A	6,325	99,645	60,151
	UNITED FIRE GROUP INC	Corporate stocks	N/A	N/A	5,825	169,941	167,352
	UNITED OVERSEAS BANK LTD SP ADR	Corporate stocks	N/A	N/A	16,615	555,644	605,833
	UNITED RENTALS INC	Corporate stocks	N/A	N/A	2,955	761,803	798,205
	UNITED THERAPEUTICS CORP	Corporate stocks	N/A	N/A	2,666	380,255	558,207
	UNITIL CORP	Corporate stocks	N/A	N/A	5,340	263,515	248,043
	UNIVAR INC	Corporate stocks	N/A	N/A	21,315	603,088	484,703
	UNIVERSAL ELECTRONICS INC	Corporate stocks	N/A	N/A	7,700	303,781	151,459
	UNIVERSAL STAINLESS & ALLOY	Corporate stocks	N/A	N/A	6,870	77,860	48,914
	UNUM GROUP	Corporate stocks	N/A	N/A	21,968	714,948	852,358
	US STEEL CORP	Corporate stocks	N/A	N/A	4,922	114,816	89,187
	VAALCO ENERGY INC	Corporate stocks	N/A	N/A	6,732	53,420	29,352
	VALVOLINE INC	Corporate stocks	N/A	N/A	3,608	75,551	91,427
	VERACYTE INC	Corporate stocks	N/A	N/A	8,796	212,234	146,014
	VERINT SYSTEMS INC	Corporate stocks	N/A	N/A	7,669	281,167	257,525
	VERIZON COMMUNICATIONS	Corporate stocks	N/A	N/A	7,186	345,075	272,852
	VICTORIA'S SECRET & CO	Corporate stocks	N/A	N/A	4,696	244,287	136,748
	VISHAY PRECISION GROUP INC	Corporate stocks	N/A	N/A	2,490	66,127	73,679
	VISTEON CORP	Corporate stocks	N/A	N/A	2,897	256,693	307,256
	VISTRA	Corporate stocks	N/A	N/A	28,007	510,298	588,147
	VOYA FINANCIAL INC	Corporate stocks	N/A	N/A	12,465	633,097	754,133
	WABTEC CORP	Corporate stocks	N/A	N/A	3,023	219,888	245,921
	WASHINGTON TRUST BANCORP	Corporate stocks	N/A	N/A	4,720	213,508	219,376
	WATERSTONE FINANCIAL INC	Corporate stocks	N/A	N/A	10,575	203,741	170,892
	WESCO INTERNATIONAL INC	Corporate stocks	N/A	N/A	2,940	317,496	350,978
	WESTERN ALLIANCE BANCORP	Corporate stocks	N/A	N/A	6,143	508,649	403,841
	WESTLAKE CORP	Corporate stocks	N/A	N/A	4,430	232,022	384,878
	WH GROUP LTD SPON ADR	Corporate stocks	N/A	N/A	40,539	661,794	511,278
	WILLIAMS SONOMA INC. COM	Corporate stocks	N/A	N/A	4,613	580,084	543,642
	WINTRUST FINANCIAL CORP	Corporate stocks	N/A	N/A	4,947	418,486	403,428
	WPP PLC	Corporate stocks	N/A	N/A	10,253	726,291	422,311
	Total corporate stocks - line 1c(4)(B)					171,665,207	168,019,980
	Limited partnerships						
	American Core Realty Fund	Limited partnerships	N/A	N/A	N/A	52,528,312	74,874,857
	CK Opportunities Offshore Fund, LP	Limited partnerships	N/A	N/A	N/A	4,966,442	6,478,875
	Corbin Erisa Opportunity Fund, LP	Limited partnerships	N/A	N/A	N/A	11,787,279	18,592,245
	Grosvenor Institutional Partners, LP	Limited partnerships	N/A	N/A	N/A	30,500,000	57,177,988
	INVESCO VENTURE ALPHA FUND II, LP	Limited partnerships	N/A	N/A	N/A	3,151,197	4,045,679
	Labor Impact Feeder Fund, LP	Limited partnerships	N/A	N/A	N/A	1,616,833	4,042,563
	Private Advisors Small Company Buyout V-ERISA	Limited partnerships	N/A	N/A	N/A	3,888,966	3,790,791
	Private Advisors Small Company Private Equity Fund VIII, LP	Limited partnerships	N/A	N/A	N/A	3,699,878	7,931,035
	Vintage VIII Offshore SCSP	Limited partnerships	N/A	N/A	N/A	3,960,895	6,636,350
	White Oak Pinnacle Fund, LP	Limited partnerships	N/A	N/A	N/A	1,677,351	3,124,278
	Total limited partnerships - line 1c(5)					108,439,029	186,694,661
	Land and building						
	Land and building in Burr Ridge, Illinois	Land and building	N/A	N/A	N/A	4,480,000	4,480,000
	Total land and building - line 1c(6)					4,480,000	4,480,000
	Registered investment company						
	VANGUARD FTSE ALL WORLD EX-US INDEX FUND -ADM	Registered investment company	N/A	N/A	835,073	26,620,460	22,989,567
	Total registered investment company - line 1c(13)					26,620,460	22,989,567

LOCAL NO. 731, I.B. OF T., PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

SEPTEMBER 30, 2022

FORM 5500, PART IV, SCHEDULE H, LINE 4i

EIN 36-6513567
PLAN NO. 001

(a)	(b) Identity of Issuer	(c) Description of investment including maturity date, rate of interest, collateral, shares or par/maturity value: Description	Maturity Date	Rate of Interest	Number of Shares or Par/ Maturity Value	(d) Cost	(e) Current Value
	Pooled separate account						
	ULLICO	Pooled separate account	N/A	N/A	1,116,626	$ 18,879,104	$ 18,849,888
	Total pooled separate account - line 1c(10)					18,879,104	18,849,888
	Common collective trusts						
	CHEVY CHASE ASB LAB EQUITY INDEX FD	Common collective trusts	N/A	N/A	N/A	34,365,868	67,912,861
	ASB ALLEGIANCE CHEVY CHASE TRUST	Common collective trusts	N/A	N/A	N/A	16,637,625	17,010,574
	INVESCO INTERNATIONAL GROWTH TRUST CLASS I	Common collective trusts	N/A	N/A	N/A	13,533,499	15,600,968
	LOOMIS SAYLES LARGE CAP GROWTH TRUST	Common collective trusts	N/A	N/A	N/A	57,810,372	49,343,789
	NIS CORE FIXED INCOME FUND	Common collective trusts	N/A	N/A	N/A	55,347,502	58,440,200
	NIS INTERMEDIATE FIXED INCOME FUND	Common collective trusts	N/A	N/A	N/A	33,544,147	35,108,573
	RAINIER INTL SMALL CAP EQ CIT FD CL A	Common collective trusts	N/A	N/A	N/A	10,000,000	11,107,475
	Total common collective trusts - line 1c(9)					221,239,013	254,524,440
	Total assets (held at end of year) - at fair value					$ 619,522,373	$ 725,066,780

Investments at contract value	Cost	Current Value
Insurance company contract		
UNITED OF OMAHA	$ 2,855,842	$ 2,855,842
Total insurance company contracts - line 1c(14)	$ 2,855,842	$ 2,855,842

LOCAL NO. 731, I.B. OF T., PENSION FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED SEPTEMBER 30, 2022

SCHEDULE H, PART IV, LINE 4(i)

EIN 36-6513567
PLAN NO. 001

Description of Asset	Purchase Price	Selling Price	Cost of Asset	Fair Value of Asset at Transaction Date	Net Gain or (Loss)
Goldman Financial Square Govt-A Fd# 465	$ 126,445,740	$ -	$ 126,445,740	$ 126,445,740	$ -
Goldman Financial Square Govt-A Fd# 465	-	112,834,409	112,834,409	112,834,409	-

Plan Name: Local No. 731, I.B. of T., Pension Fund
Plan Sponsor EIN / Plan Number: EIN 36-6513567 / 001
Attachment to 2021 Form 5500 Schedule MB

Schedule MB, line 3 – Withdrawal Liability Amounts

Date	Withdrawal Liability Payment
July 2022	$ 34,000

Schedule MB, line 6 – Summary of Plan Provisions

Our valuation of the Local No. 731, I.B. of T., Pension Fund ("Plan") is based on the plan provisions as of October 1, 2021 as summarized below. This summary has been prepared for valuation purposes only. It outlines the major plan provisions used to perform the actuarial valuation.

To our knowledge no other changes to the plan provisions are pending. Furthermore, it is our understanding that the Plan is still an on-going multiemployer plan, and that the trustees of the Plan have made no commitments to change the structure or nature of this Plan.

Private Scavengers & Garage Attendants

This summary of Plan provisions provides an overview of the major provisions of the pension plan used in the actuarial valuation.

1. **Participation**
   The date on which an employee completes an hour of service under covered employment
2. **Plan Year**
   October 1 through September 30
3. **Week of Service**
   Each week for which a weekly employer contribution is required to be made
4. **Year of Vesting Service**
   Plan year with at least 22 weeks of service (weeks worked plus additional weeks for vacation, etc.)
5. **Pension Credits**
   Pension credit is earned during each plan year according to the following schedule:

Weeks of Service	Pension Credit
Less than 22	None
22	50%
23–30	60%
31–34	70%
35 or more	100%

6. **Break in Service**
   Plan year with less than 500 hours of service
7. **Normal Retirement Age**
   Age 65, or if later, date participant becomes 100% vested or years of plan participation
8. **Normal Retirement Pension**
   Eligibility
   Age 65 with 5 years of vesting service;

   Monthly Amount
   Scavenger Employees
   $150 per Pension Credit for first 24 Pension Credits, and $75 per Pension Credit in excess of first 24 Pension Credits.

   Garage Attendant Employees
   $52 per Pension Credit, maximum $1,040.

   Payable for life with 60 months guaranteed.
9. **Early Retirement Pension (Reduced)**
   Eligibility
   Age 55 with 10 Pension Credits

   Monthly Amount
   Percentage of Normal Retirement Benefit based on age at retirement. Payable for life with 60 months guaranteed.

Age	Percent
55	40.96%
56	44.41%
57	48.22%
58	52.45%
59	57.15%
60	62.40%
61	68.25%
62	76.00%
63	84.00%
64	92.00%

Schedule MB, line 6 – Summary of Plan Provisions (continued)

10. Early Retirement Pension (Unreduced)

Eligibility

a) Age 62 with 20 years of Pension Credit;
b) Any age with 25 years of Pension Credit

Monthly Amount

Same as Normal Retirement Pension

11. Optional Forms of Pension

- 10 year Certain and Life
- Joint and 50% Survivor Annuity
- Joint and 50% Survivor Annuity with pop-up
- Optional Early Retirement Benefit (greater amount payable to age 65; reduced amount after age 65)

12. Disability Pension

Eligibility

Under age 55 with 10 Pension Credits, totally and permanently disabled while active participant.

Monthly Amount

$300 payable until age 55, recovery, or death. Upon attainment of age 55, Early Retirement Pension based on benefit level in effect at disability becomes payable.

13. Vested Benefit

Eligibility

5 years of vesting service

Monthly Amount

If 5 years of vesting service but less than 10 Pension Credits: Normal Retirement Pension payable at age 65. If 10 Pension Credits: Early Retirement Pension. Payable for life with 60 months guaranteed.

14. Death Benefit

a. Pre-Retirement Survivor Annuity

Eligibility

Death of married participant with enough Pension Credits or vesting service required to receive a pension benefit.

Monthly Amount

If participant was eligible to retire, 50% of his qualified Joint and 50% Survivor Annuity payable to spouse determined as if he had retired the day prior to his death.

If participant was not eligible to retire, the benefit is determined as if he was at his earliest retirement age.

Payable over spouse's lifetime commencing the first of the month following participant's death.

b. Pre-Retirement 60-Month Death Benefit

Eligibility

Death of participant with at least 5 years of vesting service:

- Who has not retired, or
- Who does not have a spouse, or
- Whose spouse has waived the Joint and Survivor Annuity option

Monthly Amount

Monthly benefit participant would have been entitled to had he retired at his death. If death occurs before age 55, the benefit amount is determined as if the participant died at age 55 payable for 60 months only.

15. Changes in Plan Provisions

The benefit accrual rate for Private Scavengers participants was increased from $125 per Pension Credit for the first 24 Pension Credits to $150 per Pension Credit for the first 24 Pension Credits.

Schedule MB, line 6 – Summary of Plan Provisions (continued)

Textile Maintenance & Laundry Craft

1. **Participation**
   The date on which an employee completes an hour of service under covered employment.

2. **Plan Year and Pension Credit Year**
   January 1 through December 31

4. **Week of Service**
   Each week for which a weekly employer contribution is required to be made

5. **Year of Vesting Service**
   Plan year with at least 22 weeks of service (weeks worked plus additional weeks for vacation, etc.)

6. **Break in Service**
   Plan year with less than 500 hours of service or 11 weeks of covered employment

7. **Normal Retirement Age**
   Age 65, or if later, date participant becomes 100% vested or five years of plan participation

8. **Optional Forms of Pension**
   - Joint and 50% Survivor Annuity with pop-up
   - Joint and 75% Survivor Annuity

9. **Pop-Up Feature**
   If a participant retires with a Joint and Survivor Benefit and the spouse dies before the participant, the amount of the participant's retirement benefit shall increase to the amount that would have been payable had the Joint and Survivor payment option not been elected.

10. **Pension Credits**
    Pension credit is earned during each Plan year according to the following schedule:

Weeks of Service	Pension Credit
Less than 22	None
22	50%
23–30	60%
31–34	70%
35 or more	100%

11. **Normal Retirement Pension**
    Eligibility
    Age 65 with 5 years of vesting service

    Monthly Amount
    $34 per Pension Credit earned after 4/1/2009. $50 per Pension Credit earned prior to 4/1/2009

12. **Early Retirement Pension**
    Eligibility
    Age 58 with 15 Pension Credits

    Monthly Amount
    Actuarial reduction of the participant's Normal Retirement Benefit based on age at retirement, as shown in table below payable for life.

Age	Percent
58	49.85%
59	54.75%
60	60.24%
61	66.40%
62	73.32%
63	81.14%
64	89.99%

Schedule MB, line 6 – Summary of Plan Provisions (continued)

13. Disability Pension

Eligibility

Age 50 to age 58 with 15 Pension Credits and totally and permanently disabled while active participant.

Monthly Amount

Early Retirement Pension based on benefit level in effect at disability becomes payable after age 58 payable beginning on the first day of the seventh month following the date of disability.

14. Vested Benefit

Eligibility

Five years of vesting service.

Monthly Amount

If five years of vesting service but less than 15 Pension Credits: Normal Retirement Pension payable at age 65. If 15 Pension Credits: Early Retirement Pension payable at age 58 payable for life.

15. Pre-Retirement Death Benefit

Eligibility

Death of participant with at least 15 Pension Credits:

- Who has not retired, or
- Who does not have a spouse, or
- Whose spouse has waived the Joint and Survivor Annuity option.

Monthly Amount

Monthly benefit participant would have been entitled to had he retired at his death. If death occurs before age 58, the benefit amount is determined as if the participant died at age 58.

16. Changes in Plan Provisions

None.

Schedule MB, line 6 – Summary of Plan Provisions (continued)

Employer Contributions

The Pension Plan is financed entirely by contributions from the employers as specified in the Collective Bargaining Agreement. The following table shows the recent history of weekly contribution rates:

Private Scavengers		Garage Attendants		Textile Maintenance	
Date	Contribution Rate	Date	Contribution Rate	Date	Contribution Rate
10/1/1996	$51.00	8/1/1996	$15.00		
10/1/1997	$53.00	8/1/1997	$16.00		
10/1/1998	$61.00	8/1/1998	$17.00		
10/1/2000	$67.00	8/1/2000	$18.00		
10/1/2003	$75.00	8/1/2003	$19.00		
10/1/2004	$79.00	8/1/2004	$19.00		
10/1/2005	$93.00	8/1/2005	$20.00		
10/1/2006	$115.00	8/1/2006	$23.00		
10/1/2007	$135.00	8/1/2007	$27.00		
10/1/2008	$145.00	8/1/2008	$32.00		
10/1/2009	$167.00	8/1/2009	$37.00	5/1/2009	$85.00
10/1/2010	$189.00	8/1/2010	$37.00	5/1/2010	$94.00
10/1/2011	$222.20	8/1/2011	$37.00	5/1/2011	$103.00
10/1/2012	$252.20	8/1/2012	$39.00	5/1/2012	$128.00
10/1/2013	$278.20	8/1/2013	$42.00	5/1/2013	$143.00
10/1/2014	$300.20	8/1/2014	$42.00	5/1/2014	$158.00
10/1/2015	$318.20	8/1/2015	$48.00	5/1/2015	$173.00
10/1/2016	$318.20	8/1/2016	$51.00	5/1/2016	$188.00
10/1/2017	$324.20	8/1/2017	$54.00	5/1/2017	$203.00
10/1/2018	$324.20	8/1/2018	$54.00	5/1/2018	$218.00
10/1/2019	$332.20	8/1/2019	$56.00	5/1/2019	$218.00
10/1/2020	$340.20	8/1/2020	$56.00	5/1/2020	$233.00
10/1/2021	$348.20	8/1/2021	$58.00	5/1/2021	$233.00

LOCAL NO. 731, I.B. OF T., PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SEPTEMBER 30, 2022

FORM 5500, PART IV, SCHEDULE H, LINE 4i

EIN 36-6513567
PLAN NO. 001

(a)	(b) Identity of Issuer	(c) Description of investment including maturity date, rate of interest, collateral, shares or par/maturity value: Description	Maturity Date	Rate of Interest	Number of Shares or Par/ Maturity Value	(d) Cost	(e) Current Value
	Short-term investment fund						
	GOLDMAN FINANCIAL SQUARE GOVT-A FD#465	Short-term investment	N/A	N/A	N/A	$ 35,927,881	$ 35,927,881
	OLD NATIONAL BANK	Short-term investment	N/A	N/A	N/A	1,370,364	1,370,364
	MORGAN STANLEY BANK, NA	Short-term investment	N/A	N/A	N/A	374,753	374,753
	Total short-term investment fund - line 1(c)1					37,672,998	37,672,998
	Corporate obligations						
	ADT CORP	Corporate obligations	06/15/23	4.125%	925,000	956,489	911,273
	ALBERTSONS COS/SAFEWAY	Corporate obligations	03/15/26	3.250%	410,000	411,063	360,062
	AMC NETWORKS INC	Corporate obligations	04/01/24	5.000%	295,000	302,818	282,359
	AMERIGAS PART/FIN CORP	Corporate obligations	05/20/24	5.625%	955,000	1,038,790	912,082
	ARCONIC INC	Corporate obligations	10/01/24	5.125%	265,000	282,904	258,985
	BALL CORP	Corporate obligations	11/15/23	4.000%	500,000	497,750	490,790
	BALL CORP	Corporate obligations	07/01/25	5.250%	225,000	250,934	219,890
	BROOKFIELD PPTY REIT INC	Corporate obligations	04/01/27	4.500%	400,000	392,332	327,972
	CDW LLC/CDW FINANCE	Corporate obligations	05/01/25	4.125%	345,000	340,412	325,991
	CENTENE CORP	Corporate obligations	12/15/27	4.250%	250,000	229,375	228,208
	CHARTER COMM OPT LLC/CAP	Corporate obligations	07/23/25	4.908%	860,000	871,950	838,758
	CLEARWATER PAPER CORP SERIES	Corporate obligations	02/01/25	5.375%	280,000	296,044	276,122
	COMMSCOPE INC	Corporate obligations	03/01/26	6.000%	465,000	490,836	428,135
	CROWN AMER/CAP CORP VI	Corporate obligations	02/01/26	4.750%	880,000	899,997	819,623
	DCP MIDSTREAM OPERATING	Corporate obligations	03/15/23	3.875%	590,000	592,732	582,625
	DCP MIDSTREAM OPERATING	Corporate obligations	07/15/25	5.375%	465,000	508,862	451,580
	FORD MOTOR CREDIT CO LLC 1	Corporate obligations	11/01/24	4.063%	1,045,000	1,081,238	980,889
	FREEPORT MCMORAN INC	Corporate obligations	03/15/23	3.875%	645,000	633,375	640,988
	GLP CAPITAL LP / FIN II	Corporate obligations	11/01/23	5.375%	105,000	101,832	103,189
	GLP CAPITAL LP / FIN II	Corporate obligations	06/01/25	5.250%	385,000	419,244	372,133
	HCA INC	Corporate obligations	02/01/25	5.375%	530,000	546,475	523,529
	HILTON WORLDWIDE FIN LLC	Corporate obligations	04/01/27	4.875%	1,055,000	1,091,771	967,963
	HOWMET AEROSPACE INC	Corporate obligations	05/01/25	6.875%	787,000	906,522	792,737
	ICAHN ENTERPRISES	Corporate obligations	09/15/24	4.750%	1,055,000	1,101,446	986,362
	INTL FCSTONE INC	Corporate obligations	06/15/25	8.625%	495,000	512,004	499,990
	ISTAR FINANCIAL INC	Corporate obligations	10/01/24	4.750%	1,055,000	1,072,727	1,040,441
	MERCER INTERNATIONAL INC	Corporate obligations	01/15/26	5.500%	640,000	659,386	590,522
	MGM GROWTH/MGM FINANCE	Corporate obligations	05/01/24	5.625%	1,055,000	1,144,588	1,041,960
	NMI EQUITY INC	Corporate obligations	06/01/25	7.375%	400,000	416,631	387,960
	PENSKE AUTOMOTIVE GROUP INC	Corporate obligations	09/01/25	3.500%	1,055,000	1,080,457	966,369
	POLYONE CORPORATION	Corporate obligations	03/15/23	5.250%	645,000	673,173	641,994
	QUEBECOR MEDIA INC	Corporate obligations	01/15/23	5.750%	820,000	877,286	811,800
	QVC INC	Corporate obligations	04/01/24	4.850%	1,055,000	1,109,362	993,061
	RATTLER MIDSTREAM SP	Corporate obligations	07/15/25	5.625%	50,000	50,481	50,625
	SBA COMMUNICATIONS CORP	Corporate obligations	02/15/27	3.875%	1,055,000	1,092,583	942,273
	SEAGATE HDD CAYMAN	Corporate obligations	06/01/23	4.750%	230,000	237,834	226,824
	SEAGATE HDD CAYMAN	Corporate obligations	03/01/24	4.875%	825,000	866,475	801,191
	SIRIUS XM RADIO INC	Corporate obligations	09/01/26	3.125%	230,000	227,575	201,993
	SLM CORP	Corporate obligations	01/25/23	5.500%	615,000	644,925	611,372
	SLM CORP	Corporate obligations	10/29/25	4.200%	395,000	410,380	353,596
	SLM CORP	Corporate obligations	11/02/26	3.125%	600,000	591,800	497,010
	SPRINGLEAF FINANCE CORP	Corporate obligations	03/15/23	5.625%	240,000	245,471	238,800
	SPRINGLEAF FINANCE CORP	Corporate obligations	03/15/24	6.125%	805,000	846,115	775,368
	SPRINT CORP	Corporate obligations	06/15/24	7.125%	980,000	1,075,290	994,925
	STARWOOD PROPERTY TRUST INC	Corporate obligations	03/15/25	4.750%	1,055,000	1,101,116	958,837
	SUNOCO LP/FINANCE CORP	Corporate obligations	04/15/27	6.000%	1,055,000	1,103,470	1,005,615
	TEGNA INC	Corporate obligations	03/15/26	4.750%	20,000	20,000	19,296
	UNDER ARMOUR INC	Corporate obligations	06/15/26	3.250%	1,055,000	1,091,911	912,575
	UNITED RENTALS NORTH AM	Corporate obligations	05/15/27	5.500%	961,000	980,214	928,672
	VICI PROPERTIES	Corporate obligations	12/01/26	4.250%	220,000	227,506	198,515
	WESCO DISTRIBUTION INC	Corporate obligations	06/15/25	7.125%	550,000	581,959	550,303
	WESTERN DIGITAL CORP	Corporate obligations	02/15/26	4.750%	1,055,000	1,146,738	976,012
	WESTERN MIDSTREAM OPERAT	Corporate obligations	02/01/25	3.600%	1,055,000	1,069,675	980,812
	WYNDHAM WORLDWIDE CORP	Corporate obligations	03/01/23	3.900%	670,000	684,478	661,303
	WYNDHAM WORLDWIDE CORP	Corporate obligations	10/01/25	6.600%	270,000	290,125	263,351
	Total corporate obligations - line 1c(3)(B)					36,376,926	33,205,610
	Corporate stocks						
	3M COMPANY	Corporate stocks	N/A	N/A	2,042	333,781	225,641
	ABBVIE INC	Corporate stocks	N/A	N/A	4,131	472,384	554,422
	ACCENTURE PLC	Corporate stocks	N/A	N/A	3,038	863,607	781,677
	ACCO BRANDS CORP	Corporate stocks	N/A	N/A	26,275	205,835	128,748
	ACCURAY INC	Corporate stocks	N/A	N/A	58,975	204,173	122,668
	ACI WORLDWIDE INC	Corporate stocks	N/A	N/A	13,857	337,465	289,611
	ACUITY BRANDS (HOLDING COMPANY)	Corporate stocks	N/A	N/A	1,479	177,935	232,898
	ADR IMPERIAL BRANDS	Corporate stocks	N/A	N/A	24,863	552,371	514,838
	ADR MONDI LLC	Corporate stocks	N/A	N/A	9,289	502,824	289,092
	ADTRAN HLDGS INC	Corporate stocks	N/A	N/A	7,755	109,883	151,843
	AECOM TECHNOLOGY	Corporate stocks	N/A	N/A	4,723	304,167	322,912
	AGCO CORPORATION	Corporate stocks	N/A	N/A	2,216	168,885	213,113
	ALASKA AIRGROUP INC.	Corporate stocks	N/A	N/A	6,117	290,690	239,481
	ALLETE INC	Corporate stocks	N/A	N/A	5,419	391,798	271,221

LOCAL NO. 731, I.B. OF T., PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

SEPTEMBER 30, 2022

FORM 5500, PART IV, SCHEDULE H, LINE 4i

EIN 36-6513567
PLAN NO. 001

(a)	(b) Identity of Issuer	(c) Description of investment including maturity date, rate of interest, collateral, shares or par/maturity value Description	Maturity Date	Rate of Interest	Number of Shares or Par/ Maturity Value	(d) Cost	(e) Current Value
	ALLIANZ SE	Corporate stocks	N/A	N/A	26,051	$ 471,386	$ 412,934
	ALLISON TRANSMISSION HOLDING	Corporate stocks	N/A	N/A	6,691	268,971	225,888
	ALLY FINANCIAL INC	Corporate stocks	N/A	N/A	14,421	424,880	401,336
	ALPHA & OMEGA SEMICONDUCTOR LTD	Corporate stocks	N/A	N/A	1,080	16,839	33,221
	ALPINE INCOME PROPERTY TR	Corporate stocks	N/A	N/A	9,375	183,665	152,063
	ALTA EQUIP GROUP INC	Corporate stocks	N/A	N/A	11,225	91,791	123,587
	AMCOR PLC	Corporate stocks	N/A	N/A	8,474	106,829	90,926
	AMDOCS LTD	Corporate stocks	N/A	N/A	10,905	902,104	866,402
	AMERANT BANCORP	Corporate stocks	N/A	N/A	6,625	176,920	164,565
	AMERICAN FINANCIAL GROUP INC	Corporate stocks	N/A	N/A	2,970	369,001	365,102
	AMERICAN PUBLIC EDUCATION	Corporate stocks	N/A	N/A	4,209	99,688	38,470
	AMERIPRISE FINANCIAL INC	Corporate stocks	N/A	N/A	1,698	249,007	427,811
	AMERISOURCEBERGEN CORP	Corporate stocks	N/A	N/A	4,302	444,798	582,190
	AMGEN INC	Corporate stocks	N/A	N/A	2,488	581,666	560,795
	AMICUS THERAPEUTICS	Corporate stocks	N/A	N/A	59,055	876,394	616,534
	AMN HEALTHCARE SERVICES INC	Corporate stocks	N/A	N/A	6,342	718,784	671,998
	AMPHENOL CORP	Corporate stocks	N/A	N/A	12,102	726,892	810,350
	APA CORP	Corporate stocks	N/A	N/A	3,820	139,392	130,606
	APARTMENT INCOME REIT CORP	Corporate stocks	N/A	N/A	11,096	442,646	428,528
	APPLE INC	Corporate stocks	N/A	N/A	5,585	460,616	771,847
	ARAMARK	Corporate stocks	N/A	N/A	10,043	325,091	313,342
	ARCHER DANIELS MIDLAND	Corporate stocks	N/A	N/A	1,172	46,402	94,287
	ARCOSA INC	Corporate stocks	N/A	N/A	5,080	285,128	290,474
	ARES MANAGEMENT CORP	Corporate stocks	N/A	N/A	8,153	604,102	505,078
	ARGENX SE	Corporate stocks	N/A	N/A	2,522	515,060	890,392
	ARISTA NETWORKS INC	Corporate stocks	N/A	N/A	19,525	1,726,132	2,204,177
	ARROW ELECTRONICS INC	Corporate stocks	N/A	N/A	7,269	881,228	670,129
	ARROWHEAD PHARMACEUTICALS INC	Corporate stocks	N/A	N/A	15,654	245,320	517,365
	ARTESIAN RESOURCES	Corporate stocks	N/A	N/A	1,915	71,786	92,150
	ARTISAN PARTNERS ASSETS	Corporate stocks	N/A	N/A	8,249	396,920	222,146
	ASBURY AUTOMOTIVE GROUP	Corporate stocks	N/A	N/A	2,050	257,660	309,755
	ASSURANT INC	Corporate stocks	N/A	N/A	2,155	238,435	313,057
	ATKORE INTERNATIONAL GROUP I	Corporate stocks	N/A	N/A	2,834	188,021	220,514
	ATLANTIC UNIUN BANKSHARES CORP	Corporate stocks	N/A	N/A	10,239	377,711	311,061
	ATRICURE INC	Corporate stocks	N/A	N/A	10,169	446,959	397,608
	AUTOLIV INC	Corporate stocks	N/A	N/A	3,213	210,552	214,082
	AUTONATION INC	Corporate stocks	N/A	N/A	5,757	588,068	586,466
	AUTOZONE INC	Corporate stocks	N/A	N/A	311	442,336	666,140
	AVIENT CORPORATION	Corporate stocks	N/A	N/A	9,788	499,075	296,576
	AVIS BUDGET GROUP INC	Corporate stocks	N/A	N/A	2,970	467,462	440,926
	AXCELIS TECHNOLOGIES INC	Corporate stocks	N/A	N/A	3,021	192,519	182,952
	AXT INC	Corporate stocks	N/A	N/A	10,365	68,956	69,446
	BABCOCK & WILCOX ENTERPRISES	Corporate stocks	N/A	N/A	10,575	68,746	67,469
	BAKER HUGHES A GE CO	Corporate stocks	N/A	N/A	15,266	357,678	319,975
	BANC OF CALIFORNIA INC	Corporate stocks	N/A	N/A	14,535	228,867	232,124
	BANCO SANTANDER SA-SPON ADR	Corporate stocks	N/A	N/A	200,209	901,712	464,485
	BANK OF HAWAII CORP	Corporate stocks	N/A	N/A	5,050	385,372	384,406
	BAR HARBOR BANKSHARES	Corporate stocks	N/A	N/A	5,055	122,657	134,059
	BARRETT BUSINESS SVCS INC	Corporate stocks	N/A	N/A	2,830	174,931	220,740
	BEAZER HOMES USA INC	Corporate stocks	N/A	N/A	3,890	61,728	37,616
	BELDEN INC.	Corporate stocks	N/A	N/A	5,209	240,222	312,644
	BENCHMARK ELECTRONICS INC	Corporate stocks	N/A	N/A	6,125	163,907	151,778
	BERKLEY (WR) CORP COM	Corporate stocks	N/A	N/A	3,886	249,111	250,958
	BERRY GLOBAL GROUP INC	Corporate stocks	N/A	N/A	7,747	408,918	360,468
	BIOMARIN PHARMACEUTICAL INC	Corporate stocks	N/A	N/A	6,687	591,374	566,857
	BJS WHOLESALE CLUB HOLDINGS	Corporate stocks	N/A	N/A	12,524	927,860	911,872
	BLACK HILLS CORP	Corporate stocks	N/A	N/A	4,280	295,800	289,884
	BLACKLINE INC	Corporate stocks	N/A	N/A	5,400	467,731	323,460
	BLACKSTONE MORTGAGE TRU CL A	Corporate stocks	N/A	N/A	12,800	351,970	298,752
	BLOOMIN BRANDS INC.	Corporate stocks	N/A	N/A	17,655	429,151	323,616
	BORGWARNER INC	Corporate stocks	N/A	N/A	6,426	240,020	201,776
	BOUYGUES	Corporate stocks	N/A	N/A	63,556	407,985	334,368
	BOYD GAMING CORP	Corporate stocks	N/A	N/A	12,107	655,597	576,899
	BP AMOCO PLC	Corporate stocks	N/A	N/A	32,429	1,094,290	925,848
	BRIDGEWATER BANCSHARES INC	Corporate stocks	N/A	N/A	3,475	39,127	57,233
	BRISTOL MYERS SQUIBB CO	Corporate stocks	N/A	N/A	8,372	556,736	595,165
	BRUNSWICK CORP SOTCK	Corporate stocks	N/A	N/A	12,148	857,454	795,087
	BWX TECHNOLOGIES INCORPORATED	Corporate stocks	N/A	N/A	6,950	352,669	350,072
	CACI INTERNATIONAL INC	Corporate stocks	N/A	N/A	1,071	293,276	279,595
	CACTUS INC	Corporate stocks	N/A	N/A	6,018	233,600	231,272
	CADENCE DESIGN SYSTEMS INC	Corporate stocks	N/A	N/A	5,410	516,624	884,156
	CAESARS ENTMT INC NEW	Corporate stocks	N/A	N/A	3,939	213,223	127,072
	CAPITAL ONE FINANCIAL CO	Corporate stocks	N/A	N/A	4,461	621,858	411,170
	CARLISLE COS INC	Corporate stocks	N/A	N/A	1,999	237,302	560,540
	CASS INFORMATION SYSTEMS INC	Corporate stocks	N/A	N/A	5,075	175,304	176,052
	CDW CORP	Corporate stocks	N/A	N/A	5,199	774,882	811,460
	CECO ENVIRONMENTAL CORP	Corporate stocks	N/A	N/A	4,395	33,550	38,896
	CELANESE CORP	Corporate stocks	N/A	N/A	893	63,664	80,674

LOCAL NO. 731, I.B. OF T., PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

SEPTEMBER 30, 2022

FORM 5500, PART IV, SCHEDULE H, LINE 4i

EIN 36-6513567
PLAN NO. 001

(a)	(b) Identity of Issuer	(c) Description of investment including maturity date, rate of interest, collateral, shares or par/maturity value: Description	Maturity Date	Rate of Interest	Number of Shares or Par/ Maturity Value	(d) Cost	(e) Current Value
	CENTENE CORP	Corporate stocks	N/A	N/A	6,756	$ 565,978	$ 525,684
	CENTURY CASINOS INC	Corporate stocks	N/A	N/A	20,010	115,342	131,266
	CHAMPIONX CORPORATION	Corporate stocks	N/A	N/A	37,354	691,074	731,018
	CHATHAM LODGING TRUST	Corporate stocks	N/A	N/A	13,900	186,412	137,193
	CHEMOURS CO	Corporate stocks	N/A	N/A	3,052	121,068	75,232
	CHEVRON CORP	Corporate stocks	N/A	N/A	2,375	253,793	341,216
	CIENA CORP (NEW)	Corporate stocks	N/A	N/A	7,414	404,408	299,748
	CIGNA CORP NEW	Corporate stocks	N/A	N/A	2,041	470,377	566,316
	CINEMARK HOLDINGS INC	Corporate stocks	N/A	N/A	14,892	347,300	180,342
	CIRCOR INTERNATIONAL INC	Corporate stocks	N/A	N/A	5,675	111,592	93,581
	CITIGROUP INC	Corporate stocks	N/A	N/A	9,622	507,790	400,949
	CITIZENS FINANCIAL GROUP INC	Corporate stocks	N/A	N/A	37,494	1,053,081	1,288,294
	CITY OFFICE REIT INC	Corporate stocks	N/A	N/A	11,275	144,659	112,412
	CK HUTCHISON HOLDIN-UNSP ADR	Corporate stocks	N/A	N/A	106,740	1,077,991	590,165
	CLEAN HARBORS INC	Corporate stocks	N/A	N/A	3,535	258,716	388,779
	COGNEX CORP	Corporate stocks	N/A	N/A	7,961	403,249	329,983
	COGNIZANT TECH SOLUTIONS CORP	Corporate stocks	N/A	N/A	14,219	1,069,775	816,739
	COLUMBUS MCKINNON CORP	Corporate stocks	N/A	N/A	7,160	246,696	187,306
	COMERICA INC.	Corporate stocks	N/A	N/A	5,579	437,059	396,667
	COMMERCIAL METALS CO	Corporate stocks	N/A	N/A	2,507	105,556	88,948
	COMMUNITY HEALTHCARE TRUST INC	Corporate stocks	N/A	N/A	4,625	185,385	151,469
	COMPAGNIE DE SAINT-GOBAIN	Corporate stocks	N/A	N/A	32,079	230,342	232,861
	COMPUTER PROGRAMS & SYSTEMS	Corporate stocks	N/A	N/A	9,085	245,316	253,290
	COMPUTER TASK GROUP INC	Corporate stocks	N/A	N/A	9,246	83,264	61,948
	CONOCOPHILLIPS	Corporate stocks	N/A	N/A	3,324	183,594	340,178
	CONSOL	Corporate stocks	N/A	N/A	4,762	149,025	306,292
	CONTINENTAL AG-SPONS ADR	Corporate stocks	N/A	N/A	53,405	572,475	240,429
	COTY INC.	Corporate stocks	N/A	N/A	39,455	279,467	249,356
	CRA INTERNATIONAL INC	Corporate stocks	N/A	N/A	2,700	88,536	239,598
	CRANE HLDGS CO	Corporate stocks	N/A	N/A	6,664	466,394	583,367
	CRAWFORD & CO CL A	Corporate stocks	N/A	N/A	8,445	68,824	48,474
	CROSS COUNTRY HEALTHCARE INC	Corporate stocks	N/A	N/A	5,575	126,253	158,163
	CTO RLTY GROWTH INC NEW	Corporate stocks	N/A	N/A	11,850	242,380	222,069
	CUMMINS ENGINE CO	Corporate stocks	N/A	N/A	1,082	139,317	220,198
	CURTISS-WRIGHT CORP	Corporate stocks	N/A	N/A	3,061	400,921	425,969
	CVS HEALTH CORPORATION	Corporate stocks	N/A	N/A	6,074	624,494	579,277
	DECKERS OUTDOOR CORP	Corporate stocks	N/A	N/A	3,282	1,091,006	1,025,986
	DEVON ENERGY CORP	Corporate stocks	N/A	N/A	25,606	608,753	1,539,689
	DIAMONDROCK HOSPITALITY CO	Corporate stocks	N/A	N/A	13,827	116,392	103,841
	DICK'S SPORTING GOODS INC	Corporate stocks	N/A	N/A	13,976	1,029,274	1,462,449
	DILLARDS INC CLASS A STOCK	Corporate stocks	N/A	N/A	2,239	572,261	610,710
	DIME CMNTY BANCSHARES	Corporate stocks	N/A	N/A	6,760	176,172	197,933
	DIODES INC	Corporate stocks	N/A	N/A	3,285	237,711	213,229
	DISCOVER FINANCIAL SERVICES	Corporate stocks	N/A	N/A	4,428	252,076	402,594
	DOLBY LABORATORIES INC	Corporate stocks	N/A	N/A	8,590	425,570	559,639
	DONEGAL GROUP INC - CL A	Corporate stocks	N/A	N/A	10,250	164,980	138,273
	DOVER CORP	Corporate stocks	N/A	N/A	1,941	156,312	226,282
	DOW INC	Corporate stocks	N/A	N/A	2,130	123,385	93,571
	DRIL-QUIP	Corporate stocks	N/A	N/A	3,950	87,630	77,104
	DTE ENERGY COMPANY	Corporate stocks	N/A	N/A	2,256	285,493	259,553
	DUCOMMUN INC	Corporate stocks	N/A	N/A	3,975	174,147	157,649
	DXC TECHNOLOGY	Corporate stocks	N/A	N/A	13,639	430,231	333,883
	EAST WEST BANCORP INC	Corporate stocks	N/A	N/A	4,865	214,835	326,636
	EASTMAN CHEMICAL CO	Corporate stocks	N/A	N/A	1,229	91,220	87,320
	EDISON INTERNATIONAL	Corporate stocks	N/A	N/A	4,232	290,269	239,447
	ELEVANCE HEALTH INC	Corporate stocks	N/A	N/A	1,279	504,300	580,973
	EMCOR GROUP INC	Corporate stocks	N/A	N/A	11,835	745,337	1,366,706
	EMERSON ELECTRIC CO	Corporate stocks	N/A	N/A	2,840	154,583	207,945
	ENCOMPASS HEALTH CORPORATION	Corporate stocks	N/A	N/A	6,413	328,776	290,060
	ENEL SPA UNSPON ADR	Corporate stocks	N/A	N/A	130,198	731,314	538,759
	ENHABIT INC	Corporate stocks	N/A	N/A	5,725	89,511	80,379
	ENI SPA	Corporate stocks	N/A	N/A	16,550	571,578	349,867
	ENPRO INDUSTRIES	Corporate stocks	N/A	N/A	2,234	162,357	189,845
	ENTEGRIS INC	Corporate stocks	N/A	N/A	10,311	152,866	856,019
	ENTRAVISION COMMUNICATIONS	Corporate stocks	N/A	N/A	27,545	82,351	109,354
	EQUITABLE HOLDINGS	Corporate stocks	N/A	N/A	15,956	368,032	420,441
	ETSY INC	Corporate stocks	N/A	N/A	8,290	501,271	830,078
	EURONET WORLDWIDE INC	Corporate stocks	N/A	N/A	3,156	369,369	239,099
	EVERGY INC	Corporate stocks	N/A	N/A	4,361	278,650	259,043
	EVOLUTION PETROLEUM CORP	Corporate stocks	N/A	N/A	21,235	120,043	147,796
	EXELIXIS INC	Corporate stocks	N/A	N/A	37,068	764,662	581,226
	FEDERAL AGRIC MTG CORP-CL C	Corporate stocks	N/A	N/A	2,240	174,967	222,074
	FEDERAL RLTY INVT TR NEW	Corporate stocks	N/A	N/A	4,179	487,086	376,611
	FEDERATED INVESTORS INC-CL B	Corporate stocks	N/A	N/A	8,422	284,577	278,937
	FIDELITY NATIONAL FINANCIAL	Corporate stocks	N/A	N/A	11,592	491,934	419,630
	FIRST BANCORP INC	Corporate stocks	N/A	N/A	3,455	76,653	95,185
	FIRST BANK	Corporate stocks	N/A	N/A	4,550	69,659	62,199
	FIRST FINANCIAL CORP	Corporate stocks	N/A	N/A	2,840	101,810	128,340

LOCAL NO. 731, I.B. OF T., PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

SEPTEMBER 30, 2022

FORM 5500, PART IV, SCHEDULE H, LINE 4i

EIN 36-6513567
PLAN NO. 001

(a)	(b) Identity of Issuer	(c) Description of investment including maturity date, rate of interest, collateral, shares or par/maturity value: Description	Maturity Date	Rate of Interest	Number of Shares or Par/ Maturity Value	(d) Cost	(e) Current Value
	FIRST INDUSTRIAL REALTY TR	Corporate stocks	N/A	N/A	7,990	$ 348,332	$ 358,032
	FIRST INTERNET BANCORP	Corporate stocks	N/A	N/A	3,425	81,066	115,971
	FLEETCOR TECHNOLOGIES INC	Corporate stocks	N/A	N/A	4,294	1,041,452	756,474
	FLEX LTD	Corporate stocks	N/A	N/A	22,224	286,001	370,252
	FOOT LOCKER INC	Corporate stocks	N/A	N/A	5,065	192,331	157,673
	FORMFACTOR INC	Corporate stocks	N/A	N/A	7,401	307,350	185,395
	FORTINET INC.	Corporate stocks	N/A	N/A	33,132	1,129,171	1,627,775
	FRANKLIN RESOURCES INC	Corporate stocks	N/A	N/A	19,195	507,047	413,076
	FTI CONSULTING INC	Corporate stocks	N/A	N/A	2,252	339,593	373,179
	FUJIFILM HOLDINGS UNSP ADR	Corporate stocks	N/A	N/A	8,584	348,718	391,945
	GAMING AND LEISURE PROPERTIES	Corporate stocks	N/A	N/A	8,300	314,552	367,192
	GARTNER GROUP INC	Corporate stocks	N/A	N/A	2,916	694,897	806,828
	GENERAL MILLS INC	Corporate stocks	N/A	N/A	7,879	397,067	603,610
	GENTEX CORP	Corporate stocks	N/A	N/A	8,672	198,764	206,740
	GENUINE PARTS CO	Corporate stocks	N/A	N/A	1,573	189,869	234,880
	GITLAB INC	Corporate stocks	N/A	N/A	8,821	548,515	451,812
	GLOBAL SHIP LEASE INC-CL A	Corporate stocks	N/A	N/A	11,150	161,066	175,947
	GODADDY INC CLASS A	Corporate stocks	N/A	N/A	10,211	776,036	723,756
	GOLDMAN SACHS GROUP INC	Corporate stocks	N/A	N/A	1,356	553,349	397,376
	GRACO INC	Corporate stocks	N/A	N/A	7,311	329,102	438,294
	GREAT LAKES DREDGE & DOCK	Corporate stocks	N/A	N/A	15,810	163,996	119,840
	GREEN PLAINS INC	Corporate stocks	N/A	N/A	7,976	225,077	231,862
	GREENBRIER COMPANIES INC	Corporate stocks	N/A	N/A	7,728	319,468	187,559
	GREENHILL & CO INC	Corporate stocks	N/A	N/A	6,425	107,076	38,165
	GSK PLC	Corporate stocks	N/A	N/A	12,017	519,746	353,660
	GUARDANT HEALTH INC	Corporate stocks	N/A	N/A	8,265	462,951	444,905
	H & R BLOCK INC	Corporate stocks	N/A	N/A	14,266	496,444	606,876
	HANMI FINANCIAL CORPORATION	Corporate stocks	N/A	N/A	11,005	171,883	260,598
	HANOVER INSURANCE GROUP INC	Corporate stocks	N/A	N/A	1,918	224,276	245,773
	HARTFORD FINANCIAL SERVICES	Corporate stocks	N/A	N/A	7,167	462,167	443,924
	HAWKINS INC	Corporate stocks	N/A	N/A	3,775	146,883	147,187
	HAYNES INTERNATIONAL INC	Corporate stocks	N/A	N/A	4,345	135,768	152,596
	HCA HEALTHCARE INC	Corporate stocks	N/A	N/A	2,756	594,863	506,525
	HELIX ENERGY SOLUTIONS CORP	Corporate stocks	N/A	N/A	40,950	178,522	158,067
	HENRY SCHEIN INC	Corporate stocks	N/A	N/A	7,969	562,435	524,121
	HERTZ RENT CAR HOLDG CO	Corporate stocks	N/A	N/A	14,258	324,237	232,120
	HIGHWOOD PROPERTIES INC	Corporate stocks	N/A	N/A	9,350	419,694	252,076
	HITACHI LTD	Corporate stocks	N/A	N/A	2,693	287,460	227,505
	HOLOGIC INC	Corporate stocks	N/A	N/A	8,559	627,908	552,227
	HOMESTREET STATUTORY TRUST III	Corporate stocks	N/A	N/A	4,545	120,962	130,941
	HOMETRUST BANCSHARES INC	Corporate stocks	N/A	N/A	6,340	125,043	140,114
	HONDA MOTOR CO LTD	Corporate stocks	N/A	N/A	24,006	759,185	518,290
	HORIZON BANCORP INDIANA	Corporate stocks	N/A	N/A	6,749	87,260	121,212
	HOST HOTELS & RESORTS INC	Corporate stocks	N/A	N/A	18,634	354,036	295,908
	HOWMET AEROSPACE INC	Corporate stocks	N/A	N/A	10,160	289,175	314,249
	HUBSPOT INC	Corporate stocks	N/A	N/A	2,168	772,060	585,620
	HUDSON PAC PPTYS INC	Corporate stocks	N/A	N/A	13,793	388,282	151,033
	HUMANA INC	Corporate stocks	N/A	N/A	1,184	390,586	574,465
	HUNTSMAN CORP	Corporate stocks	N/A	N/A	3,835	103,177	94,111
	HYATT HOTELS CORP CL A	Corporate stocks	N/A	N/A	15,343	1,003,762	1,242,169
	IAA SPINCO INC	Corporate stocks	N/A	N/A	6,490	241,310	206,707
	ICON PLC	Corporate stocks	N/A	N/A	1,902	410,547	349,550
	IDT CORP CL B COM	Corporate stocks	N/A	N/A	6,195	69,547	153,822
	IMAX CORP	Corporate stocks	N/A	N/A	14,475	192,402	204,387
	INARI MED INC	Corporate stocks	N/A	N/A	5,297	406,049	384,774
	INDEPNENDENT BANK CORP-MICHIGAN	Corporate stocks	N/A	N/A	11,445	193,062	218,600
	INGREDION INC	Corporate stocks	N/A	N/A	1,181	98,816	95,094
	INSPERITY INC	Corporate stocks	N/A	N/A	6,199	563,165	632,856
	INSPIRED ENTMT INC	Corporate stocks	N/A	N/A	11,620	135,897	102,605
	INTERNATIONAL SEAWAYS, INC.	Corporate stocks	N/A	N/A	6,085	122,721	213,766
	INTL PAPER CO	Corporate stocks	N/A	N/A	2,518	98,673	79,821
	INTREPID POTASH INC	Corporate stocks	N/A	N/A	1,975	86,171	78,151
	INTUIT	Corporate stocks	N/A	N/A	2,001	891,759	775,027
	INVESCO LTD	Corporate stocks	N/A	N/A	40,257	1,022,246	551,521
	IRHYTHN TECH	Corporate stocks	N/A	N/A	10,411	799,821	1,304,290
	IRONWOOD PHARMACEUTICALS INC	Corporate stocks	N/A	N/A	25,310	300,348	262,212
	ITT INC	Corporate stocks	N/A	N/A	4,604	275,421	300,825
	JABIL INC	Corporate stocks	N/A	N/A	6,247	235,721	360,514
	JACK HENRY & ASSOCIATES INC	Corporate stocks	N/A	N/A	3,214	439,515	585,816
	JACOBS SOLUTIONS INC	Corporate stocks	N/A	N/A	7,520	890,254	815,845
	JAMES RIVER GROUP HOLDINGS, LTD	Corporate stocks	N/A	N/A	8,425	215,492	192,174
	JAZZ PHARMACEUTICALS PLC	Corporate stocks	N/A	N/A	5,984	845,662	797,607
	JEFFERIES FINANCIAL GROUP	Corporate stocks	N/A	N/A	14,375	445,641	424,063
	JFROG LTD	Corporate stocks	N/A	N/A	15,612	290,565	345,181
	JM SMUCKER CO /THE-NEW	Corporate stocks	N/A	N/A	4,201	533,271	577,259
	JUNIPER NETWORKS INC	Corporate stocks	N/A	N/A	12,808	373,017	334,545
	KAO CORP	Corporate stocks	N/A	N/A	11,794	99,281	96,121
	KARUNA THERAPEUTICS INC	Corporate stocks	N/A	N/A	1,507	197,179	338,970

LOCAL NO. 731, I.B. OF T., PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

SEPTEMBER 30, 2022

FORM 5500, PART IV, SCHEDULE H, LINE 4i

EIN 36-6513567
PLAN NO. 001

(a)	(b) Identity of Issuer	(c) Description of investment including maturity date, rate of interest, collateral, shares or par/maturity value Description	Maturity Date	Rate of Interest	Number of Shares or Par/ Maturity Value	(d) Cost	(e) Current Value
	KBR INC	Corporate stocks	N/A	N/A	2,621	$ 112,063	$ 113,280
	KELLY SERVICES INC CL A	Corporate stocks	N/A	N/A	7,550	125,376	102,605
	KEYCORP BANCSHARES	Corporate stocks	N/A	N/A	26,057	465,291	417,433
	KEYSIGHT TECHNOLOGIES INC	Corporate stocks	N/A	N/A	5,020	488,969	789,947
	KIMBALL ELECTRONICS INC	Corporate stocks	N/A	N/A	6,425	118,552	110,189
	KIMBALL INTERNATIONAL	Corporate stocks	N/A	N/A	23,000	247,587	144,670
	KINGFISHER PLC-SPONS ADR	Corporate stocks	N/A	N/A	86,436	680,305	425,352
	KINSALE CAPITAL GROUP INC	Corporate stocks	N/A	N/A	1,142	168,835	291,690
	KIRBY CORP	Corporate stocks	N/A	N/A	4,642	263,804	282,094
	KNIGHT SWIFT TRANSN HL INC	Corporate stocks	N/A	N/A	5,548	278,244	271,464
	KRAFT HEINZ	Corporate stocks	N/A	N/A	17,012	536,559	567,350
	KROGER CO	Corporate stocks	N/A	N/A	11,883	493,525	519,881
	KYOCERA CORP	Corporate stocks	N/A	N/A	10,487	653,346	528,901
	LABORATORY CORP OF AMER HLDGS	Corporate stocks	N/A	N/A	2,627	540,988	538,036
	LAKELAND BANCORP INC	Corporate stocks	N/A	N/A	14,920	201,428	238,869
	LANDSEA HOMES CORP	Corporate stocks	N/A	N/A	18,348	182,554	87,520
	LATTICE SEMICONDUCTOR CORP	Corporate stocks	N/A	N/A	10,140	580,306	498,989
	LEAR CORPORATION	Corporate stocks	N/A	N/A	3,670	429,717	439,262
	LIBERTY MEDIA CORP	Corporate stocks	N/A	N/A	4,481	268,988	262,139
	LINCOLN NATL CORP IND COM	Corporate stocks	N/A	N/A	9,820	409,733	431,196
	LIONS GATE ENTERTAINMENT CL B	Corporate stocks	N/A	N/A	16,523	190,948	114,835
	LITHIA MOTORS INC-CL A	Corporate stocks	N/A	N/A	4,857	1,393,882	1,042,069
	LIVANOVA PLC	Corporate stocks	N/A	N/A	4,927	303,925	250,144
	LLOYDS BANKING GROUP PLC	Corporate stocks	N/A	N/A	298,330	951,473	534,011
	LOUISIANA-PACIFIC CORP	Corporate stocks	N/A	N/A	1,915	124,145	98,029
	LOWE'S COS INC	Corporate stocks	N/A	N/A	3,418	585,345	641,935
	LUTHER BURBANK CORP	Corporate stocks	N/A	N/A	14,155	170,424	164,481
	LYONDELLBASELL INDUSTRIES CL A	Corporate stocks	N/A	N/A	1,270	99,237	95,606
	MACK-CALI REALTY CORP	Corporate stocks	N/A	N/A	16,980	315,044	193,063
	MACY'S INC	Corporate stocks	N/A	N/A	9,992	226,348	156,575
	MARATHON OIL CORP	Corporate stocks	N/A	N/A	14,334	185,146	323,662
	MARRIOTT INTL CLASS A	Corporate stocks	N/A	N/A	3,928	621,729	550,470
	MASCO CORP	Corporate stocks	N/A	N/A	4,785	195,688	223,412
	MATTEL INC	Corporate stocks	N/A	N/A	30,022	676,458	568,617
	MCKESSON CORP	Corporate stocks	N/A	N/A	1,726	314,940	586,616
	MEDICAL PROPERTIES TRUST INC	Corporate stocks	N/A	N/A	22,137	404,947	262,545
	MGIC INVESTMENT	Corporate stocks	N/A	N/A	19,113	224,797	245,029
	MGP INDGREDIENTS INC	Corporate stocks	N/A	N/A	2,844	238,433	301,919
	MIRATI THERAPEUTICS INC	Corporate stocks	N/A	N/A	7,750	632,574	541,260
	MISTRAS GROUP INC	Corporate stocks	N/A	N/A	13,800	103,432	61,548
	MITSUBISHI ELECTRIC UNSP ADR	Corporate stocks	N/A	N/A	23,548	613,678	424,453
	MKS INSTRUMENTS INC	Corporate stocks	N/A	N/A	3,286	373,201	271,555
	MOHAWK INDUSTRIES INC	Corporate stocks	N/A	N/A	5,005	428,067	456,406
	MOISON COORS BEVERAGE CO	Corporate stocks	N/A	N/A	5,994	290,106	287,652
	MOLINA HEALTHCARE INC	Corporate stocks	N/A	N/A	5,116	1,006,213	1,687,461
	MONGODB INC	Corporate stocks	N/A	N/A	2,720	890,533	540,083
	MURPHY USA INC	Corporate stocks	N/A	N/A	2,252	549,967	619,097
	MYERS INDUSTRIES INC	Corporate stocks	N/A	N/A	7,050	141,877	116,114
	NATURAL GAS SERVICES GROUP	Corporate stocks	N/A	N/A	9,450	100,108	94,878
	NATURAL GROCERS BY VITAMIN C	Corporate stocks	N/A	N/A	11,936	179,905	128,789
	NETAPP, INC	Corporate stocks	N/A	N/A	12,770	1,107,301	789,825
	NEUROCRINE BIOSCIENCES	Corporate stocks	N/A	N/A	5,898	640,064	626,427
	NEW YORK COMMUNITY BANCORP	Corporate stocks	N/A	N/A	48,437	487,264	413,168
	NEW YORK TIMES CO CLASS A STOCK	Corporate stocks	N/A	N/A	19,579	719,035	562,896
	NEWELL BRANDS INC	Corporate stocks	N/A	N/A	16,521	329,254	229,477
	NEXSTAR MEDIA GROUP INC	Corporate stocks	N/A	N/A	5,648	753,215	942,369
	NIPPON TELEGRAPH & TELEPHONE	Corporate stocks	N/A	N/A	24,429	556,549	659,217
	NORDSON CORP	Corporate stocks	N/A	N/A	5,055	570,295	1,073,025
	NORTHEAST BK LEWISTON	Corporate stocks	N/A	N/A	4,145	92,354	151,997
	NORTHWEST PIPE CO	Corporate stocks	N/A	N/A	8,450	196,410	237,445
	NORWEGIAN CRUISE LINE HLDGSLTD	Corporate stocks	N/A	N/A	16,413	346,491	186,452
	NOV INC	Corporate stocks	N/A	N/A	21,513	300,186	348,080
	NOVARTIS AG - ADR (20 ADR'S = 1	Corporate stocks	N/A	N/A	8,619	717,622	655,130
	NOVOCURE LTD	Corporate stocks	N/A	N/A	4,634	396,906	352,091
	NOW INC/DE	Corporate stocks	N/A	N/A	7,525	62,410	75,626
	NUCOR CORP	Corporate stocks	N/A	N/A	852	65,596	91,155
	NUVASIVE INC	Corporate stocks	N/A	N/A	5,569	275,432	243,978
	NVE CORPORATION	Corporate stocks	N/A	N/A	1,775	92,503	82,804
	OASIS PERTOLEUM INC	Corporate stocks	N/A	N/A	1,808	108,226	247,280
	O-I GLASS INC	Corporate stocks	N/A	N/A	20,525	266,634	265,799
	OIL STATES INTERNATIONAL INC	Corporate stocks	N/A	N/A	29,650	183,369	115,339
	OIL-DRI CORP OF AMERICA	Corporate stocks	N/A	N/A	6,580	205,097	159,236
	OLIN CORP	Corporate stocks	N/A	N/A	7,437	97,280	318,899
	ON SEMICONDUCTOR CORPORATION	Corporate stocks	N/A	N/A	12,685	484,151	790,656
	ORGANON & CO	Corporate stocks	N/A	N/A	11,541	408,584	270,059
	OSHKOSH CORPORATION	Corporate stocks	N/A	N/A	5,399	511,868	379,496
	OUTSET MEDICAL INC	Corporate stocks	N/A	N/A	8,356	399,162	133,111
	OWENS CORNING INC	Corporate stocks	N/A	N/A	1,166	73,203	91,659

LOCAL NO. 731, I.B. OF T., PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

SEPTEMBER 30, 2022

FORM 5500, PART IV, SCHEDULE H, LINE 4i

EIN 36-6513567
PLAN NO. 001

(a)	(b) Identity of Issuer	(c) Description of investment including maturity date, rate of interest, collateral, shares or par/maturity value Description	Maturity Date	Rate of Interest	Number of Shares or Par/ Maturity Value	(d) Cost	(e) Current Value
	PACKAGING CORP OF AMERICA	Corporate stocks	N/A	N/A	3,510	$ 462,380	$ 394,138
	PARKER HANNIFAN CORP	Corporate stocks	N/A	N/A	862	90,139	208,871
	PAYCHEX INC	Corporate stocks	N/A	N/A	7,415	844,809	832,037
	PAYCOM SOFTWARE INC	Corporate stocks	N/A	N/A	2,996	916,604	988,650
	PC-TEL INC	Corporate stocks	N/A	N/A	10,260	65,758	48,427
	PDC ENERGY INC	Corporate stocks	N/A	N/A	9,759	469,234	563,973
	PEOPLES BANCORP INC	Corporate stocks	N/A	N/A	5,625	144,799	162,731
	PERFORMANCE FOOD GROUP	Corporate stocks	N/A	N/A	6,230	221,437	267,579
	PERRIGO COMPANY PLC	Corporate stocks	N/A	N/A	11,045	564,525	393,865
	PHILIPS ELECTRONICS N.V.	Corporate stocks	N/A	N/A	5,230	90,418	80,490
	PINNACLE WEST CAPITAL CORP	Corporate stocks	N/A	N/A	3,811	289,845	245,848
	PIONEER NATURAL RESOURCE	Corporate stocks	N/A	N/A	1	103	217
	PORTLAND GENL ELEC CO	Corporate stocks	N/A	N/A	5,623	273,602	244,376
	POSTAL REALTY TRUST INC	Corporate stocks	N/A	N/A	13,895	252,312	203,840
	POWER INTEGRATIONS INC	Corporate stocks	N/A	N/A	7,387	246,103	475,132
	PPL CORPORATION	Corporate stocks	N/A	N/A	9,977	293,215	252,917
	PREMIER FINANCIAL CORP	Corporate stocks	N/A	N/A	9,040	186,978	232,328
	PRESTIGE BRANDS HOLDINGS INC	Corporate stocks	N/A	N/A	3,375	201,763	168,176
	PRIMIS FINAN CORP	Corporate stocks	N/A	N/A	18,025	249,532	218,643
	PRINCE GEORGE	Corporate stocks	N/A	N/A	1,356	109,902	97,849
	PROGRESS SOFTWARE CORP	Corporate stocks	N/A	N/A	6,637	321,768	282,404
	PROSPERITY BANCSHARES INC	Corporate stocks	N/A	N/A	6,437	440,341	429,219
	PUBLIC SERVICES ENTERPRISES	Corporate stocks	N/A	N/A	4,432	248,589	249,211
	PUBMATIC INC	Corporate stocks	N/A	N/A	20,388	760,357	339,052
	PULTEGROUP INC	Corporate stocks	N/A	N/A	4,911	214,538	184,163
	PVH CORP	Corporate stocks	N/A	N/A	3,787	226,877	169,658
	QUALCOMM INC	Corporate stocks	N/A	N/A	6,774	956,919	765,327
	QUEST DIAGNOSTICS INC	Corporate stocks	N/A	N/A	4,737	580,888	581,183
	RALPH LAUREN CORP	Corporate stocks	N/A	N/A	3,357	358,004	285,110
	RAMACO RESOURCES INC	Corporate stocks	N/A	N/A	7,125	53,720	65,550
	REGAL REXNORD COR	Corporate stocks	N/A	N/A	6,895	940,294	967,782
	REINSURANCE GROUP OF AMERICA INC	Corporate stocks	N/A	N/A	2,375	255,536	298,799
	RELIANCE STEEL & ALUMINUM	Corporate stocks	N/A	N/A	2,239	332,307	390,504
	RH	Corporate stocks	N/A	N/A	1,171	594,594	288,148
	RITCHIE BROS AUCTIONEERS	Corporate stocks	N/A	N/A	4,528	307,183	282,909
	ROYAL CARIBBEAN GROUP	Corporate stocks	N/A	N/A	8,354	684,228	316,617
	RUMBLEON INC	Corporate stocks	N/A	N/A	4,025	133,145	68,103
	SAIA INC	Corporate stocks	N/A	N/A	1,249	150,401	237,310
	SANOFI AVENTIS-ADR	Corporate stocks	N/A	N/A	13,763	642,397	523,269
	SEAWORLD ENTMT INC	Corporate stocks	N/A	N/A	11,555	692,883	525,868
	SECOM CO	Corporate stocks	N/A	N/A	18,635	319,012	266,369
	SELECT MEDICAL HOLDINGS CORP	Corporate stocks	N/A	N/A	13,972	269,592	308,781
	SEMPRA ENERGY	Corporate stocks	N/A	N/A	1,655	279,420	248,151
	SENECA FOODS CORP CL A	Corporate stocks	N/A	N/A	3,725	183,924	187,889
	SHELL PLC (ADR)	Corporate stocks	N/A	N/A	20,455	925,937	1,017,841
	SHOCKWAVE MED INC	Corporate stocks	N/A	N/A	4,557	447,394	1,267,165
	SHOE CARNIVAL INC	Corporate stocks	N/A	N/A	7,830	125,029	167,875
	SIERRA BANCORP	Corporate stocks	N/A	N/A	9,125	191,606	180,219
	SIGNET JEWELERS LTD	Corporate stocks	N/A	N/A	4,856	291,540	277,715
	SILICOM LTD.	Corporate stocks	N/A	N/A	1,990	68,437	70,327
	SILVERBOW RESORCES INC	Corporate stocks	N/A	N/A	2,475	89,397	66,528
	SINGAPORE TELECOMMUNICATIONS	Corporate stocks	N/A	N/A	13,730	421,384	254,527
	SITE CTRS CORP COM NEW	Corporate stocks	N/A	N/A	21,500	384,101	230,265
	SLM CORP	Corporate stocks	N/A	N/A	29,131	552,894	407,543
	SM ENERGY CO	Corporate stocks	N/A	N/A	8,605	310,192	323,634
	SMART FINANCIAL INC	Corporate stocks	N/A	N/A	8,540	182,650	211,023
	SMART GLOBAL HOLDINGS INC	Corporate stocks	N/A	N/A	3,245	48,461	51,498
	SMITH A O CORP	Corporate stocks	N/A	N/A	11,620	611,249	564,500
	SNAM RETE GAS-UNSPONSOR ADR	Corporate stocks	N/A	N/A	55,996	644,452	454,856
	SNAP-ON INC	Corporate stocks	N/A	N/A	1,075	207,028	216,451
	SONOCO PRODUCTS COM	Corporate stocks	N/A	N/A	1,673	89,758	94,909
	SONY CORP SPONSORED ADR	Corporate stocks	N/A	N/A	7,793	629,124	499,142
	SOUTH STATE CORP	Corporate stocks	N/A	N/A	5,974	437,572	472,663
	SPARTANNASH CO	Corporate stocks	N/A	N/A	9,354	195,797	271,453
	SPOK HOLDINGS INC	Corporate stocks	N/A	N/A	27,175	273,762	207,617
	SPRINGWORKS THERAPEUTICS INC	Corporate stocks	N/A	N/A	9,330	743,289	266,185
	SSE PLC	Corporate stocks	N/A	N/A	28,374	456,103	483,805
	STANDARD MOTOR PRODUCTS INC	Corporate stocks	N/A	N/A	5,425	228,542	176,313
	STEEL DYNAMICS INC	Corporate stocks	N/A	N/A	6,297	461,437	446,772
	STERLING INFRASTRUCTURE INC	Corporate stocks	N/A	N/A	10,570	137,796	226,938
	STEVEN MADDEN LTD	Corporate stocks	N/A	N/A	5,641	177,493	150,445
	STIFEL FINANCIAL CORP	Corporate stocks	N/A	N/A	5,550	173,424	288,101
	SYNCHRONY FINANCIAL	Corporate stocks	N/A	N/A	14,443	416,608	407,148
	SYNOVUS FINANCIAL CORP	Corporate stocks	N/A	N/A	23,408	903,769	878,034
	TAIWAN SEMICONDUTOR	Corporate stocks	N/A	N/A	2,970	84,830	203,623
	TAKEDA PHARMACEUTICAL SP ADR	Corporate stocks	N/A	N/A	43,006	935,673	557,788
	TAPESTRY INC	Corporate stocks	N/A	N/A	9,811	313,189	278,927
	TE CONNECTIVITY LTD	Corporate stocks	N/A	N/A	6,888	766,646	760,160

LOCAL NO. 731, I.B. OF T., PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

SEPTEMBER 30, 2022

FORM 5500, PART IV, SCHEDULE H, LINE 4i

EIN 36-6513567
PLAN NO. 001

(a)	(b) Identity of Issuer	(c) Description of investment including maturity date, rate of interest, collateral, shares or par/maturity value: Description	Maturity Date	Rate of Interest	Number of Shares or Par/ Maturity Value	(d) Cost	(e) Current Value
	TELIA COMPANY AB. UNSPON ADR	Corporate stocks	N/A	N/A	66,660	$ 688,856	$ 384,828
	TENET HEALTHCARE CORP 1 ,	Corporate stocks	N/A	N/A	15,123	1,012,661	780,044
	TESCO PLC	Corporate stocks	N/A	N/A	57,882	621,534	400,891
	TETRA TECH INC	Corporate stocks	N/A	N/A	36,600	112,489	131,394
	TEXAS INSTRUMENTS INC	Corporate stocks	N/A	N/A	5,253	953,048	813,059
	THE SHYFT GROUP INC	Corporate stocks	N/A	N/A	7,890	223,796	161,193
	TIMKEN CO	Corporate stocks	N/A	N/A	3,741	303,928	220,869
	T-MOBILE US INC	Corporate stocks	N/A	N/A	2,030	170,223	272,365
	TOKIO MARINE HOLDINGS INC ADR	Corporate stocks	N/A	N/A	10,326	438,667	549,209
	TOPBUILD CORP	Corporate stocks	N/A	N/A	2,383	414,905	392,671
	TOTAL ENERGIES	Corporate stocks	N/A	N/A	7,674	385,356	356,994
	TOYOTA INDUSTRIES	Corporate stocks	N/A	N/A	6,436	381,304	305,916
	TRACTOR SUPPLY COMPANY	Corporate stocks	N/A	N/A	3,267	546,126	607,270
	TRAVEL LEISURE CO	Corporate stocks	N/A	N/A	5,900	223,211	201,308
	TTEC HOLDINGS INC	Corporate stocks	N/A	N/A	2,642	205,478	117,067
	TUTOR PERINI CORP	Corporate stocks	N/A	N/A	19,215	226,844	106,067
	TYLER TECHNOLOGIES INC	Corporate stocks	N/A	N/A	2,303	848,784	800,293
	TYSON FOODS INC	Corporate stocks	N/A	N/A	8,013	639,742	528,297
	UFP TECHNOLOGIES INC	Corporate stocks	N/A	N/A	1,650	127,590	141,636
	UGI CORP NEW	Corporate stocks	N/A	N/A	9,242	333,152	298,794
	ULTA BEAUTY	Corporate stocks	N/A	N/A	1,444	552,765	579,318
	UNIFI INC	Corporate stocks	N/A	N/A	6,325	99,645	60,151
	UNITED FIRE GROUP INC	Corporate stocks	N/A	N/A	5,825	169,941	167,352
	UNITED OVERSEAS BANK LTD SP ADR	Corporate stocks	N/A	N/A	16,615	555,644	605,833
	UNITED RENTALS INC	Corporate stocks	N/A	N/A	2,955	761,803	798,205
	UNITED THERAPEUTICS CORP	Corporate stocks	N/A	N/A	2,666	380,255	558,207
	UNITIL CORP	Corporate stocks	N/A	N/A	5,340	263,515	248,043
	UNIVAR INC	Corporate stocks	N/A	N/A	21,315	603,088	484,703
	UNIVERSAL ELECTRONICS INC	Corporate stocks	N/A	N/A	7,700	303,781	151,459
	UNIVERSAL STAINLESS & ALLOY	Corporate stocks	N/A	N/A	6,870	77,860	48,914
	UNUM GROUP	Corporate stocks	N/A	N/A	21,968	714,948	852,358
	US STEEL CORP	Corporate stocks	N/A	N/A	4,922	114,816	89,187
	VAALCO ENERGY INC	Corporate stocks	N/A	N/A	6,732	53,420	29,352
	VALVOLINE INC	Corporate stocks	N/A	N/A	3,608	75,551	91,427
	VERACYTE INC	Corporate stocks	N/A	N/A	8,796	212,234	146,014
	VERINT SYSTEMS INC	Corporate stocks	N/A	N/A	7,669	281,167	257,525
	VERIZON COMMUNICATIONS	Corporate stocks	N/A	N/A	7,186	345,075	272,852
	VICTORIA'S SECRET & CO	Corporate stocks	N/A	N/A	4,696	244,287	136,748
	VISHAY PRECISION GROUP INC	Corporate stocks	N/A	N/A	2,490	66,127	73,679
	VISTEON CORP	Corporate stocks	N/A	N/A	2,897	256,693	307,256
	VISTRA	Corporate stocks	N/A	N/A	28,007	510,298	588,147
	VOYA FINANCIAL INC	Corporate stocks	N/A	N/A	12,465	633,097	754,133
	WABTEC CORP	Corporate stocks	N/A	N/A	3,023	219,888	245,921
	WASHINGTON TRUST BANCORP	Corporate stocks	N/A	N/A	4,720	213,508	219,376
	WATERSTONE FINANCIAL INC	Corporate stocks	N/A	N/A	10,575	203,741	170,892
	WESCO INTERNATIONAL INC	Corporate stocks	N/A	N/A	2,940	317,496	350,978
	WESTERN ALLIANCE BANCORP	Corporate stocks	N/A	N/A	6,143	508,649	403,841
	WESTLAKE CORP	Corporate stocks	N/A	N/A	4,430	232,022	384,878
	WH GROUP LTD SPON ADR	Corporate stocks	N/A	N/A	40,539	661,794	511,278
	WILLIAMS SONOMA INC. COM	Corporate stocks	N/A	N/A	4,613	580,084	543,642
	WINTRUST FINANCIAL CORP	Corporate stocks	N/A	N/A	4,947	418,486	403,428
	WPP PLC	Corporate stocks	N/A	N/A	10,253	726,291	422,311
	Total corporate stocks - line 1c(4)(B)					171,665,207	168,019,980
	Limited partnerships						
	American Core Realty Fund	Limited partnerships	N/A	N/A	N/A	52,528,312	74,874,857
	CK Opportunities Offshore Fund, LP	Limited partnerships	N/A	N/A	N/A	4,966,442	6,478,875
	Corbin Erisa Opportunity Fund, LP	Limited partnerships	N/A	N/A	N/A	11,787,279	18,592,245
	Grosvenor Institutional Partners, LP	Limited partnerships	N/A	N/A	N/A	30,500,000	57,177,988
	INVESCO VENTURE ALPHA FUND II, LP	Limited partnerships	N/A	N/A	N/A	3,151,197	4,045,679
	Labor Impact Feeder Fund, LP	Limited partnerships	N/A	N/A	N/A	1,616,833	4,042,563
	Private Advisors Small Company Buyout V-ERISA	Limited partnerships	N/A	N/A	N/A	3,888,966	3,790,791
	Private Advisors Small Company Private Equity Fund VIII, LP	Limited partnerships	N/A	N/A	N/A	3,699,878	7,931,035
	Vintage VIII Offshore SCSP	Limited partnerships	N/A	N/A	N/A	3,960,895	6,636,350
	White Oak Pinnacle Fund, LP	Limited partnerships	N/A	N/A	N/A	1,677,351	3,124,278
	Total limited partnerships - line 1c(5)					108,439,029	186,694,661
	Land and building						
	Land and building in Burr Ridge, Illinois	Land and building	N/A	N/A	N/A	4,480,000	4,480,000
	Total land and building - line 1c(6)					4,480,000	4,480,000
	Registered investment company						
	VANGUARD FTSE ALL WORLD EX-US INDEX FUND -ADM	Registered investment company	N/A	N/A	835,073	26,620,460	22,989,567
	Total registered investment company - line 1c(13)					26,620,460	22,989,567

LOCAL NO. 731, I.B. OF T., PENSION FUND

SCHEDULE OF ASSETS (HELD AT END OF YEAR), (CONTINUED)

SEPTEMBER 30, 2022

FORM 5500, PART IV, SCHEDULE H, LINE 4i

EIN 36-6513567
PLAN NO. 001

(a)	(b) Identity of Issuer	(c) Description of investment including maturity date, rate of interest, collateral, shares or par/maturity value Description	Maturity Date	Rate of Interest	Number of Shares or Par/ Maturity Value	(d) Cost	(e) Current Value
	Pooled separate account						
	ULLICO	Pooled separate account	N/A	N/A	1,116,626	$ 18,879,104	$ 18,849,888
	Total pooled separate account - line 1c(10)					18,879,104	18,849,888
	Common collective trusts						
	CHEVY CHASE ASB LAB EQUITY INDEX FD	Common collective trusts	N/A	N/A	N/A	34,365,868	67,912,861
	ASB ALLEGIANCE CHEVY CHASE TRUST	Common collective trusts	N/A	N/A	N/A	16,637,625	17,010,574
	INVESCO INTERNATIONAL GROWTH TRUST CLASS I	Common collective trusts	N/A	N/A	N/A	13,533,499	15,600,968
	LOOMIS SAYLES LARGE CAP GROWTH TRUST	Common collective trusts	N/A	N/A	N/A	57,810,372	49,343,789
	NIS CORE FIXED INCOME FUND	Common collective trusts	N/A	N/A	N/A	55,347,502	58,440,200
	NIS INTERMEDIATE FIXED INCOME FUND	Common collective trusts	N/A	N/A	N/A	33,544,147	35,108,573
	RAINIER INTL SMALL CAP EQ CIT FD CL A	Common collective trusts	N/A	N/A	N/A	10,000,000	11,107,475
	Total common collective trusts - line 1c(9)					221,239,013	254,524,440
	Total assets (held at end of year) - at fair value					$ 620,892,737	$ 726,437,144
	Investments at contract value					Cost	Current Value
	Insurance company contract						
	UNITED OF OMAHA					$ 2,855,842	$ 2,855,842
	Total insurance company contracts - line 1c(14)					$ 2,855,842	$ 2,855,842

Plan Name: Local No. 731, I.B. of T., Pension Fund
Plan Sponsor EIN / Plan Number: EIN 36-6513567 / 001
Attachment to 2021 Form 5500 Schedule MB

Schedule MB, line 8b(1) – Schedule of Projection of Expected Annual Benefit Payments

Plan Year	Expected Annual Benefit Payments
2021	$ 34,799,176
2022	37,522,696
2023	40,643,915
2024	43,571,945
2025	46,602,581
2026	49,210,134
2027	51,689,925
2028	53,864,346
2029	55,935,011
2030	57,940,967

- Based on 2021 funding assumptions
- Amounts payable mid-year
- Per the 5500 instructions, the benefit payments do not include additional accruals, new entrants, or expected expenses.

Schedule MB, line 8b(2) – Schedule of Active Participant Data

DISTRIBUTION OF ACTIVE MEMBERS BY AGE AND SERVICE AS OF OCTOBER 1, 2021
TOTAL

	Credited Service										
Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	**Total**
Under 25	49	50	5	0	0	0	0	0	0	0	104
25 to 29	39	118	34	0	0	0	0	0	0	0	191
30 to 34	43	123	112	26	2	0	0	0	0	0	306
35 to 39	25	136	142	53	46	3	0	0	0	0	405
40 to 44	17	105	115	81	105	59	6	0	0	0	488
45 to 49	19	67	84	71	99	108	38	2	0	0	488
50 to 54	7	49	42	63	99	127	73	30	1	0	491
55 to 59	6	46	47	49	61	88	78	72	28	1	476
60 to 64	3	22	27	24	35	45	32	50	29	26	293
65 to 69	2	2	6	7	6	13	8	5	5	13	67
70 & up	2	2	0	1	1	1	0	0	1	1	9
Total	212	720	614	375	454	444	235	159	64	41	3,318

Average Age = 46.12 Average Service = 13.26

Plan Name: Local No. 731, I.B. of T., Pension Fund
Plan Sponsor EIN / Plan Number: EIN 36-6513567 / 001
Attachment to 2021 Form 5500 Schedule MB

Schedule MB, line 3 – Withdrawal Liability Amounts

Date	Withdrawal Liability Payment
July 2022	$ 34,000

Schedule MB, line 6 – Summary of Plan Provisions

Our valuation of the Local No. 731, I.B. of T., Pension Fund ("Plan") is based on the plan provisions as of October 1, 2021 as summarized below. This summary has been prepared for valuation purposes only. It outlines the major plan provisions used to perform the actuarial valuation.

To our knowledge no other changes to the plan provisions are pending. Furthermore, it is our understanding that the Plan is still an on-going multiemployer plan, and that the trustees of the Plan have made no commitments to change the structure or nature of this Plan.

Private Scavengers & Garage Attendants

This summary of Plan provisions provides an overview of the major provisions of the pension plan used in the actuarial valuation.

1. **Participation**
   The date on which an employee completes an hour of service under covered employment
2. **Plan Year**
   October 1 through September 30
3. **Week of Service**
   Each week for which a weekly employer contribution is required to be made
4. **Year of Vesting Service**
   Plan year with at least 22 weeks of service (weeks worked plus additional weeks for vacation, etc.)
5. **Pension Credits**
   Pension credit is earned during each plan year according to the following schedule:

Weeks of Service	Pension Credit
Less than 22	None
22	50%
23–30	60%
31–34	70%
35 or more	100%

6. **Break in Service**
   Plan year with less than 500 hours of service
7. **Normal Retirement Age**
   Age 65, or if later, date participant becomes 100% vested or years of plan participation
8. **Normal Retirement Pension**
   Eligibility
   Age 65 with 5 years of vesting service;

   Monthly Amount
   Scavenger Employees
   $150 per Pension Credit for first 24 Pension Credits, and $75 per Pension Credit in excess of first 24 Pension Credits.

   Garage Attendant Employees
   $52 per Pension Credit, maximum $1,040.

   Payable for life with 60 months guaranteed.
9. **Early Retirement Pension (Reduced)**
   Eligibility
   Age 55 with 10 Pension Credits

   Monthly Amount
   Percentage of Normal Retirement Benefit based on age at retirement. Payable for life with 60 months guaranteed.

Age	Percent
55	40.96%
56	44.41%
57	48.22%
58	52.45%
59	57.15%
60	62.40%
61	68.25%
62	76.00%
63	84.00%
64	92.00%

Plan Name: Local No. 731, I.B. of T., Pension Fund
Plan Sponsor EIN / Plan Number: EIN 36-6513567 / 001
Attachment to 2021 Form 5500 Schedule MB

Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases

Table IV-4
SCHEDULE OF AMORTIZATIONS REQUIRED FOR MINIMUM REQUIRED CONTRIBUTION
AS OF OCTOBER 1, 2021

Type of Base	Date Established	Initial Amount	Initial Amortization Years	10/1/2021 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
CHARGES						
1. Combined Base - PSGA	10/1/2016	$ 100,680,278	7.84	$ 43,139,793	2.84	$ 16,170,413
2. Combined Base - Textile	4/1/2017	13,756,003	8.60	7,623,705	4.10	2,064,440
3. Experience Loss	10/1/2017	299,680	15.00	248,109	11.00	31,173
4. Plan Amendment	10/1/2018	19,044,482	15.00	16,672,570	12.00	1,979,048
5. Assumption Change	10/1/2019	15,781,198	15.00	14,513,725	13.00	1,638,356
6. Plan Amendment	10/1/2019	16,186,552	15.00	14,886,525	13.00	1,680,439
7. Experience Loss	10/1/2020	2,204,120	15.00	2,118,745	14.00	228,714
8. Assumption Change	10/1/2021	19,869,584	15.00	19,869,584	15.00	2,060,832
9. Plan Amendment	10/1/2021	43,899,049	15.00	43,899,049	15.00	4,553,119
TOTAL CHARGES				$ 162,971,805		$ 30,406,534
CREDITS						
1. Experience Gain	10/1/2018	$ 914,417	15.00	$ 800,529	12.00	$ 95,023
2. Experience Gain	10/1/2019	3,565,643	15.00	3,279,268	13.00	370,174
3. Experience Gain	10/1/2021	17,453,135	15.00	17,453,135	15.00	1,810,203
TOTAL CREDITS				$ 21,532,932		$ 2,275,400
NET CHARGE		**$ 209,787,751**		**$ 141,438,873**		**$ 28,131,134**

Schedule MB, line 11 – Justification for Change in Actuarial Assumptions

1. The funding and financial disclosure under FASB ASC960 interest rates were changed from 7.35% for active and terminated vested participants to 7.20%, and for retirees the rate was changed from 7.20% to 6.90%.
2. The RPA ’94 Current Liability interest rate was changed from 2.55% to 2.28% to comply with appropriate guidance and remains within the required corridor as prescribed by the IRS.
3. The RPA ’94 Current Liability mortality table changed from the 2020 static mortality table to the 2021 static mortality table to comply with appropriate guidance.
4. For financial disclosure under FASB ASC 960, the per capita annual expense to determine future administrative expense was changed from $162.55 to $160.56.

Plan Name: Local No. 731, I.B. of T., Pension Fund
Plan Sponsor EIN / Plan Number: EIN 36-6513567 / 001
Attachment to 2021 Form 5500 Schedule MB

Schedule MB, line 9c and 9h – Schedule of Funding Standard Account Bases

Table IV-4
SCHEDULE OF AMORTIZATIONS REQUIRED FOR MINIMUM REQUIRED CONTRIBUTION
AS OF OCTOBER 1, 2021

Type of Base	Date Established	Initial Amount	Initial Amortization Years	10/1/2021 Outstanding Balance	Remaining Amortization Years	Beginning of Year Amortization Amount
CHARGES						
1. Combined Base - PSGA	10/1/2016	$ 100,680,278	7.84	$ 43,139,793	2.84	$ 16,170,413
2. Combined Base - Textile	4/1/2017	13,756,003	8.60	7,623,705	4.10	2,064,440
3. Experience Loss	10/1/2017	299,680	15.00	248,109	11.00	31,173
4. Plan Amendment	10/1/2018	19,044,482	15.00	16,672,570	12.00	1,979,048
5. Assumption Change	10/1/2019	15,781,198	15.00	14,513,725	13.00	1,638,356
6. Plan Amendment	10/1/2019	16,186,552	15.00	14,886,525	13.00	1,680,439
7. Experience Loss	10/1/2020	2,204,120	15.00	2,118,745	14.00	228,714
8. Assumption Change	10/1/2021	19,869,584	15.00	19,869,584	15.00	2,060,832
9. Plan Amendment	10/1/2021	43,899,049	15.00	43,899,049	15.00	4,553,119
TOTAL CHARGES				$ 162,971,805		$ 30,406,534
CREDITS						
1. Experience Gain	10/1/2018	$ 914,417	15.00	$ 800,529	12.00	$ 95,023
2. Experience Gain	10/1/2019	3,565,643	15.00	3,279,268	13.00	370,174
3. Experience Gain	10/1/2021	17,453,135	15.00	17,453,135	15.00	1,810,203
TOTAL CREDITS				$ 21,532,932		$ 2,275,400
NET CHARGE		**$ 209,787,751**		**$ 141,438,873**		**$ 28,131,134**

Schedule MB, line 11 – Justification for Change in Actuarial Assumptions

1. The funding and financial disclosure under FASB ASC960 interest rates were changed from 7.35% for active and terminated vested participants to 7.20%, and for retirees the rate was changed from 7.20% to 6.90%.
2. The RPA ’94 Current Liability interest rate was changed from 2.55% to 2.28% to comply with appropriate guidance and remains within the required corridor as prescribed by the IRS.
3. The RPA ’94 Current Liability mortality table changed from the 2020 static mortality table to the 2021 static mortality table to comply with appropriate guidance.
4. For financial disclosure under FASB ASC 960, the per capita annual expense to determine future administrative expense was changed from $162.55 to $160.56.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods

Valuation Date: October 1, 2021

Interest Rates

Assumed Return on Plan Assets

7.20% per year after building expenses for Active and Terminated Vested participants.

6.90% per year after building expenses for Retired participants.

RPA '94 Current Liability

2.28% (in accordance with §412(l)(7)(C) of the Internal Revenue Code)

Administrative Expenses

The average of the last 2 years of actual administrative expenses, excluding investment and building expenses rounded to the next ten thousand dollars and assumed to be payable mid-year. The assumption for annual administrative expenses for October 1, 2021 is $1,270,000 ($1,226,610 payable beginning of year) per year.

For financial disclosure under FASB Topic ASC 960 the present value of future administrative expense is based on future cash flows of $160.56 per participant, payable beginning of year, that increase 3% per year for inflation.

Mortality

Funding

i. **Mortality Improvement:** Mortality has been projected from 2000 to 2011 using Scale AA. No mortality improvements beyond 2011 have been assumed.

   In accordance with Actuarial Standard of Practice No. 35, we have considered the effect of mortality improvement prior to and subsequent to the measurement date in developing this assumption.

ii. **Non-disabled Participants:** RP-2000 Combined Healthy Mortality Table with Blue Collar Adjustment. Specimen rates shown below:

Age	Males	Females
25	.000376	.000207
35	.001087	.000519
45	.001793	.001387
55	.004196	.002795
65	.015540	.010398
75	.043131	.030888
85	.115077	.083100

iii. **Disabled Participants:** RP-2000 Combined Disabled Mortality Table. Specimen rates shown below:

Age	Unisex
25	.022571
35	.022571
45	.022571
55	.035442
65	.050174
75	.082067
85	.141603

RPA '94 Current Liability

2021 Applicable Mortality Table

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods (continued)

Assumed Retirement Ages

a) Active Lives

According to the following schedule:

Private Scavengers & Garage Attendants participants

Age	25 & Out Retirement Rates*	Other Retirement Rates
43-54	.05	.00
55	.20	.05
56-61	.05	.05
62-64	.20	.20
65-69	.25	.25
70+	1.00	1.00

* Rate increased by 0.10 at first eligible age if more than 25 years of service.

Textile Maintenance & Laundry Craft participants

Age	Retirement Rates
58	.05
59	.05
60	.05
61	.05
62	.25
63	.10
64	.10
65	1.00

b) Inactive Vested Lives

Age 62 or age on valuation date, if later or age on valuation date if 25 Pension Credits

c) Disabled Lives

Disability benefit assumed payable until age 55, then Early Retirement Benefit commences

Withdrawal Rates

Private Scavengers & Garage Attendants – Ultimate rates follow T-6 Turnover Table from *The Actuary's Pension Handbook* (less GAM-51 mortality) for Scavengers; T-8 Turnover Table for Garage Attendants. Specimen rates shown below:

Scavengers		Garage Attendants	
Age	Withdrawal Rate	Age	Withdrawal Rate
25	.0772	25	.1162
30	.0740	30	.1121
35	.0686	35	.1055
40	.0611	40	.0940
45	.0516	45	.0754
50	.0362	50	.0483
55	.0137	55	.0173
60	.0013	60	.0016
65	.0000	65	.0000

Select rates for the first 4 years of employment are shown below:

Scavengers		Garage Attendants	
Year	Select Withdrawal Rate	Year	Select Withdrawal Rate
First	.25	First	.35
Second	.15	Second	.35
Third	.10	Third	.15
Fourth	.10	Fourth	.15

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods (continued)

Textile Maintenance & Laundry Craft – Vary by participant's age and service:

Age ≤ 29

Years of Service	Termination Rate
0 – 5	0.25
6	0.24
7	0.23
8	0.22
9+	0.21

Age 30 – 39

Years of Service	Termination Rate
0	0.20
1	0.19
2	0.18
3	0.17
4	0.16
5+	0.15

Age 40 – 49

Years of Service	Termination Rate
0	0.15
1	0.14
2	0.13
3	0.12
4	0.11
5	0.10
6	0.09
7	0.08
8	0.07
9+	0.06

Age 50 – 64

Years of Service	Termination Rate
0	0.05
1+	0.02

Future Pension Credits

Each participant is assumed to earn one pension credit in each future year.

Disability Rates

Specimen rates shown below:

Age	Private Scavengers/Garage Attendants Rate	Textile Maintenance/Laundry Craft Rate
25	.00025	.0041
30	.00025	.0041
35	.00030	.0042
40	.00045	.0047
45	.00090	.0058
50	.00200	.0076
55	.00425	.0106
60	.00870	.0151

Future Weekly Contributions

For each active participant under age 65, 49 weeks (Private Scavengers & Garage Attendants) or 52 weeks (Textile Maintenance & Laundry Craft) weeks times the weighted average of the weekly contribution rates in effect during the plan year:

Plan Year	Private Scavengers	Garage Attendants	Textile & Laundry
2016	$318.20/week	$51.00/week	$188.00/week
2017	$324.20/week	$54.00/week	$203.00/week
2018	$324.20/week	$54.00/week	$218.00/week
2019	$332.20/week	$56.00/week	$218.00/week
2020	$340.20/week	$56.00/week	$233.00/week
2021	$348.20/week	$58.00/week	$233.00/week

Garage Attendants contribution rate increases are effective August 1st of each year.

Textile Maintenance & Laundry Craft contribution rate increases are effective May 1st of each year.

Schedule MB, line 6 – Statement of Actuarial Assumptions/Methods (continued)

QDRO Benefits
Benefits payable to an alternate payee are included with participant's benefit until the alternate payee commences payment.

Marriage Assumptions
88% assumed married with the male spouse 4 years older than his wife

Age of Participants with Unrecorded Birth Dates
Based on average entry age of participants with recorded birth dates and same vesting status

Justification for Economic Assumptions
In accordance with Actuarial Standard of Practice No. 27, the rationale for our 7.20%/6.90% discount rates is based on the Trustees risk preference, the Plan's current asset risk allocation, and the Investment Managers' capital market outlook.

Changes in Assumptions since Last Valuation

- The funding and financial disclosure under FASB ASC960 interest rates were changed from 7.35% for active and terminated vested participants to 7.20%, and for retirees the rate was changed from 7.20% to 6.90%.
- The RPA '94 Current Liability interest rate was changed from 2.55% to 2.28% to comply with appropriate guidance and remains within the required corridor as prescribed by the IRS.
- The RPA '94 Current Liability mortality table changed from the 2020 static mortality table to the 2021 static mortality table to comply with appropriate guidance.
- For financial disclosure under FASB ASC 960, the per capita annual expense to determine future administrative expense was changed from $162.55 to $160.56.

Modeling Disclosures
In accordance with Actuarial Standard of Practice No. 56 (Modeling), the following disclosures are made:

ProVal
Cheiron utilizes ProVal, an actuarial valuation software leased from Winklevoss Technologies (WinTech) to calculate the liabilities, normal costs and projected benefit payments. We have relied on WinTech as the developer of ProVal. We have reviewed ProVal and have a basic understanding of it and have used ProVal in accordance with its original intended purpose. We have not identified any material inconsistencies in assumptions or output of ProVal that would affect this actuarial valuation.

Projection Model
Projections in this report were developed using P-Scan, our proprietary tool for developing deterministic projections to illustrate the impact of changes in assumptions or actual experience (particularly investment experience) on the future financial status of the Fund.

Experience in the model may be varied to illustrate the sensitivity of potential experience compared to a particular assumption. Because the model does not automatically capture how changes in one variable affect all other variables, some scenarios may not be consistent.

SCH C P4 STATEMENT 1

MICHAEL RICHARDSON OF MICHAEL RICHARDSON, LLC RECEIVES INDIRECT COMPENSATION FOR MICHAEL RICHARDSON SERVING AS AN INDIVIDUAL TRUSTEE ON THE PLAN'S BOARD OF TRUSTEES.

SCHEDULE H OTHER RECEIVABLES STATEMENT 2

DESCRIPTION	BEGINNING	ENDING
ACCRUED INTEREST AND DIVIDENDS	405,105.	658,277.
PREPAID EXPENSES	2,488,500.	2,784,645.
TOTAL TO SCHEDULE H, LINE 1B(3)	2,893,605.	3,442,922.

SCHEDULE H OTHER PLAN LIABILITIES STATEMENT 3

DESCRIPTION	BEGINNING	ENDING
DUE TO BROKER	628,668.	168,750.
TOTAL TO SCHEDULE H, LINE 1J	628,668.	168,750.

SCHEDULE H OTHER INCOME STATEMENT 4

DESCRIPTION	AMOUNT
SECURITIES LITIGATION	26,263.
MISCELLANEOUS INCOME	7,494.
COMMISSION RECAPTURE	3,544.
WITHDRAWAL LIABILITY INCOME	34,000.
NET INVESTMENT GAIN ON PARTNERSHIPS	15,058,291.
TOTAL TO SCHEDULE H, LINE 2C	15,129,592.

SCHEDULE H OTHER ADMINISTRATIVE EXPENSES STATEMENT 5

DESCRIPTION	AMOUNT
COMPUTER MAINTENANCE	57,693.
DEPRECIATION- OFFICE EQUIPMENT	19,761.
FIDUCIARY LIABILITY & BONDING INSURANCE	116,277.
INSURANCE CONTRACT EXPENSE CHARGES	88,690.
PLAN TERMINATION INSURANCE	241,893.
BUILDING EXPENSES	768,670.
ADMINISTRATIVE EXPENSES REIMBURSED TO LOCAL 731 EXCAVATORS WELFARE FUND	433,714.
PRINTING, POSTAGE AND OFFICE EXPENSE	89,324.
TOTAL TO SCHEDULE H, LINE 2I(4)	1,816,022.

Local No. 731, I.B. of T. Pension Fund
Pension Trust Fund
EIN: 36-6513567
September 30, 2022

Employer Contribution Rate

Schedule R, line 13d - Collective Bargaining Agreement Expiration Date
Schedule R, line 13e - Information on Contribution Rates and Base Units

			Rate	CBA Exp.
Waste Management		36-2660859		
	Private Scavenger		348.20	9/30/2023
	Garage Attendant		58.00	9/30/2023
Groot Recycling and Waste Services		36-2430346		
	Private Scavenger		348.20	9/30/2023
	Garage Attendant		58.00	9/30/2023
Lake Shore Waste Services, LLC		36-4437735		
	Private Scavenger		348.20	9/30/2023
	Garage Attendant		58.00	9/30/2023

Plan Name: Local No. 731, I.B. of T., Pension Fund
Plan Sponsor EIN / Plan Number: EIN 36-6513567 / 001
Attachment to 2021 Form 5500 Schedule MB

Schedule MB, line 8b(1) – Schedule of Projection of Expected Annual Benefit Payments

Plan Year	Expected Annual Benefit Payments
2021	$ 34,799,176
2022	37,522,696
2023	40,643,915
2024	43,571,945
2025	46,602,581
2026	49,210,134
2027	51,689,925
2028	53,864,346
2029	55,935,011
2030	57,940,967

- Based on 2021 funding assumptions
- Amounts payable mid-year
- Per the 5500 instructions, the benefit payments do not include additional accruals, new entrants, or expected expenses.

Schedule MB, line 8b(2) – Schedule of Active Participant Data

DISTRIBUTION OF ACTIVE MEMBERS BY AGE AND SERVICE AS OF OCTOBER 1, 2021
TOTAL

	Credited Service										
Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	**Total**
Under 25	49	50	5	0	0	0	0	0	0	0	104
25 to 29	39	118	34	0	0	0	0	0	0	0	191
30 to 34	43	123	112	26	2	0	0	0	0	0	306
35 to 39	25	136	142	53	46	3	0	0	0	0	405
40 to 44	17	105	115	81	105	59	6	0	0	0	488
45 to 49	19	67	84	71	99	108	38	2	0	0	488
50 to 54	7	49	42	63	99	127	73	30	1	0	491
55 to 59	6	46	47	49	61	88	78	72	28	1	476
60 to 64	3	22	27	24	35	45	32	50	29	26	293
65 to 69	2	2	6	7	6	13	8	5	5	13	67
70 & up	2	2	0	1	1	1	0	0	1	1	9
Total	212	720	614	375	454	444	235	159	64	41	3,318

Average Age = 46.12 Average Service = 13.26

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

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022

A This return/report is for: [X] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form inst.)

B This return/report is: [ ] a single-employer plan [ ] a DFE (specify) _____
[ ] the first return/report [ ] the final return/report
[ ] an amended return/report [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here ▶ [X]

D Check box if filing under: [X] 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
LOCAL NO. 731, I.B. OF T., PENSION FUND

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/01/1962

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)
LOCAL NO. 731, I.B. OF T., PENSION FUND

1000 BURR RIDGE PARKWAY

BURR RIDGE IL 60527

2b Employer Identification Number (EIN) 36-6513567

2c Plan Sponsor's telephone number 630-887-4150

2d Business code (see instructions) 562000

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 7/15/23	Enter name of individual signing as plan administrator: JOHN LISNER
SIGN HERE	Signature of employer/plan sponsor	Date 7/15/2023	Enter name of individual signing as employer or plan sponsor: MICHAEL RICHARDSON
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2021)
v. 210624

11840I 12-30-21

17150627 712177 69310 2021.06000 LOCAL NO. 731 I.B. OF T. 69310 2

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN
	3c Administrator's telephone number

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

5 Total number of participants at the beginning of the plan year	5	7,908
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a (1) Total number of active participants at the beginning of the plan year	6a(1)	3,318
a (2) Total number of active participants at the end of the plan year	6a(2)	3,312
b Retired or separated participants receiving benefits	6b	1,931
c Other retired or separated participants entitled to future benefits	6c	2,217
d Subtotal. Add lines **6a(2), 6b,** and **6c**	6d	7,460
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	631
f Total. Add lines **6d** and **6e**	6f	8,091
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	147

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

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	(1) ☒ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

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

a Pension Schedules

(1) ☒ **R** (Retirement Plan Information)
(2) ☒ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

LOCAL NO. 731, I.B. OF T., PENSION FUND

SCHEDULE OF REPORTABLE TRANSACTIONS

YEAR ENDED SEPTEMBER 30, 2022

SCHEDULE H, PART IV, LINE 4(i)

EIN 36-6513567
PLAN NO. 001

Description of Asset	Purchase Price	Selling Price	Cost of Asset	Fair Value of Asset at Transaction Date	Net Gain or (Loss)
Goldman Financial Square Govt-A Fd# 465	$ 126,445,740	$ -	$ 126,445,740	$ 126,445,740	$ -
Goldman Financial Square Govt-A Fd# 465	-	112,834,409	112,834,409	112,834,409	-

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

For calendar plan year 2021 or fiscal plan year beginning 10/01/2021 and ending 09/30/2022

▶ **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
L731 Private Scavengers And Garage Attendants Pension Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
L731 Private Scavengers and Garage Attendants Pension

D Employer Identification Number (EIN)
36-6513567

E Type of plan: (1) [X] Multiemployer Defined Benefit (2) [ ] Money Purchase (see instructions)

1a	Enter the valuation date: Month 10 Day 1 Year 2021		
b	Assets		
	(1) Current value of assets	**1b(1)**	807,868,996
	(2) Actuarial value of assets for funding standard account	**1b(2)**	737,758,384
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	696,560,804
	(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)**	696,560,804
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)**	1,469,058,064
	(b) Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	41,466,285
	(c) Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	34,440,933
	(3) Expected plan disbursements for the plan year	**1d(3)**	34,836,846

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

Joseph Mara Jr. — Signature of actuary

7/12/2023 — Date

Joseph Mara Jr. — Type or print name of actuary

23-06992 — Most recent enrollment number

Cheiron, Inc. — Firm name

(312)629-8401 — Telephone number (including area code)

200 West Monroe Street
Suite 1800
Chicago IL 60606
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**		807,868,996
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		2,406	449,554,652
(2) For terminated vested participants		2,186	229,887,812
(3) For active participants:			
(a) Non-vested benefits			99,848,129
(b) Vested benefits			689,767,471
(c) Total active		3,318	789,615,600
(4) Total		7,910	1,469,058,064
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage	**2c**		54.99 %

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
11/15/2021	4,124,265	0	05/16/2022	4,412,280	0
12/15/2021	3,763,283	0	06/15/2022	3,561,900	0
01/14/2022	3,720,867	0	07/15/2022	3,212,281	0
02/15/2022	4,045,922	0	08/15/2022	5,034,024	0
03/15/2022	3,538,423	0	09/15/2022	3,692,678	0
04/15/2022	3,480,201	0	10/14/2022	3,818,826	0
			Totals ► **3(b)**	46,404,950	**3(c)** 0

(d) Total withdrawal liability amounts included in line 3(b) total	**3(d)**	34,000

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	105.9 %
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**	2.28 %		
			Pre-retirement	Post-retirement	
b Rates specified in insurance or annuity contracts			☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A	
c Mortality table code for valuation purposes:					
(1) Males		**6c(1)**	A	A	
(2) Females		**6c(2)**	A	A	
d Valuation liability interest rate		**6d**	7.20 %	6.90 %	
e Expense loading		**6e**	8.9 % ☐ 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**	10.3 %		
h Estimated investment return on current value of assets for year ending on the valuation date		**6h**	23.1 %		

7 New amortization bases established in the current plan year:

(1) Type of base	(2) Initial balance	(3) Amortization Charge/Credit
1	-17,453,135	-1,810,203
3	43,899,049	4,553,119
4	19,869,584	2,060,832

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)**	
(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**	

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**	14,994,601
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)**	162,971,805	30,406,534
(2) Funding waivers	**9c(2)**	0	0
(3) Certain bases for which the amortization period has been extended	**9c(3)**	0	0
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	3,268,882
e Total charges. Add lines 9a through 9d		**9e**	48,670,017

Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	182,636,453
g Employer contributions. Total from column (b) of line 3			**9g**	46,404,950
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	21,532,932		2,275,400
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	14,711,164
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	167,696,684		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	605,261,700		
(3) FFL credit			**9j(3)**	0
k (1) Waived funding deficiency			**9k(1)**	0
(2) Other credits			**9k(2)**	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			**9l**	246,027,967
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	197,357,950
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 2020 plan year	**9o(1)**		0
(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)**		0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))	**9o(2)(b)**		0
(3) Total as of valuation date	**9o(3)**		0
10 Contribution necessary to avoid an accumulated funding deficiency. (See instructions.)	**10**		
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			☒ Yes ☐ No